



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: | 04 November 2025 |
| Centre ID: | OSV-0000080 |
| Fieldwork ID: | MON-0048251 |

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. 24-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: | 114 |
|--|-----|

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 |
|----------------------------|-------------------------|-----------------|---------|
| Tuesday 4 November 2025 | 08:40hrs to 15:30hrs | Laurena Guinan | Lead |
| Tuesday 4 November 2025 | 08:40hrs to 15:30hrs | Sarah Armstrong | Support |

What residents told us and what inspectors observed

The residents living in Our Lady's Manor told inspectors it was a great place to live, with one resident calling it 'the best'. On arrival, the inspectors had a meeting with the person in charge, then went for a walk around the centre. The centre was spread over five floors. Residents' accommodation and communal rooms were on levels three, four and five. Ancillary services such as staff facilities, an education room, and stores were on the first and second levels.

Residents had a choice of many communal rooms of varying sizes throughout the centre, and all these rooms were seen to be clean and comfortable. On level three, there was a chapel with a large coffee shop beside it. There was a lively atmosphere in the coffee shop and it was seen to be well used during the day. Residents and visitors said it was a great facility, and that it encouraged residents to make and maintain friendships within the centre.

Level three was at ground level, and gave access to a secure courtyard, with attractive planting and seating areas. Residents said it was a lovely place to sit, although the pathways were uneven which made some residents nervous to use the courtyard independently. This will be discussed later in the report. There was also outdoor access to a large balcony on level four, which had seating and a view over Dublin Bay. An appropriately-equipped smoking area was also located here.

Each floor had its own sluicing and clinical rooms and these were all seen to be clean and tidy. Two clinical rooms were found to be unlocked and this was brought to the attention of the staff on the floor, who then locked them. One room had residents' files in an unlocked press, and the other had medication in an unlocked medication fridge. A pantry on one of the floors also had dietary supplements in an unlocked press and personal information on residents on display on the notice board. This will be discussed later in the report.

The inspectors saw many residents' bedrooms had been personalised with their own throws and photos, and residents commented on the homely, welcoming atmosphere in the centre. Visitors spoken to said they were always made to feel welcome, and praised staff for the personal touches in caring for their loved one. Windows along the residential corridors had comfortable chairs beside them and residents were seen spending the day there, enjoying the views. Some residents chose to have their lunch here and this was accommodated.

The residents had a choice of dining areas on each of the residential floors, and a pleasant dining experience was encouraged. The dining rooms were attractively furnished and tables were set for each meal. Residents sat in small groups of their choosing and there was adequate, discreet assistance of staff. Residents were very complimentary of the food, saying there was a good choice and the meals were always tasty.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that there was a good management structure and governance systems in place to ensure the service was effectively monitored, although some improvements were required with regard to the oversight of staff practices and the storage of records.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to inform the renewal of the designated centre's registration. Inspectors also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector of Social Services since the last inspection in May 2025.

Our Lady's Manor Company Limited by Guarantee is the registered provider for the designated centre. The person in charge worked full-time in the centre and was supported in their role by two assistant directors of nursing and a team of clinical nurse managers. Staff nurses, healthcare assistants, activities coordinators, administration, household, catering and maintenance staff made up the remainder of the staff team in the centre.

The inspectors saw a system of audits and meetings to monitor and improve the service provided, and issues identified were addressed. For example, during a residents' meeting, the safety of the pathways in the courtyard was raised. An environmental audit was conducted and a plan to replace the pathways was implemented, with the area to be safe and suitable for use by the summer of 2026. An annual review for 2024 was available and this was seen to have been implemented in consultation with residents and families, with a corresponding quality improvement plan. The quality improvement plan included measures to improve activities for those with cognitive impairment and this was seen to have been implemented with the introduction of a regular dementia-friendly activity. Regular walkabouts were conducted to ensure the premises were clean, tidy and well maintained, but the oversight of storage in the centre required review to ensure that medication and records were kept in a safe and secure manner. This will be discussed under Regulation 23: Governance and management and Regulation 21: Records.

The inspectors observed call-bells being answered promptly, and residents said they were never left waiting for assistance. Residents and visitors said that staff were kind and professional, and residents said they felt well cared for.

The inspectors reviewed five contracts of care and saw that the room number and occupancy was correctly identified. The fees for services were clearly detailed, and the funding in place for the resident was documented.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre within the required timeframe, and with all the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and filled the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the needs of the residents.

Judgment: Compliant

Regulation 21: Records

Inspectors found that the management of records within the centre required further oversight to ensure residents' records were kept in a manner which was safe and secure. This was evidenced by:

- Residents' records were seen in an unlocked drawer of a clinical room that was unlocked.
- Personal information on residents was displayed on the notice board of a communal pantry room.

Judgment: Substantially compliant

Regulation 23: Governance and management

Oversight of storage in the centre required strengthening. This was evidenced by:

- Medications stored in an unlocked clinical room and pantry room.
- Residents records in an unlocked clinical room and pantry room.

Notwithstanding the works completed to improve fire safety in the centre, enhanced oversight of these works was required by the registered provider to ensure that the arrangements in place for containing fires were adequate. For example, a programme of works had been carried out to upgrade fire doors in the centre. However, on the day of inspection, inspectors found that there were gaps in some cross-corridor doors, for example, outside bedrooms 431 and 435.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents' contracts met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in Our Lady's Manor were supported to enjoy a good quality of life, where their rights were being promoted by a team of dedicated staff. Many staff had worked in the centre for several years and there were high levels of staff retention. This had a positive impact on residents' care experiences as staff knew and understood the residents well.

Inspectors found that residents' medical and health-care needs were being met. Recommendations made by medical and healthcare professionals were incorporated into residents' care plans, and were being implemented by staff in practice. Inspectors reviewed a sample of residents' care plans in areas which included social and recreational, mood and behaviour, end-of-life, religious and spirituality, and wound management. In general, care plans were written in a person-centred

manner and contained sufficient detail to guide staff in providing good-quality, safe care, aligned to each residents' individual needs and preferences.

Inspectors spoke with residents, visitors and staff on the day of inspection and feedback from all parties was positive. Residents expressed satisfaction with all aspects of the service they received and told inspectors that staff were kind and respectful towards them. In particular, residents spoke highly of the food available to them, the activities on offer, and they also told inspectors that their right to choice was respected whilst living in the centre. Residents were observed to be in clean clothes and well groomed on the day of inspection.

Overall, the premises were designed and laid out to meet the needs of residents. Residents' bedroom accommodation was spacious and personalised with their own belongings. Residents had good access to day spaces, including an on-site chapel and a fully functioning coffee shop. On the day of inspection, several residents were observed attending daily Mass and afterwards, were seen to spend time in the coffee shop, where they were chatting with friends and visitors throughout the day. The premises were well maintained internally and there was access to secure outdoor spaces. Some residents who spoke with inspectors said they felt the pathway in the courtyard on level three was uneven and unsafe. The registered provider had already identified this issue and there was a plan in place to replace the paving over the winter months.

Inspectors reviewed the fire safety measures in place in the centre. The registered provider had made improvements to protect residents from the risk of fire, however, the inspectors found that further improvements were required in respect of the availability of evacuation aids on all floors of the designated centre, and implementing learnings from fire drills. These findings are discussed under Regulation 28: Fire precautions.

There was a weekly activities schedule in place and an activities co-ordinator was on duty Monday-to-Sunday each week to ensure residents' social and recreational needs were met, with access to meaningful activities each day. On the day of inspection, residents had access to activities including bingo and exercises, as well as other activities of a religious nature. Our Lady's Manor offers a religious ethos and caters predominantly for members of the Catholic faith. However, residents of other religious denominations also reside in the centre, and arrangements were in place to support those residents in practicing their religious beliefs. Residents' rights to exercise their political opinions were also promoted, with many residents supported to cast their vote in the recent presidential election.

Inspectors found that there were appropriate measures in place to ensure residents were safeguarded from abuse. All staff had completed safeguarding training which enabled them to identify, prevent and respond to abuse. There were measures in place to protect residents from the risk of abuse. For example, inspectors reviewed the systems in place to protect residents' finances. Residents were supported to keep small amounts of money on site. Monies held were stored securely, and there were robust systems in place to ensure regular auditing of monies held. Transactions and audits carried out required two staff to be present, and records

were signed by both staff. Residents who spoke with the inspectors said that they felt safe living in the centre.

Regulation 17: Premises

The premises conformed to the matters set out in Schedule 6 of the regulations. They were designed and laid out to meet the needs of the residents and were in a good state of repair. Residents' equipment was in good working order.

Judgment: Compliant

Regulation 28: Fire precautions

Further improvements were required to ensure that suitable arrangements were in place for adequate means of escape in the event of a fire. For example:

- On the day of inspection, inspectors observed that on level five, an evacuation chair had been removed pending re-installation, and was not readily available for use on the floor in the event of a fire.

While there was evidence of regular fire drills taking place in the centre, fire drills completed did not always ensure that issues identified during a fire drill were actioned appropriately. For example:

- One drill identified poor communication regarding evacuation methods to be used, and also identified that staff worked in isolation when they should have been working in pairs to evacuate residents. There was no documented action plan to address these findings.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed on residents' admission, and care plans were developed within 48 hours of admission. The inspector reviewed a sample of 11 care plans and all had been updated within the last four months, as is required by the regulations. Care plans contained sufficient detail to inform good quality, safe care and there was evidence of resident and family involvement in the care planning process, as appropriate.

Judgment: Compliant

Regulation 8: Protection

The person in charge had taken all reasonable measures to ensure residents were protected from abuse. Staff were trained in the detection and prevention of, and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had suitable facilities for occupation and recreation, and had opportunities to participate in activities in accordance with their interests and capacities. Residents were supported to exercise choice in their daily lives. Inspectors reviewed a sample of residents' forum meetings which showed that residents were consulted about, and participated in, the organisation of the designated centre.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Our Lady's Manor OSV-0000080

Inspection ID: MON-0048251

Date of inspection: 04/11/2025

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 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • Resident records removed from unsecured storage: All resident records have been removed from the drawer in the clinical room and are now stored in appropriate, secure, and access-controlled locations in line with data protection requirements. • Removal of resident information from communal notice board: Resident details that had been written by night staff and displayed on the pantry notice board were removed immediately on the day of inspection. This practice has ceased. • Clear instruction to staff: All staff have been informed that displaying any resident information in communal areas is not acceptable. • Regular audits: Checks will be introduced to ensure: <ul style="list-style-type: none"> o No resident information is displayed in communal areas o Records are stored securely and correctly | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Nutritional supplements that were previously stored in the unlocked clinical room and pantry have been removed. | |

- All nutritional supplements are now stored in a locked cupboard within the clinical room, and the clinical room itself remains locked when not in use.
- Staff have been reminded of the importance of keeping the clinical room locked at all times and ensuring that all medicinal products, including supplements, are stored securely.

As part of the environmental audit process a system will be implemented to confirm:

1. The clinical room is locked when not in active use
 2. All supplements and medications are stored in a locked cupboard
- The cross-corridor fire doors have been assessed, and gaps have been filled to ensure proper closure and functionality.
 - A competent fire safety professional will carry out a quarterly inspection of all fire doors, including cross corridor doors, to ensure they remain fully functional and compliant.
 - Each inspection will be recorded, with any defects noted and rectified promptly.

| | |
|---------------------------------|-------------------------|
| Regulation 28: Fire precautions | Substantially Compliant |
|---------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The previously removed evacuation chair has been re-installed in its designated location, ensuring it is available for use in an emergency.
- Eight additional evacuation chairs have been ordered to enhance a safe means of escape for residents. Delivery and installation are scheduled for end of January 2026.
- During fire safety training sessions, staff are being reminded of the importance of documenting action plans whenever they identify areas for improvement related to fire safety.
- Emphasis is placed on ensuring that all concerns, suggestions, or risks observed during drills or daily operations are recorded accurately and promptly.

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 21(6) | Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible. | Substantially Compliant | Yellow | 01/12/2025 |
| Regulation 23(1)(d) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 01/12/2025 |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Substantially Compliant | Yellow | 30/01/2026 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and | Substantially Compliant | Yellow | 01/12/2025 |

| | | | | |
|--|---|--|--|--|
| | fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | | | |
|--|---|--|--|--|