



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

Issued by the Chief Inspector

Name of designated centre:	Our Lady's Manor
Name of provider:	Our Lady's Manor Company Limited by Guarantee
Address of centre:	Bulloch Castle, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	09 May 2025
Centre ID:	OSV-0000080
Fieldwork ID:	MON-0047065

About the designated centre

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

Our Lady's Manor is a purpose-built centre, which can accommodate 118 male and female residents over the age of 18. The registered provider is Our Lady's Manor Incorporated, and the person in charge is supported by the nursing and healthcare assistant team. Twenty four hour nursing care is provided to residents of low, medium or high dependency by qualified staff with the relevant skills to meet the residents' needs.

All of the bedrooms are single, en suite rooms which residents are encouraged to personalise. Residents have access to an internal, secure garden and a balcony. The environment is non-institutional, a safe place to be, where resident's independence and confidence can be encouraged and maximised.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	113
--	-----

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 9 May 2025	08:00hrs to 16:30hrs	Aoife Byrne	Lead
Friday 9 May 2025	08:00hrs to 16:30hrs	Kaleda Ramadani	Support

What residents told us and what inspectors observed

Inspectors found that residents living in Our Lady's Manor were well cared for and well supported to live a good quality of life by a dedicated team of staff that knew them well. Residents spoken with were very positive in their feedback and expressed satisfaction with living in the centre. One resident said that "staff were amazing" while another resident told inspectors that "they were very happy in the centre".

This inspection was carried out over one day. Following an introductory meeting, inspectors spent time walking through the centre, which provided inspectors with an opportunity to introduce themselves to residents and staff. Some residents were observed to be up and about while others were having their morning care needs attended to by staff. This also gave inspectors the opportunity to observe the lived experience of residents in their home environment and to observe staff practices and interactions.

The centre is located in Dalkey, Co. Dublin, close to Bulloch Harbour. The centre is registered to provide long term and respite care to a maximum of 118 residents; there were five vacancies on the day of the inspection. The centre is set out across five floors, with resident's accommodation on the third, fourth and fifth floor. All bedrooms had en suite bathroom facilities. Residents were able to personalise their own rooms and many contained items personal to that individual such as photographs, furniture and soft furnishings.

On the walk around of the premises, the inspectors found the provider had changed the function of some rooms prior to the inspection. However, the Chief Inspector of Social Services, had not been informed about the changes, which will be further discussed under the relevant regulation. Overall, the premise was clean, warm and bright. Residents had access to a number of communal day spaces, including sitting rooms, activities room, library and a coffee shop. Residents also had access to a small shop where they could buy for example; cards, biscuits, sweets and toiletries. Residents had access to a courtyard garden area and a balcony with views overlooking Bulloch Harbour. On the notice boards there was a list of cruise liners that stopped off in the area so residents can enjoy the views. On the day of the inspection, a large number of residents sat out in the courtyard to enjoy the weather and an ice cream with staff.

Inspectors observed the dining experience at lunch time and saw that the meals provided were well-presented and looked nutritious. Residents were provided with a choice of meals which consisted of fresh cod or omelette's. One resident said that "meals were five stars" while another resident told inspectors that "there wasn't too many options available". Staff were observed sitting beside residents assisting them with their lunch in an un-rushed manner.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how

these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection was that while this was a well governed centre with some effective management systems in place to monitor the quality of the service, there were some areas that required improvements, for example; premises, medication managements and governance and management.

This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Our Lady's Manor was Our Lady's Manor CLG. The person nominated to represent the registered provider, was also the person in charge. They had responsibility for the day to day operational management of the designated centre and was supported in their role by a quality assurance and risk manager, assistant directors of nursing, clinical nurse managers, staff nurses, healthcare assistants, activity, catering and household staff. The designated centre was also supported by a medical director, a resident medical officer, a pastoral minister, physiotherapist, administrative and maintenance staff. The person in charge was responsive to updates on the day of the inspection and showed commitment to addressing areas for improvement.

The registered provider had made changes to the registered floor plan of the centre since the previous inspection. The assisted bathroom on the fifth floor had been changed to a store room and the mortuary on the third floor had been changed to a store room. These changes had been made without engaging with the office of the Chief Inspector prior to making the changes, as required by Condition 1 of the centre's registration. Following the inspection, the registered provider was requested to submit an application to vary Condition 1 of the registration to reflect the current design and layout of the centre. Actions required in relation to governance and management are discussed further under Regulation 23 of this report.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included an auditing programme. Both clinical and non-clinical audits were completed on a regular basis and quality action plans were in place to address any issues identified. Audits included call bells, care plans, falls prevention and infection prevention and control.

Inspectors reviewed the record of staff training, which indicated a training schedule was in place for staff. A training needs analysis report was completed to identify staff needs. Staff had also completed additional training such as falls assessment

training, wound assessment training and fire simulation training. This all supports the provision of safe and person-centred care to residents.

An annual report on the quality of the service was completed for 2024. It was done in consultation with residents or their families. The report provided a quality improvement plan for 2025.

Regulation 16: Training and staff development

Staff had access to a programme of training for their roles. Training was provided in key areas such as safeguarding of vulnerable people and fire safety.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Actions were required in management systems to ensure the service provided was safe, consistent and effectively monitored. Inspectors identified the following issues:

- changes were made to the premises that were not in line with the floor plans and Statement of Purpose, against which Our Ladys Manor was registered and the registered provider had not informed the Chief Inspector of these changes
- Oversight of safeguarding care plans did not identify that all residents had generic safeguarding care plans in place, which did not assure the inspector that the provider understood the importance of safeguarding care plans for the residents who required them.
- Oversight of medicines management had not ensured the safe storage of medication in the clinic rooms and nurses stations. This was evidenced by no record of temperature checks being available on the day of inspection, and

no evidence of audits completed to identify this gap.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The statement of purpose was reviewed within the last year, and this updated copy was available to staff, residents and relatives. It contained all the information outlined in Schedule 1 such as a description of the facilities and services available to residents, and the size and layout of the premises.
Judgment: Compliant
Regulation 4: Written policies and procedures
The required policies and procedures were in place and up to date in line with the requirements of Schedule 5 of the regulation. Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of safe and effective care to the residents.
Judgment: Compliant
Quality and safety
<p>Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents' health, social care, and spiritual needs were met to a good standard. However, action was required by the provider in relation to regulation 17; Premises and Regulation 29; Medicines and Pharmaceutical Services which will be further discussed under the regulations.</p> <p>Residents' needs were comprehensively assessed following admission. Care plans were detailed and had been updated to reflect changes required concerning falls, pressure sores and communication needs. A review of end of life care plans found that they were personalised with the residents preferences made known to staff and evidenced family involvement when residents were unable to participate fully in the care planning process.</p> <p>While medication systems were in place and staff spoken with were knowledgeable of their regulatory responsibilities, inspectors were not assured that all medicinal products were stored securely at the centre and followed directions on labelling of</p>

storage of medicines, which is discussed under Regulation 29: Medicines and pharmaceutical services.

Residents were supported to maintain control of their clothing. Residents had adequate storage space in their bedrooms and there were arrangements for the return of personal laundry to residents in a timely manner.

Regulation 12: Personal possessions

Residents were supported to have access to and retain control over their personal property, possessions and finances. Residents had adequate space to store their clothing and other personal possessions.

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Alterations were made to the centre that were not in accordance with the Statement of Purpose or floor plans in which the centre was registered. For example;

- The assisted shower on the fifth floor had been changed to a store room
- The mortuary on the third floor was changed to a store room
- The clinic room was used as both a clinical room and administration office but is registered as a clinical room.

Further assurances are required to ensure that the premises conformed to the matters set out in schedule 6 of the regulations, for example:

- The floor covering in the corridor on the third floor was damaged and was repaired with red electrical tape. This did not provide a safe floor covering

and posed a potential risk of falls.
Judgment: Substantially compliant
Regulation 26: Risk management
<p>There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the six specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.</p> <p>The centre's risk register was well maintained with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks.</p>
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
<p>There was evidence that medicinal products were not securely stored as required by the regulations. For example:</p> <ul style="list-style-type: none"> • Inspectors observed prescribed medicines such as blister packs, laxatives and nutritional supplements were easily accessible and stored on counter tops. • The inspectors found the temperature of the clinic rooms and nurses station to be overly warm and they were not assured that it was in line with the labelling of some of the medications stored stated that storage was required at a temperature maximum of up to 25 degrees Celsius.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
<p>Resident care plans were seen to be detailed. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.</p>

Judgment: 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 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Our Lady's Manor OSV-0000080

Inspection ID: MON-0047065

Date of inspection: 09/05/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An application to vary has been submitted to the Authority, supported by an updated Statement of Purpose and revised floor plans. These reflect the repurposing of back-of-house areas to meet operational requirements more efficiently and effectively.</p> <p>The centre acknowledges the regulatory finding that safeguarding care plans were overly generic in nature. The original intention behind developing these plans was to demonstrate a proactive approach to safeguarding by including a risk prevention care plan for all residents. However, the centre recognises that this approach may have diluted the specific purpose of safeguarding plans, which is to address identified risks to individual residents who require targeted protective measures.</p> <p>The centre is committed to refining its safeguarding framework to ensure that:</p> <ul style="list-style-type: none">• Safeguarding care plans are developed only for residents who require specific safeguarding interventions, and• These plans are person-centred, tailored to the individual's needs, and reviewed regularly in line with safe and effective governance practices. <p>Medication was delivered early on the morning of the inspection and was awaiting verification by two staff nurses before being appropriately stored. Staff nurses will ensure that all medications are checked, stored immediately and correctly upon delivery.</p> <p>To support the safe storage of medication, individual room temperature gauges have been installed in all medication storage areas. Recent monitoring confirms that ambient room temperatures remain within the required range. The centre's pharmacist will continue to conduct medication audits in line with the centre's planned audit schedule. A provision will also be incorporated into the audit tool to include checks on ambient temperature in all medication storage areas.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: An application to vary has been made to the Authority supported with an updated statement of purpose and floor plans for the back of house areas that have been repurposed for operational reasons. The clinical room with an office function is now being used as a clinical room.</p> <p>A quality improvement project is currently underway to replace the floor covering on Level 3. As an interim measure, tape has been applied to one area pending the completion of the new flooring, which is scheduled for mid-June 2025.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medications, including blister packs, laxatives, and nutritional supplements, were delivered early on the morning of the inspection and were awaiting verification by two staff nurses prior to appropriate storage. Staff nurses will ensure that all medications are checked and stored immediately and correctly upon delivery.</p> <p>Individual temperature gauges have been installed in all medication storage areas, and recent monitoring confirms that room temperatures remain within the required range. The centre's visiting pharmacist will continue to carry out medication audits in line with the centre's planned audit schedule. A provision will be added to the audit tool to include checks on ambient temperature for medicine storage.</p>	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/06/2025
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.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/06/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	30/05/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/05/2025