

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Our Lady's Manor
<b>Centre ID:</b>	OSV-0000080
<b>Centre address:</b>	Bulloch Castle, Dalkey, Co. Dublin.
<b>Telephone number:</b>	01 280 6993
<b>Email address:</b>	ourladysmanor1@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Our Lady's Manor Incorporated
<b>Lead inspector:</b>	Gearoid Harrahill
<b>Support inspector(s):</b>	Helen Lindsey
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	103
<b>Number of vacancies on the date of inspection:</b>	15

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 06 June 2018 09:45 To: 06 June 2018 17:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre.

The provider had completed a self-assessment tool on dementia care and had assessed the centre as compliant in all outcomes. An action plan was created for each outcome outlining strategies to further enhance the quality of life for residents and how they can maximise their input to the running of the centre, their choice and independence.

Residents' care plans were clear and comprehensive to their needs, and were kept under review regularly and as required, with input from the resident or their

representatives. Interactions and assistance provided by staff reflected the specific features and instructions of each resident's plan. Residents had good access to a range of health and social care services to meet their ongoing needs. This included physiotherapy, speech and language therapy and dietician services. Residents were seen regularly by a general practitioner (GP). Specialist medical services were available when required. This included psychiatry of later life for those residents who were diagnosed with dementia.

The premises offers comfortable accommodation over three floors accessed via a passenger lift. The centre was designed and furnished to offer residents comfortable accommodation. Inspectors found that bedrooms were appropriately furnished and that there was adequate wardrobe and storage space for clothing and personal possessions. Communal lounges and dining areas were bright and comfortably furnished, and featured large windows and balconies with scenic views of the area. There was a pleasant enclosed courtyard garden and café style communal zone which could be easily accessed and added to the social and community aspect of the centre. These areas were well used by residents and their visitors on the day of the inspection as there was a summer event with ice-cream served on the hot day. Residents were encouraged and facilitated to go out to the local community independently or with assistance.

Overall, there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. Residents were comfortable and happy in the centre and were able to exercise choice in the daily lives. Family and friends of residents spoke highly of the service and felt peace of mind that their loved ones were being well cared for and that any issues they did have would be taken seriously and responded to promptly.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

Inspectors found that residents' health and wellbeing were met and maintained by a good standard of evidence based nursing care with sufficient access to appropriate medical and specialist services.

The service provider conducted comprehensive pre-admission assessments with potential residents which established information such as history, medical needs and levels of independence. This information was used to inform care plans for the residents, which effectively and clearly provided instruction for how best to care for that resident and cater for their individual care needs.

Inspectors reviewed a sample of care plans, which were kept under review on a regular basis and as required when residents' needs changed. There was evidence of input to these reviews by the resident or their next of kin, and residents' family members spoke highly to inspectors of the role they had in care plan revision and how well they were kept updated of changes made. Where resident needs and dependencies increase, there is a clear note of where additional assistance is required, and areas of self care and mobility in which residents can continue to maintain their independence.

Where relevant, residents had access to a range of health and social care services such as physiotherapy, dietician, or speech and language therapy, and records showed that referral to these services were made appropriately. Where external services contributed to the creation or review of residents' care plans, there was a record of the notes made retained on the digital care plan.

Residents had a plan in place for end-of-life arrangements which was reflective of the resident's "Key to Me" and their wishes regarding resuscitation preferences and organ donation consent. Each resident's preferences regarding their culture, religion and place of rest was discussed and reflected in this plan.

For residents with cognitive impairment or who were not verbal in their communication, there was clear instruction of how best to communicate with the resident and notes on

what various non-verbal sounds or movements meant, including what was normal and what indicated that the resident was anxious or needed something. Inspectors observed non-verbal interaction between staff and residents and that they followed the instruction given in these plans for the individual residents. There was also clear instruction on what residents who could not speak for themselves enjoyed doing for recreation and activities.

Each resident's preferred hours of waking up and going to bed were noted, and inspectors observed residents being assisted to get up through the morning in accordance with their individual preferences. Where residents used medication such as sleep aids, its use was clearly guided in their care plan and reflected in their kardex, including instruction on frequency, maximum dosage and crushing.

**Judgment:**

Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were measures in place to ensure residents were safeguarded and protected from suffering harm. There were clear arrangements in place to support residents with responsive behaviour, and risk assessments to ensure any restrictive practice used was in the residents' best interest.

There was a clear policy in place called 'Safeguarding vulnerable persons at risk of abuse' which had recently been reviewed. It clearly set out the responsibilities of staff and the person in charge, and set out the steps to take at each stage of the process following an allegation of abuse. The staff spoken with were very clear of the definitions of abuse and the signs that they needed to be vigilant for. Residents who spoke with inspectors confirmed they felt safe and that their rights were always respected by the staff.

Where residents were assessed as having responsive or reactive behaviour there were clear processes in place to ensure they received appropriate care and support. The policy 'managing responsive behaviours' set out clear definitions and the approaches to be used. It also gave clear guidance on how assessments and care plans were to be carried out. The care plans reviewed showed that the policy had been followed, residents needs were set out in a person centred way, and also that the staff knew the residents well. Inspectors observed staff supporting residents to manage anxieties and stress.

Where restrictive practice was used in the centre, for example bed rails or electronic sensor tags, there were clear policies and procedures in place to ensure residents' rights were respected and balanced with their safety in the centre. A review of the documents available showed there was a policy setting out the safeguards in place, for example multi disciplinary agreement to use them and regular review to ensure they remained effective. Assessments seen included identifying the benefits expected, what alternatives had been trialled, whether it was the least restrictive option, and any associated risks. Overall the use of restrictions was low in the centre, and examples were seen where they had been removed when no longer effective for the resident.

The provider did not act as pension agent for any of the residents. They did hold small amounts of petty cash if residents asked them to. There were clear records of any deposits and withdrawals and each entry was signed by two staff members and the resident where they were able. There was a system in place to audit the practice and ensure residents monies were safely managed.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

Inspectors found that each resident's privacy and dignity was respected and that residents were facilitated to communicate and to exercise choice and control over their daily lives.

Residents who required assistance with eating or carrying out activities of daily living were supported in a dignified and discreet manner. Residents' privacy was observed, with staff who supported residents in their bedrooms, showers or toilets doing so with the door closed from the public areas, and knocking before entering residents' rooms.

The activity sessions on offer were well attended and suitable for the profile of residents in the centre. Inspectors observed a sing-along session with varied music playlists tailored to the residents' preferences. As opposed to being a passive activity, the person facilitating the session kept residents mentally engaged by asking the room who knew the artist or from what movie or location the music is taken, and inspectors observed residents who were otherwise unable to engage join in by singing, swaying and foot-tapping along to the music.

For residents would preferred not to participate in group activities, inspectors observed

that some residents had their usual armchair along the corridor, as well as a safe observation balcony where they could listen to their own music, read the newspaper, or use binoculars to watch the ships coming into the harbour. Most of these seating spots were next to large windows which had lovely views of the village, adjacent castle, and harbours which residents enjoyed.

Residents were greatly encouraged to get out of the building as far as practicable. On the day of the unannounced inspection, there was a small party being held in the garden on the hot summer day, with bunting and ice-cream. The staff made sure to remind residents of the event in case they changed their minds and decided to come down to it. Residents were facilitated to go out to the village, to the pub or for walks independently or with accompaniment, and where required the provider organised wheelchair taxis to transport them. Resident forum meetings were held in the centre. Agenda items for these meetings were all relevant to the interests of the residents, and feedback was positive in the day-to-day running of the centre, meals, activities and outings.

Residents were encouraged in positive risks to retain their dignity, independence and choice of what to do in their day. Examples included a resident with diabetes enjoying a chocolate ice-cream as a treat, or a resident who used a wheelchair for distances being encouraged to walk for shorter lengths to retain leg mobility and circulation. This balance of risk against choice was reflected in care plans in way that was individual to the resident and maximised their retention of independence, choice and quality of life.

Residents had access to radio, television and internet facilities. Residents were registered to vote in elections or referenda and had the option of doing so in the centre or going out to the local polling station. Residents could practice their religion with regular services held on the premises.

Inspectors spent a period of time observing interactions between residents and staff, particularly with those with dementia or cognitive impairment. The atmosphere of the centre was very relaxed and comfortable, and resident appeared to be at ease in general and around staff. Staff were friendly with residents, chatting and joking amongst them throughout the day and during assistance. Staff employed dementia-friendly techniques when speaking with residents, including establishing their attention before speaking with them or asking them questions, and keeping questions and sentences short and simple. Staff used residents' preferred names or titles, and crouched or sat at their level when speaking with them. As well as talking residents through what was happening during assistance, conversation was also observed which was meaningful to that resident's own history, family or personality, of which staff had a good knowledge. Inspectors did not observe any negative or institutional interaction, or long periods of time where residents would go long periods of time without some form of engagement or mental stimulation.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The feedback, concerns and complaints of all residents in the centre were listened to recorded and acted upon.</p> <p>The staff had access to the policy that set out the importance of dealing with complaints effectively and the procedure to follow when they were received verbally or in writing. The policy set out which staff members had a responsibility in relation to complaints, and also the arrangements for oversight of the practice to ensure it was in line with the policy. The clinical governance committee was satisfied the policy and procedure was being fully adhered to in the centre.</p> <p>The policy was displayed around the centre and set out in the residents' information guide. Residents who spoke with inspectors said they knew who to speak with if they had any feedback or complaints to make.</p> <p>The inspectors reviewed the feedback, comments and complaints recorded in the centre. They were noted to include detail of the issue raised, the action taken, the satisfaction of the complainant and if the complaint was open or closed.</p> <p>Any concern noted was seen to have a suggested solution noted, and systems were in place to ensure any suggested improvements were put in to practice.</p>
<p><b>Judgment:</b> Compliant</p>

<b><i>Outcome 05: Suitable Staffing</i></b>
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<p><b>Theme:</b> Workforce</p>
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> On the day of inspection there was an appropriate number and skill mix of staff available to meet the needs of the residents. There were effective recruitment arrangements and there was a staff training programme that ensured staff remained up</p>
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to date with their skills.

Inspectors observed the care and support being provided to residents and identified there were sufficient numbers of staff to meet the residents' needs. The staff teams included the management team, clinical nurse managers with a lead for each unit, nurses, healthcare assistants and household staff responsible for cleaning, kitchen responsibilities and also maintenance staff.

Residents said they found the staff team were very responsive to their needs and responded quickly if ever they needed support. Inspectors observed that the staff knew the residents and their visitors well and were speaking with them respectfully and with good knowledge of their current needs and their life histories and experiences. Both residents and their relatives said the positive relationship between residents and staff was a very important part of what made the service such a good quality.

Staff who spoke with inspectors were very clear about the policies and procedures in the centre, and had access to guidance and the regulations. Staff also confirmed they attended regular training and refresher sessions that supported them to keep their skills up to date.

The inspectors reviewed the training records of staff and found staff were up to date in their mandatory training such as fire safety, manual handling and safeguarding of vulnerable adults. The majority of staff had training in caring for residents with dementia and other cognitive impairments, and nurses had training in identifying and responding to behaviours and psychological symptoms of dementia. The programme of supplementary training for the coming year was focused on meaningful engagement and person centric care of residents.

The inspector reviewed four recruitment files for staff. All files were found to have the required documents as listed in Schedule 2 of the regulations including Garda vetting. The inspector reviewed nurses' registration documents and found that all were registered with the Nursing and Midwifery Board of Ireland.

**Judgment:**  
Compliant

### ***Outcome 06: Safe and Suitable Premises***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Overall the premises of the centre were suitable for the number and needs of the

residents. Care was being provided across three of the five storeys of the building, and multiple elevators allowed residents to travel between floors. Corridors were equipped with handrails and safe flooring, and were free of any major steps or trip hazards. Residents were observed throughout the day mobilising safely independently or with assistance.

All bedrooms were single occupancy and there were enough toilet and bathing facilities on the corridor and in en-suites for the number of residents living in the centre. Bathrooms were appropriately equipped for residents with reduced mobility or assistive equipment to use safely. Bedrooms were of a good size to allow for them to be personalised with photographs and decorations to the residents' preferences, as well as having the space for residents to bring in furniture from home. There was adequate space for residents to store clothing and belongings, as well as lockable storage options for valuables. All bedrooms, bathrooms and communal areas were equipped with accessible call bell facilities.

The centre had multiple communal areas and living rooms for residents to relax in, and a number of comfortable armchairs at rest spots along the corridors for residents to sit away from the busier areas or enjoy the views of the harbour from the large windows. There was a nicely featured secure garden in which residents were observed enjoying the sunshine, as well as safe communal balcony areas for residents on the upper floors to sit outside. There was a pleasant and comfortable café area and small shop on the lower floor which could act as a social hub for residents and their visitors, particularly as an alternative to getting out into the local village.

The design of the residents' corridors was straightforward and easy to supervise to allow residents to navigate safely and to encourage independence. Resident names were clearly identified on the bedroom doors to assure people that they are at the correct bedroom, and simple signage was used to navigate corridors. Inspectors discussed with the provider areas where the dementia friendly design could be further enhanced, such as the use of contrasting colours on doors and assistive rails to aid identification.

**Judgment:**

Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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