



Report of a Restrictive Practice Thematic Inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	West Clare Nursing Home St Theresa's Kilrush
Name of provider:	Sundyp Limited
Address of centre:	Leadmore East, Kilkee Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	30 October 2024
Centre ID:	OSV-0000451
Fieldwork ID:	MON-0042420

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards **for Residential Care Settings for Older People in Ireland**. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental¹ in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

Physical restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

¹ Chemical restraint does not form part of this thematic inspection programme.

About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

This unannounced inspection was carried out during the following times:

Date	Times of Inspection	Inspector of Social Services
Wednesday 30 October 2024	09:00hrs to 16:35hrs	Sean Ryan

What the inspector observed and residents said on the day of inspection

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. The findings of this inspection were that the service promoted a culture where a rights-based approach to care underpinned the delivery of a service to residents that was person-centred. Through observations and conversations with residents, it was evident that residents were supported to have a good quality of life and were encouraged and supported by staff and management to be independent.

The inspector arrived to the centre during the morning time and was met by the person in charge and assistant director of nursing. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas.

Residents were observed to be comfortable and relaxed in the communal dayroom and in their bedrooms. The atmosphere was calm, and care was observed to be delivered in an unhurried manner. Residents were observed enjoying a variety of activities that included watching television, reading the daily newspaper, and chatting with one another. Staff were seen frequently checking residents in between attending to residents who had requested assistance with their morning care needs. Residents who liked to smoke were seen going in and out of a designated smoking area.

West Clare Nursing Home St. Theresa's Kilrush is located on the outskirts of the town of Kilrush. The centre provides care for both male and female adults with a range of dependencies and needs. It is a single storey facility that can accommodate 39 residents in both single and multi-occupancy bedrooms.

There was a choice of medium and small communal spaces for residents to use in the centre. There was also a quiet room and designated smoking area for residents to use. The inspector saw that overall the physical environment, including flooring, lighting and handrails along corridors, was set out to maximise resident's independence.

Resident's bedrooms were personalised with photographs of their activities and of family and friends. Residents who stayed in the centre on a short-term basis were encouraged to bring personal items from home to personalise their bedroom. There were no restrictions on when residents could access their bedrooms. Staff told the inspector that bedrooms were selected for residents based on their assessed needs. For example, some residents required the use of a larger bed and hoist. This was arranged for the resident to ensure their needs could be safely met. The majority of residents living in the centre on the day of inspection told the inspector that they were happy with their rooms, especially having en-suite toilet and shower facilities. However, the inspector noted that some bathrooms were not easily accessible to residents, impacting the residents choice in relation to showering.

The centre provided an external enclosed garden area for residents to use. Residents could access the garden area independently through the dining room or through a

door along a main corridor. Residents who liked to smoke could access an internal smoking area independently.

While access to the front reception was secure, the code information was displayed near the door enabling residents and visitors to independently access and exit the centre. Advisory signage was displayed on long corridors to orientate residents to areas such as the day rooms, dining room and bedrooms.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The inspector observed that there were six residents using bedrails in the centre. The provider had a variety of alternative devices and equipment to support an initiative to reduce the use of bedrails. This included low beds, and mats to reduce injury should a resident fall from their bed.

The centre maintained a record of restrictive practices in use in the centre. The register contained details of the date the restraint was initiated, the resident's name, the type of restraint and whether consent had been obtained from a next of kin or legal representative. The inspector noted that the register detailed physical restraints in use such as bedrails and lap-belts.

Residents living in the centre had access to a range of assistive equipment such as powered wheelchairs, rollators, and walking aids to enable them to be as independent as possible. Some residents used specialised chairs that had been prescribed by an occupational therapists for clinical reasons and were not restrictive.

Residents were familiar with staff and addressed them by their first names. Residents told the inspector that staff respected their privacy and personal space through knocking on their bedroom doors and waiting for a response before entering. Staff were observed attending to residents care needs throughout the day. Staff were seen to ensure that bedroom and bathroom doors were closed before assisting residents with their care needs. Residents' rang call bells throughout the day and these were observed to be answered promptly. Residents spoken with reported that usually there was no delay in their call bell being answered during the day and night-time.

Residents spoke positively about their experience of living in the centre and detailed how staff were kind and supportive. Residents told the inspector that they did not feel restricted and that staff made every effort to promote their independence. For example, some residents discussed how they initially felt restricted as they were required to use bedrails either at home or in hospital. However, the residents detailed how they were provided with alternative assistive equipment, such as grab rails on their beds, on admission to the centre. This eliminated the need for bedrails and supported them to regain their independence and improved their quality of life.

Residents had a restrictive practice care plan in place which outlined the rationale for use of restrictive practices. Residents and relatives spoken with stated that, while they were involved in the decision-making process regarding the use of bedrails during their admission to the centre, they were not always involved in discussions or reviews regarding their continued use.

Residents were consulted about their care, such as where they would like to spend their time, the quality of food and activities. This ensured that residents' rights were upheld, such as having the right to freedom of expression. Residents' told the inspector that their concerns and complaints were listened to and acted on in a timely manner. Residents also had access to independent advocacy services. Residents who could not express their own opinions were represented by a family member or a care representative who represented the resident's best interest.

Residents stated that they felt part of a community living in the centre, and that staff supported them to maintain connections with the wider community. Some residents were supported to go on outings with their family to attend family events or to go shopping. Throughout the day, residents were observed coming and going with relatives to attend appointments or go to the shops. Residents told the inspector that they did not feel restricted in any aspect of their life, and that staff would always support them to pursue the activities they enjoy.

Residents had unrestricted access to information and services available to support them. This included information about independent advocacy services, safeguarding, restrictive practices, positive risk-taking, and procedures to raise a complaint about any aspect of the service. This information was displayed at the reception area and was also discussed with residents at scheduled meetings.

The inspector observed there was a range of engaging activities that provided opportunities for socialisation and recreation. Residents were observed enjoying a lively game of bingo in the afternoon. Staff demonstrated an understanding of their role and responsibilities regarding social engagement with residents.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

Oversight and the Quality Improvement arrangements

The inspector found that there was a positive approach to reducing restrictive practices and promoting a restraint free environment in this centre. The service prioritised residents' right to live as independently as possible without unnecessary restriction, and to ensure residents were supported to live meaningful lives.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being Compliant.

The management team confirmed that the centre promoted a restraint-free environment, in accordance with national policy, and best practice. There were governance structures in place to support oversight in relation to restrictive practices. The person in charge, supported by clinical nurse managers, collated and monitored information in relation to restrictive practices.

The registered provider had a policy for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. The policy had been reviewed in March 2024 and contained detailed information on the types of restrictive practices that included physical, environmental and restrictions of resident's rights.

Staff were facilitated to attend training relevant to their role such as safeguarding vulnerable people, restrictive practices, positive risk-taking and supporting residents with complex behaviours. Staff were generally knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern. However, the effectiveness of this training was not well reviewed by the management team as some staff did not demonstrate up-to-date knowledge of the centre's policy and procedure with regard to the various types of restraints, informed consent, and the assessment and management of restrictive practices.

The provider had arrangements in place to monitor and oversee the use of restrictive practices in the centre. Restrictive practices were monitored in the centre's key performance indicators, and the centre's restrictive practice register. The register contained details of physical restraints such as bedrails, and details of residents who were provided with lap belts. However, some practices within the centre were not recognised as being restrictive. For example, some residents had restricted access to their cigarettes and lighted. There was no assessment of risk or care plan to underpin the decision to implement this restriction, in line with the centre's own restrictive practice policy. Consequently, the restraint register did not reflect some of the restrictions in place.

A restrictive practice audit had been completed in September 2024. The audit examined compliance with key aspects of the centre's policy and procedure that included consultation with the residents, consent, and assurances that appropriate

assessments were completed to underpin the development of care plans. However, the audits did not always identify deficits in the quality of the service or inform the development of quality improvement plans in relation to restrictive practices.

The inspector reviewed the assessment tools used to underpin the decision to implement the use of bedrails. Some risk assessments were incomplete as the assessments did not always evidence that staff had trialled alternative less restrictive methods prior to implementing the use of bedrails. The inspector identified that some resident records did not contain an up-to-date assessment of resident's needs, or assessment of risk in relation to the use of restraint prior to the decision to implement the use of restrictive practices. While care plans generally identified the restraint in use, the rationale for the restraint was not always detailed within the care plan or the frequency that restraint should be checked. Therefore, the inspector found that residents care plan were not fully based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed and outlined the supports required to maximise their safety and quality of life.

Staff confirmed that there were adequate staff, with the appropriate skill-mix, to meet the needs of the resident's.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low beds, instead of having bed rails raised. Resources were available to ensure that the physical environment was generally set out to maximise resident's independence. The inspector found that in one instance, the physical environment did not fully meet the needs of a resident and this impacted on their right to exercise choice.

Complaints were recorded separately to the residents' care plans. The complaints procedure was prominently displayed in the centre. There was a notice advising residents of the contact details of independent advocacy services should they require assistance with making a complaint.

Overall, there was a positive culture in the centre, with an emphasis on promoting the overall wellness of residents, while working towards a person-centred, least restrictive, approach to care. Nonetheless, the oversight of restrictive practices was not fully in line with the National Standards.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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The National Standards

This inspection is based on the *National Standards for Residential Care Settings for Older People in Ireland (2016)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.

List of National Standards used for this thematic inspection:

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

Theme: Use of Resources	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
7.4	Training is provided to staff to improve outcomes for all residents.

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

Quality and safety

Theme: Person-centred Care and Support	
1.1	The rights and diversity of each resident are respected and safeguarded.
1.2	The privacy and dignity of each resident are respected.
1.3	Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.
1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.
1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services

2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

Theme: Safe Services

3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.
3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

Theme: Health and Wellbeing

4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.
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