

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Our Lady's Manor Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Edgeworthstown, Longford
Type of inspection:	Unannounced
Date of inspection:	07 March 2025
Centre ID:	OSV-0004632
Fieldwork ID:	MON-0044570

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Our Lady's Manor Nursing Home can accommodate up to 61 residents of all dependency levels. It provides 24 hour nursing care for older persons with physical or intellectual disabilities, dementia, acquired brain injury and palliative care on long-term, short-term, convalescence and respite basis. Residents are accommodated over three floor levels in 34 single bedrooms, 12 double room and one triple room, some of which have en suite facilities. The main reception, a variety of communal areas and a large oratory are located on the ground floor. The grounds are landscaped and include a garden for residents and a large private vegetable garden. The building, which was originally a convent, had been converted and undergone extension and modification over the years to improve facilities for residents. The designated centre is situated in Edgeworthstown, 12 km away from Longford, and is conveniently serviced by nearby restaurants, public houses, libraries and community halls. Free parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 7 March 2025	08:45hrs to 17:15hrs	Catherine Rose Connolly Gargan	Lead
Friday 7 March 2025	08:45hrs to 17:15hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Overall, residents were generally content with living in the designated centre and felt that their needs were met for the most part by staff who worked hard to care for them. Residents' feedback on this inspection was positive regarding their quality of life and the care they received in the centre. Residents were very complimentary regarding the staff caring for them and it was obvious that the residents and staff enjoyed each others company.

On arrival to the centre the inspectors met with the clinical nurse manager, who was deputising for the person in charge during planned leave. Following an introductory meeting, the inspectors completed a walk around the centre. This gave the inspectors an opportunity to meet with residents and staff and, to observe practices and the residents' day-to-day routines in the centre. The inspectors communicated with a number of residents who said that they 'liked living' in the nursing home, were 'happy' and 'very well looked after'. Residents told the inspectors that the staff were 'good fun', extremely kind and caring' and 'do a very good job'.

The staff demonstrated that they knew the residents' life stories, and residents' preferences regarding their care and their usual routines. While, staff were attentive to residents' needs for assistance, the inspectors observed that there were periods when no staff were available in the communal rooms to respond to residents' needs for assistance.

Our lady's Manor Nursing Home is located in beautiful landscaped grounds in a quiet setting. The centre is approached via a long avenue from the main road. Private and communal accommodation is provided over three floors including a lower ground floor. Private accommodation is provided in a mixture of single-occupancy and twin-occupancy bedrooms. The centre's premises was mostly well maintained, visibly clean and with the exception of one twin-occupancy bedroom, was well-laid out to meet residents' needs..

Residents choices regarding when they up in the morning were respected and a number of residents were resting in bed later into the morning as they wished. The inspectors observed many positive interactions between staff and residents on the day of the inspection. Staff were observed to be kind, patient and respectful in their interactions with residents and residents were comfortable in the company of staff.

There was visiting happening throughout the day with no restrictions in place. A number of visitors spoke with inspectors and their feedback was positive regarding the care and service provided for their relatives.

Residents confirmed that they were satisfied with their meals and that they had a choice of menu every day and could request alternatives to the menu, if they wished. The residents' mealtime menus on the day were clearly displayed. Modified diets were seen to be well presented and in line with recommendations made by the

speech and language therapist and dietician. Staff were observed discretely offering support and encouragement to those resident who needed help at meal times.

Overall, residents were supported to enjoy a good quality of life in the centre. There was a varied schedule of social activities in place for the residents and the inspectors noted that residents were mostly engaged in the various social activities taking place throughout the day. Residents who did not wish to participate in the group social activities taking place in the communal sitting rooms were observed to be relaxing in the communal areas or in their bedrooms. Care staff were also seen regularly checking in on those residents who preferred to spend time in their bedrooms and were observed chatting with them.

The majority of residents' bedrooms were personalised with their photographs and other personal belongings. Items of domestic and antique furniture, colourful wall paintings and artwork done by individual residents added to making the environment familiar, comfortable and homely for all the residents. The residents' communal sitting rooms were well used and provided residents with areas where they could relax together or in a quieter area as they wished.

Residents who spoke with the inspectors said they 'enjoyed the activities' available to them. One of the residents discussed the "bird cage" and another resident said that they loved the views of the garden. The inspectors observed that work was at an advanced stage to provide an outdoor courtyard area, that will be accessible from the dining room for residents. However, the inspectors observed that the door to the residents' outdoor garden area was secured by an electronic lock and residents could not access the garden without staff opening this door for them. A small number of residents liked to go for walks on the grounds of the centre. The inspectors observed staff supporting two residents to go outdoors in their wheelchairs for a walk along the avenue into the centre.

The provider was completing an extensive programme of fire safety improvements in the centre. At the time of this inspection the fire safety works were nearing completion in the spacious church in the centre. As a safety precaution, the church was not in use while this work was taking place.

The inspectors were informed that members of the public also attended the services in the church when it was open. Staff told the inspectors that, as a safety precaution to mitigate risk of unauthorised access into the designated centre, a cross corridor door between the designated centre and the church was kept locked at all times. Whilst this measure was in place to protect residents it also prevented the residents accessing the church as they wished without the support of staff to unlock this door for them.

The inspectors observed that the ancillary facilities generally supported effective infection prevention and control. There was a treatment room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. Staff also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. These rooms were observed to be clean and tidy.

Residents' personal laundry and linen was washed off-site in a laundry facility. Residents' laundry was collected and returned every day and residents confirmed they were satisfied with this service.

Residents told the inspectors that they felt very safe and secure in the centre and that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection found that managers and staff were working to ensure that residents received care in line with their needs and preferences and that services were made available for the residents in line with the designated centre's statement of purpose. The provider had completed most of the actions they committed to in their compliance plan from the last inspection, including significant improvements in fire safety precautions in the designated centre. However, more focus and resources were now required to ensure that all of the fire safety improvement actions were completed. In addition this inspection found that the oversight of some areas required improvements to ensure compliance was sustained in a number of the regulations.

The inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to follow up on the actions the provider had taken in line with their compliance plan response from the last inspection in May 2024. The inspectors also followed up statutory notifications received since the last inspection.

Newbrook Nursing Home Unlimited Company is the registered provider for Our Lady's Manor Nursing Home. An established and clearly defined management structure was in place. The centre's local management team was led by the person in charge who was supported in their day-to-day role by a clinical nurse manager and a regional manager. A team of nursing staff provided clinical support along with health care assistants, household, catering and maintenance staff making up the full complement of the staff team.

The Person in Charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship in the centre. The provider had also nominated a senior nurse to the role of IPC link nurse and they were facilitated to complete the national link practitioner course earlier this year. The IPC link nurse had introduced

new initiatives after completion of the course, such as, an information leaflet stand for staff and residents and a notice board for staff which displayed the latest IPC updates for their information.

There were arrangements in place to provide regular management oversight of the service provided and there was evidence of regular governance and management meetings. The records of these meetings evidenced that quality improvement plans were being developed and implemented to address deficits identified in the service. However, inspectors found that the oversight of some clinical and non-clinical areas required improvement. For example, restrictions in the residents' environment that had not been identified and appropriately risk assessed and the layout of one twin-occupancy bedroom that impacted on residents' rights and could not meet the needs of two residents had not been identified and addressed by the provider. These findings are discussed further in the quality and safety section of this report.

Antimicrobial stewardship initiatives carried out by staff in the centre were reviewed by the inspectors and provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. In addition the use of dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection. This initiative minimised unnecessary antibiotic prescribing.

There were adequate numbers of staff on duty on the day of this inspection to meet the needs of residents and to support residents to spend their day as they wished. This included staff with appropriate skills to ensure that residents with cognitive impairment or who did not attend the sitting room during the day had equal access to meaningful activities to meet their interests and capacities. Staff demonstrated accountability for their work and were knowledgeable about their roles and responsibilities when they were speaking with the inspectors. Staff were mostly responsive to residents' needs for assistance and support.

Inspectors reviewed a sample of staff files and found that they contained all of the information required by Schedule 2 of the regulations. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures.

All staff working in the centre had received up-to-date mandatory training which included fire safety training and safeguarding training. The training schedule also ensured that staff were facilitated to attend professional training including on infection prevention and control to ensure they had the necessary skills and competencies to meet residents' needs. However, actions regarding supervision of staff were necessary to ensure staff allocated to be with residents in the communal rooms were available to respond to residents needs .

The provider had arrangements for recording accidents and incidents involving residents in the centre and for appropriately notifying the office of the Chief Inspector as required by the regulations. However, not all restraints were notified as required.

An annual review of the quality and safety of care had been completed from 2024 in consultation with the residents and records showed that residents' feedback was used to inform this review.

Regulation 14: Persons in charge

The person in charge commenced in this role in September 2023. The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills on duty on the day of the inspection to meet the care and social needs of the residents including residents with cognitive impairment and residents who chose not to attend the social activities taking place in the sitting room. There were sufficient staff available each day to maintain the cleanliness of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles and as a result, the inspectors found the following;

- Staff allocated to support and supervise residents in the sitting rooms did not remain in these areas at all times. As a result, staff were not available to respond to residents' needs for assistance in the sitting rooms for prolonged periods.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention

of records was in line with regulatory requirements. A sample of staff files reviewed showed that they met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that sufficient resources were available to complete the fire safety works in a timely manner in line with the compliance plan from the previous inspection in May 2024 in respect of two fire evacuation routes in one section of the building. As a result assurances regarding residents' safe evacuation in the event that residents needed to evacuate these compartments in the event of a fire were not adequate. As a result the provider was found not compliant with Regulation 28: Fire precautions.

The management systems that were in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example;

- The oversight of the use of restrictive practices had not ensured that staff practices such as restricted access to communal courtyards and the chapel were identified and addressed appropriately and that all restrictive practices were notified to the Chief Inspector.
- The oversight of care planning processes did not ensure that standards in assessment and care planning were consistent.
- The oversight of infection prevention and control practices did not ensure full compliance with Regulation 27.

The registered provider's oversight and management of risk in the centre was not effective regarding the following;

- appropriate management of water safety in the centre did not ensure that the water had not been tested to ensure Legionella bacteria was not present in the water samples. Consequently, there were poor systems in place to identify, manage and respond to this potential risk to residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

Quarterly notification reports did not include details regarding the following restrictions on residents access in the designated centre;

- residents' access to the church was restricted by a locked cross corridor door, for which staff controlled access.

- residents' access to the residents' outdoor was controlled by staff.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies and procedures as set out under Schedule 5 of the regulations were up-to-date and were implemented on this inspection.

Judgment: Compliant

Quality and safety

Overall, this inspection found residents' were provided with good standards of nursing and healthcare. Residents' rights were respected by staff, and residents were provided with opportunities to participate in meaningful social activities to meet their interests and individual capacities.

The provider had completed a number of significant fire safety upgrade works in the designated centre to ensure residents' safety from risk of fire, however, adequate assurances regarding residents' safe evacuation from one area of the premises were not available. At the time of this inspection there was evidence available that the provider was working to address this finding which was a repeated finding from the last inspection in May 2024. The inspectors' findings are discussed further under Regulation 28: Fire Precautions.

The provider had measures in place to protect residents from risk of infection. Since the last inspection the centre had made improvements to infection prevention and control and the upkeep of the premises. Overall, the general environment and residents' bedrooms, communal areas and toilets inspected appeared comfortable and clean. Residents and visitors spoken with were happy with the standard of environmental hygiene.

Hand hygiene facilities for staff to use when caring for residents in the centre were in line with best practice guidelines. For example, clinical hand-wash basins were available along the corridors and alcohol gel dispensers were sufficiently placed for easy access. Residents were supported to access recommended vaccines, in line with the national immunisation guidelines if they so wished.

Staff working in the centre had recently managed an outbreak of Influenza A which had effected 14 residents in December of last year. Records and interviews with senior staff showed that an outbreak review had been completed with actions identified and lessons learned. A review of notifications found that outbreaks were

generally managed, controlled and reported in a timely and effective manner. Staff spoken with were knowledgeable about the signs and symptoms of a respiratory virus and knew how and when to report any concerns regarding residents.

Residents' living environment was maintained to a good standard. Communal spaces were comfortable and residents were provided with a variety of spacious communal areas, including dining and sitting room facilities. The centre was decorated in a traditional style that was familiar to residents and residents were encouraged and supported to personalise their bedrooms in line with their individual preferences. Residents were accommodated in single-occupancy and twin-occupancy bedrooms. With the exception of the layout of one twin-occupancy bedroom, the residents' bedroom and communal accommodation met their needs. The inspectors' findings are discussed under Regulations 9: Residents Rights and Regulation 17: Premises.

Residents' nursing care and support needs were met to a high standard by staff and residents were facilitated with timely access to their general practitioner (GP) and health care professionals. However, improvements in care planning processes were required as a number of the residents' care plans did not clearly direct the care and supports staff should provide for each resident to meet their needs.

A varied social activity programme was facilitated to residents' needs on this inspection. Residents who remained in their bedrooms had equal access to social activities that interested them and were in line with their individual capacities. However, residents could not access the outdoor garden or the church due to secured doors that residents needed support from staff to unlock them. In the absence of appropriate risk assessment, these arrangements were overly-restrictive and were not in line with the guidance set out in the National Restraint policy or the requirements of Regulation 9: Residents' rights.

Residents were supported to practice their religion and clergy from the different faiths were available as residents wished. Residents were supported to speak freely and provide feedback on the service they received.

Residents who had difficulty communicating were well supported. Issues brought to the attention of staff were addressed. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and residents confirmed that they felt safe and secure in the centre. Staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspectors were knowledgeable regarding the reporting arrangements in the centre and were aware of their responsibility to report any concerns they may have regarding residents' safety.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. Each resident's communication needs were regularly assessed and a person-centred care plan was developed for residents who needed support to communicate effectively. Signage and specialised assistive equipment was made available to support residents with meeting their communication needs.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to and from the centre on the day of inspection. Visitors confirmed to the inspectors that they were welcomed by staff and visits were encouraged and facilitated in the centre. Residents were able to meet with their visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' personal clothing was laundered externally and returned to them without delay. Residents confirmed they were satisfied with this laundering service provided to them.

Residents had access to and were supported to maintain control of their own personal clothing and possessions. Residents' bedside lockers were within their easy reach and each resident had enough space to store their clothes and to display their photographs and other items in their bedrooms as they wished.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 of the regulations. For example:

- The temperature of the hot water to residents' sinks required action by the provider to ensure residents' safety from risk of burns. The inspectors found

that temperature of the hot water supply to the hand wash sinks in two residents' bedrooms was too hot.

- The flooring in the hallway on a corridor in one area of the ground floor and in a resident's bedroom was damaged.
- The space available and the layout of twin-occupancy bedroom number 311 did not meet the needs of two residents. Although at the time of this inspection, this bedroom was occupied by only one resident and there were two beds in the room. Inspectors found that this bedroom did not provide sufficient space for staff to carry out safe moving and handling practices as there was not enough room around the beds or between the beds to use equipment such as hoists or mobility aids safely. Furthermore the limited space between the beds meant that there was not enough room for each resident to have a comfortable chair beside their bed.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' meals were served in a spacious dining room where residents had adequate space and opportunity to dine together. Residents were provided with a varied menu which supported them to make choices regarding the food they wished to eat. Alternative dishes to the menu were available to residents if they wished. Residents' needs for special dietary requirements were communicated to the catering staff and their food was prepared in accordance with their preferences, assessed needs and the recommendations of the dietician and speech and language therapist. A variety of snacks and drinks, including fresh drinking water were available to residents throughout the day.

The inspectors observed that mealtimes were unhurried and were a social occasion for many of the residents who were seated together as they wished. A small number of residents preferred to eat their meals in their bedrooms and their preferences were facilitated. There was sufficient staff available in the dining rooms at mealtimes and they provided residents with discreet encouragement and assistance as needed.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- The management of sharps required review, for example:

- The needles used for injections and drawing up medication lacked safety devices. This omission increases the risk of needle stick injuries which may leave staff exposed to blood borne viruses.
- The tray used to transport the sharps box was visibly stained and was not included on the cleaning check list, this increased the risk of infection spread.
- The mop bucket used to clean the kitchen floor was rusty and visibly dirty, which increased the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the significant fire safety works completed by the provider since the last inspection, adequate assurances were not available, further assurances were still required regarding the viability of two emergency exits from the compartment containing residents' bedrooms on the first floor. The residents require the two final exits on the lower ground and ground floors in the event they needed to evacuate the premises in an emergency. Records submitted of a simulated fire drill referenced timely evacuation of eight residents.

On the day of this inspection, the inspectors found that;

- A final fire exit on the lower ground floor from a protected staircase led to an external stairway which was steeply inclined to reach the evacuation path leading to the fire assembly point. In addition there was an alternative evacuation route from this area, however, this route led back into the designated centre building onto the ground corridor and out through the final exit door on this corridor to the external pathway to the fire assembly point. This created a risk to residents being evacuated through an area that may be unsafe as residents would be re-entering the building. Although, the provider had carried out staff evacuation practice drills using these two exits these drills did not simulate a full fire compartment evacuation of the largest compartment in this section of the building.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Although, each resident's needs were assessed and a care plan was developed to meet their needs, some residents' care plans did not ensure that this information

was up-to-date and did not clearly set out the care interventions required to meet individual resident's needs. For example;

- Residents' social care plans did not reference the arrangements in place to ensure residents were supported to participate in a programme of social activities that was in line with their capacities and expressed interests. For example, one resident enjoyed participating in a bingo activity and watching television. This information was not detailed in their care plan and the inspectors observed that this resident's television was not turned on when they spent time in their bedroom on the day of inspection.
- The treatments recommended by the dietician for two residents were not accurately updated in the care plans for two residents who had recently had dietetic reviews. As a result the staff caring for these residents did not have the information they needed to provide appropriate cares for these residents, further to specialist healthcare reviews.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs), allied health professionals and specialist medical and nursing services. This included psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured where there was any delay with access to community allied health specialist services, arrangements were in place for residents for alternative access to these services.

An on-call medical service was accessible to residents out-of-hours, as needed.

Residents were supported to safely attend out-patient and other health related appointments.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents from abuse. Staff were facilitated to attend up-to-date safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspectors that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The layout of twin-occupancy bedroom 311, did not uphold residents' rights for privacy and choice as follows;

- the location of the beds and the privacy screen curtains in this twin-occupancy bedroom did not provide adequate space around both sides of the beds to allow staff to carry out care and transfer procedures for the residents without negatively impacting on the other resident's privacy and dignity. This was evidenced as when one bed was pulled out to allow safe moving and handling practices it encroached on the bedspace of the other resident sharing the bedroom.

One resident's privacy was not respected while having a leg wound redressed in the therapy room due to a glass window in the door. The window permitted other residents, visitors and staff passing the door to clearly see into the room.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Restrictions on many of the residents' access to parts of their home had not been identified and appropriately managed to ensure residents were not restricted in their lived environment. This was evidenced by the following findings;

- An electronically locked cross corridor door prevented residents from accessing the church in the designated centre as they wished without the support of staff to open this door for them. The inspectors were informed that this measure was in place to safeguard residents and to prevent unauthorised access to the designated centre by the general public who were accessing the church.
- There was a locked door preventing residents from accessing the courtyard garden adjacent to the resident's dining room without the help of staff. Although the provider had plans in place to develop unrestricted access to the courtyard this was not available to residents at the time of this inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Our Lady's Manor Nursing Home OSV-0004632

Inspection ID: MON-0044570

Date of inspection: 07/03/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC has examined the current Staff allocation in relation to Support and Supervision of residents in the Sitting Rooms.</p> <p>Staff are allocated to the sitting room.</p> <p>The supervision of this practice to ensure staff are present has been examined by the PIC.</p> <p>This will be monitored and supervised on an ongoing basis by the Activity Co-Ordinator, Nurse on Duty and CNM, to ensure that residents have their needs met at all times in the Sitting Rooms.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have identified improvement works to be carried out to both fire exits mentioned in the report. This will commence immediately and be completed as soon as possible.</p> <p>We have carried out several fire drills to test the viability of these exits.</p> <p>The largest compartment in the Centre does not exceed eight residents.</p>	

The PIC has examined, and risk assessed the current Environment in relation to Restraint while taking into consideration the safety and security of residents. The following actions are in progress:

- Access to the Chapel through internal double doors is now available to all residents from the nursing home at all times.
- Access from the Chapel back into the nursing home through the internal double doors will be temporarily restricted during mass times only with a keycode. This keycode will be displayed on the nursing home side of the door should residents wish to access the church during the mass time when the door is temporarily closed over.
- The Courtyard door is available for all residents to open and access independently during daylight hours.
- The PIC will conduct risk assessments of the Chapel and courtyard to assess any actual or potential risk that could compromise residents' safety. Following these risk assessments any additional controls will be implemented if required.
- The PIC will discuss and implement controls in consultation with the residents, staff and Provider in a timely manner.
- Residents' consultation in relation to any quality improvement in the nursing home will continue to serve as a discussion point at residents' meetings.
- All Restrictive Practice will be reported to the chief inspector quarterly.

The PIC has conducted an overview of the current Residents Care Plans. Following this review the following actions are in progress:

- The PIC will review all Residents care plans within 48 hours of admission and document this in the resident's care plan Evaluation.
- The PIC will review all residents care plans using the Care Plan audit with actions for the named nurse.
- The PIC will supervise and guide Nurses in relation to Residents Care Plans.
- Nurses will attend further Care plan training for 2025.

The PIC has reviewed Infection Control Practices. Following this review the following actions are in progress:

- The Legionella Management program now has twice yearly Water Testing.
- Legionella testing was conducted in April 2025.
- The Legionella Risk and has been updated on the risk register and this has been communicated to staff at team meetings
- The legionella Controls have been reviewed and updated for 2025.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Quarterly notifications will include any restrictions of access in the designated Centre.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Hot Water system has been checked by the Plumber and all taps have a safe temperature. The PIC has instructed the maintenance staff to complete a weekly Water Temperature check.</p> <p>The flooring in the hallway is being replaced.</p> <p>The twin bedroom 311 has been reviewed. We will only admit one resident into this room. We will apply to vary the registration and re-register the bedroom as a single room.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The PIC has assessed the current practice in relation to sharps. The nursing home has acquired needles with safety devices. All Nurses have been updated, and these are currently being used in practice.</p> <p>All Sharp trays are cleaned before use and are now included on the cleaning checklist.</p> <p>A new mop bucket has been obtained. All staff are reminded to report on any equipment that is not fit for purpose in the center.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have identified improvement works to be carried out to both fire exits mentioned in the report. This will commence immediately and be completed as soon as possible.</p> <p>We have carried out several fire drills to test the viability of these exits.</p> <p>An online B6 PCCE Training – 1/2-day, Fire Door Inspection Course has been sourced by our training facilitator and all maintenance personnel have attended this course in March 2025.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All Residents Social Care Plan have been reviewed by the Activity Co-Ordinator and Activity Team in consultation with the resident. The care plans now clearly outline the residents' likes and preferences in relation to the activity of choice.</p> <p>The care plans have been updated and further developed by the Named Nurse to reflect and inform the changes in relation to recommendations from the dietician. The CNM will oversee this and supervise the communication of this new information to all staff at daily handover.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The twin bedroom 311 has been reviewed. We will only admit one resident into this room. We will apply to vary the registration and re-register the bedroom as a single room.</p> <p>The Privacy and Dignity of Residents during Nursing procedures will be maintained.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The PIC has examined, and risk assessed the current Restraint Free Environment taking into consideration the safety and security of residents.</p> <ul style="list-style-type: none"> • Access to the Chapel and courtyard has been risk assessed; all residents will have access to the Church and Courtyard • The nursing home will promote freedom of movement for all residents with unrestricted access to all internal and external spaces. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	10/03/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Not Compliant	Orange	30/06/2025

	the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	11/04/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Not Compliant	Orange	30/09/2025

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	11/04/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	11/04/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	11/04/2025
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	11/04/2025

	ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/04/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	11/04/2025