



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 Incorporated
Address of centre:	Bulloch Castle, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	05 December 2019
Centre ID:	OSV-0000080
Fieldwork ID:	MON-0028229

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, decorated and furnished in a soft welcoming setting. The environment is non-institutional, a safe place to be, where resident's independence and confidence can be encouraged and maximised. The centre is a five-story building which is registered with HIQA for 118 beds on Levels 3, 4 and 5.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	114
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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
Thursday 5 December 2019	09:30hrs to 17:00hrs	Helen Lindsey	Lead
Thursday 5 December 2019	09:30hrs to 17:00hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

Residents told inspectors that they enjoyed living in the centre and that the staff were kind, friendly and respectful. Residents explained how they could do what they liked with their day and they were never made do or go to anything they had no interest in. Some residents explained how communal areas, particularly dining spaces, had gotten noisy, and after bringing the issue to the attention of management, the dining experience had improved and the common areas more relaxed. Family and friends of residents also told inspectors that the service and the management contributed to a pleasant experience and that someone was always on hand to help.

Residents were observed by inspectors to be encouraged and supported to retain independence, particularly around mobilisation. Where residents could travel independently or with equipment around the centre or to and from their bedrooms, they were able to go at their own pace in a relaxed environment. Residents told inspectors that they had made friends in their time in the centre or had reconnected with people they knew in the past. Inspectors observed residents chatting and joking together, or asking after their fellow residents who had not been feeling well. The centre had a pleasant community atmosphere which was fostered by the staff on the floor. Some residents who spent their time alone had their favourite spot they liked to sit where they could enjoy the views, had items of their hobbies to hand or could read the newspaper or watch television without being disturbed.

Capacity and capability

High quality care and support services were being provided in the centre by an effective management team.

The management team was clearly defined and were providing effective governance and management arrangements. The provider was proactive in reviewing the effectiveness of all systems in the centre and taking steps to drive continuous improvement and continue to raise standards in the centre. There was a culture of learning that supported training and development of staff, and a strong focus on ensuring residents needs were being appropriately met. The person in charge was well known by the residents and their visitors and took an active role in overseeing the quality of the service being provided. They fostered a culture that promoted the individual and collective rights of residents which was evident through the positive feedback received from residents and their families.

Staffing levels were seen to ensure residents needs were being met in a timely way. Staff provided a culture of supporting independence and inspectors observed

residents being encouraged to maintain their skills and remain involved in activities that interested them, for example by employing two physiotherapists there was easy access to assessments, and equipment. The staff team had a range of skills to ensure they could support the residents needs. Steps had been taken to lessen residents needing to leave the centre for additional support, for example a number of staff were trained to take blood, and also support catheter care.

Where concerns or complaints were raised they focused on day to day experience of residents, for example temperature of drinks, and a proactive approach was taken by the management team to identify the cause of the issue. Steps were then taken to reduce the impact of it occurring again.

Records were well organised and maintained to a high standard. Information reviewed was up to date, accurate, and accessible. Storage arrangements ensured residents privacy and dignity was maintained at all times. Policies and procedures were accessible to all staff in the centre and provided clear guidance on the approach of the provider and the agreed procedures to be followed.

There was appropriate insurance in place in the centre that covered residents possessions, and each resident had a clear contract of care setting out the terms of their stay including the fees to be charged.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted all required information and documentation related to the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is suitably qualified and experienced in the role and is knowledgeable of their responsibilities and duties under the legislation and regulations. They are actively involved in the delivery of care to residents on a day-to-day basis, and residents and relatives spoke highly of them when speaking to inspectors

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents. The layout of the centre was taken in to account when allocating staff to the different areas of the centre, and this was seen to ensure residents were supported appropriate to their identified needs. Mealtimes were well supported by a range of staff to ensure residents were served their preference of meal, and where support was required it was done so discreetly.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date on their training in mandatory subjects such as fire safety, safeguarding of vulnerable adults and manual handling procedures. There was a comprehensive training plan in place to support mandatory training and included a wide range of courses, for example dementia care, manual handling, end of life care, CPR, infection control, management of behaviour that is challenging, nutritional care, phlebotomy, oral and dental care, and oral care for people with dementia.

Staff spoken with were familiar with their lines of accountability and felt supported by management to carry out their duties effectively. A structure was in place for the induction of newly recruited members of staff. Staff also underwent appraisals which identified areas in which additional supports may be required.

Judgment: Compliant

Regulation 21: Records

All records required by the regulations were available, up to date, and stored securely. A sample of recruitment records for staff showed all required documentation was in place, including Garda vetting checks.

Judgment: Compliant

Regulation 22: Insurance

There was appropriate insurance in place for the designated centre that included

injury to residents, and loss or damage of some property as set out in the schedule.

Judgment: Compliant

Regulation 23: Governance and management

There was a proactive management team in place who paid detailed attention to all aspects of the service being delivered. Each person was clear of their roles and carried out their duties in relation to ensuring the service being provided was safe and met residents needs.

There were effective arrangements in place to plan for the resources required to run the centre to a good standard and also to drive improvement. For example the management team kept up to date on current information in relation to providing safe and effective services and took action where they identified improvements would benefit the residents in the centre. For example following a review of fire safety guidelines, steps had been taken to reduce the size of some of the fire compartments in the centre, to improve safety arrangements for residents.

A comprehensive program of audits were carried out, and where areas for improvement were identified an action plan was put in place. At each meeting the action plans were reviewed to ensure the improvements were delivered.

There was an annual review for the service that reflected residents feedback on the service.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider had written contracts of care for long-term and short-stay residents. This detailed the terms of residency in the centre and clearly identified fees payable, including services offered which incurred additional charges such as dry-cleaning and hairdressing services.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of purpose required all the information required by the regulations, for example the aims and objectives of the service, and a clear description of

the management arrangements in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with were clear about the steps to follow if they had a complaint to make. The policy was clear and on display at key points through the service.

A review of complaints and feedback received showed that responses were provided within the agreed timescales, and where it was needed steps were taken to improve the persons experience.

The provider was very responsive to receiving feedback, and evidence was seen of steps taken to address any concerns. For example there was a concern received about how white laundry was managed. A new system was put in place, and a new washing machine was purchased to achieve an improved service.

Judgment: Compliant

Quality and safety

Residents health and social care needs were being met to a high standard in the centre by a team of staff who knew the residents well.

There were effective systems to assess residents needs, and to ensure the care plans developed were person centred and reflected the residents skills, abilities and preferences as well as setting out any clinical support needs. Care plans provided clear details about residents preferred routines, and also provided clear instructions for staff who were supporting the resident, for example in relation to supporting mobility and managing clinical needs such as catheter care. Information from residents and their families about their lives and things that were important to them was gathered on admission and developed over time, and it supported a culture of respecting residents for who they were and their life achievements, for example staff knew about residents families and were able to engage about their experiences.

There was access to a general practitioner in the centre, and on call arrangements were in place. A range of nursing assessment tools were used to support the ongoing monitoring of residents needs and where changes were seen evidence was seen that appropriate action was taken. For example referrals were made to a dietitian, speech and language therapist or tissue viability nurse where assessments were required. Residents spoken with felt their health care needs were being well

met. Medication practices were well managed in the centre, and there were regular reviews to ensure residents received appropriate treatment. Infection control standards were also well met with clinical areas kept well organised and clean, and staff were seen to be following good hand hygiene practices.

Residents were seen to be receiving visitors throughout the inspection. Many commented that the facilities for seeing visitors were very good, including the cafe which was a popular place for a cup of tea and a catch up.

Many residents had chosen to personalise their bedrooms, and had hung items on the walls, brought in small pieces of their own furniture, and had adequate space to display items of sentimental value.

The premises were well maintained and there was an ongoing program of works to maintain the standard of the decor. A full review had been completed of the fire safety arrangements in the centre, and the provider had made the decision to further improve standards in relation to areas such as the size of compartments to support timely evacuation of residents in all areas of the centre. All staff were trained and familiar with the fire safety arrangements in the centre including the evacuation procedures. There was good oversight of the risk management arrangements in place in the centre, and the risk register was seen to be a dynamic document that reflected actions taken to manage any identified risks in the centre.

Regulation 11: Visits

Visiting by family and friends was not unnecessarily restricted. Visitors were made feel welcome and were observed coming and going through the day. The premises included multiple communal spaces in which residents could receive their visitors in private other than their bedroom.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had sufficient storage space in which to keep their belongings and clothing, including lockable storage options if required. Rooms were sufficient in size and layout to allow residents to personalise and decorate based on their personal preferences. There was a system in place to label and separate laundry to reduce the risk of clothing being misplaced.

Judgment: Compliant

Regulation 17: Premises

The residential area of the centre consisted of three storeys of single-occupancy bedrooms with en-suite facilities. Toilet and shower areas were equipped to allow residents to use safely, including people requiring assistance or equipment to mobilise. All bedrooms, bathrooms and communal areas were equipped with call bell facilities.

The centre was free of obstructions or trip hazards and residents were seen mobilising independently throughout the day. Multiple elevators allowed for safe transport between the floors and simple signage assisted navigation. The building overall was clean, in a good state of maintenance, and was well ventilated with natural light and pleasant views of the surrounding area.

There were suitable communal areas to accommodate resident to relax, socialise and have meals. Extra dining space was recently opened to allow for a more relaxed mealtime environment, about which residents commented positively. In addition to the multiple communal areas, the corridors were lined with comfortable rest spots with armchairs. Some residents had their favourite spots in which they could read the paper, listen to music, enjoy the view of the adjacent harbour or sit and chat with their friends, family and fellow residents. Residents had access to safe and secure outdoors spaces, with residents on upper floors having access to large balcony areas with seating and a designated area for smokers.

Judgment: Compliant

Regulation 26: Risk management

There was a clear policy in place that set out how risk was to be assessed and managed in the centre. It covered the types and levels of risks kept under review, for example corporate, clinical and individual risks.

There was a risk register to support the effective monitoring and oversight of identified risks and it covered the different levels of risk. All areas of risk identified in the centre were seen to be well managed in practice.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean on the day of inspection. Cleaning staff were knowledgeable on good practices related to the order in which items were cleaned, the separation

of clothes and mops heads used for cleaning individual bedrooms and bathrooms, and the practices to follow when cleaning areas with a risk of infection. Personal equipment such as disposable gloves and aprons were available when required.

Judgment: Compliant

Regulation 28: Fire precautions

The building was suitable equipped with features to detect, contain and extinguish flame and smoke in the event of fire. Routine checks took place to ensure that fire doors and fire safety equipment was in working order and that evacuation routes were clear.

The centre maintained an evacuation plan and clear maps were visible on corridors identifying the safest routes to take when vacating the area. Residents each had a simple personal evacuation plan which identified the equipment and assistance requirements of residents to safely evacuate, and this information was understood by all staff spoken to during the inspection. Practice evacuation drills took place regularly in the centre. The records of these drills identified the scenario practiced, the procedure followed, and the time taken to evacuate the compartment, as well as notes for future learning to improve those times. Inspectors reviewed evidence that these drills had resulted in the provider proactively identifying areas of higher risk and had recently added fire doors to reduce the size of compartments and bring times for compartments down to between two to three minutes.

All staff were up to date on their training in fire safety and evacuation procedures, and staff spoken to on the floor were clear and consistent with their duties during an emergency procedure.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a clear medication policy and procedure in place, and nursing staff were seen to be following it. Staff spoken with were familiar with residents needs, and gave examples of when residents medications were reviewed with the general practitioner (GP) if their needs changed. This ensured that chemical restraint was closely monitored in the centre, and only used when other options had been explored.

Medication storage was well managed, including controlled medication. Medication areas were clean, and nursing staff were seen to follow hand hygiene procedures. Nursing staff kept their practice up to date by completing

medication management training at regular intervals.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

An assessment of residents needs was completed prior to admission, to ensure that the service could meet their identified needs.

On admission a detailed review was carried out, and a range of nursing tools were used to assess residents skills and areas where care and support was required. These care plans were then developed further over time. The care plans reviewed were very person centred in their approach and focused on residents skills and abilities. Residents and families were involved in their development, and then in four monthly reviews.

Records reviewed showed that staff were responsive to residents changing needs and took steps to amend care plans where necessary, and on advice from other allied health care professionals.

End of life care wishes for residents were recorded, and reflected residents individual wishes as their health deteriorated, and also what steps they wanted as they reached the end of their life.

Judgment: Compliant

Regulation 6: Health care

There was a general practitioner (GP) in the centre, and on call arrangements were also available when required. Residents could also keep their own GP if that was their choice. There were also physiotherapists available each day in the centre, and clear programs were in place to support residents to maintain their mobility. Residents explained some of the things they learned to support them in staying independent, for example doing regular strength building exercises, and calling for support when needed ('call don't fall').

Records showed a range of allied health professionals were available to provide support to residents in the centre, for example occupational health, tissue viability nurse, and dietitian. Where residents had healthcare needs there were very clear instructions on how they were to be met.

An ongoing review of clinical performance indications showed low incidents of incidents such as falls, pressure areas and weight loss. These positive findings

indicated that residents were receiving a good quality of care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to have choice and control over how they spent their day and that these choices and preferences were respected and facilitated by staff. Residents fed back to inspectors that they enjoyed living in the centre and that they were supported to get up later in the morning or go to social events based on their individual wishes. Many residents were seen receiving visitors in different parts of the centre, and also heading out in to the local community, and following their chosen routines.

Staff in the centre were observed to respect the privacy and dignity of residents. Staff members knocked on doors when entering residents' private space, and for people who required assistance with their activities of daily living such as eating meals and using the bathroom facilities, this support was delivered in a subtle and discreet fashion.

Residents were supported to avail of their civil and religious rights, as well as retain their links with the local community and their friends. Residents had access to their own televisions and magazines, some residents had the day's newspapers, and the centre was equipped with wireless internet access.

Activities on offer were well-attended and suitable for the demographics of residents in the centre. Inspectors sat in on an exercise session which was enjoyed by its regular and new attendees. The facilitator knew all the residents and encouraged them to join in at their own pace. Other activities and social options were available for residents who would benefit more from more individual or sensory-based engagement.

The provider made information available for residents in the centre. One example was the summary of the annual review was available and easy for residents to read and understand. There were regular residents meetings where feedback was received from residents and their families. There were also a yearly review of peoples experience of the centre using a questionnaire that covered topics such as staffing, premises, dining experience and activities. An action plan was set up to address any areas of feedback received and staff members were allocated the task of delivering the work required.

Residents who spoke with inspectors felt their rights were respected and that they felt comfortable and safe in the centre. Residents and relatives commented that the staff team were very kind and provided a good level of support. Interactions seen between residents and their families were seen to be positive and person centred.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant