



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

Issued by the Chief Inspector

Name of designated centre:	St Mary's Residential Care Centre
Name of provider:	St Mary's Nursing Home Unlimited Company
Address of centre:	Shantalla Road, Galway
Type of inspection:	Unannounced
Date of inspection:	20 November 2024
Centre ID:	OSV-0000726
Fieldwork ID:	MON-0045075

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 20 November 2024	09:15hrs to 16:25hrs	Sean Ryan

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

This was a one day unannounced inspection to monitor the use of restrictive practices in St. Mary's Residential Care Centre. The findings of this inspection were that, management and staff had a commitment to providing person-centred care to residents and promoting residents' rights. It was evident that the provider was working towards a restraint-free environment, where residents were supported and encouraged to live an independent life in an environment that met their individual and collective needs.

The inspector arrived at the centre in the morning and was met by the person in charge and the assistant director of nursing. The inspector observed that there was ample parking available for visitors to the centre. The front door was secured by an electronic key-coded lock and a door bell was used to gain access. Following an introductory meeting, the inspector walked through the building and observed residents in various areas of the centre. Many of the residents were up and about, others were having their care needs attended to, and some were enjoying breakfast while listening to the radio. The atmosphere was calm and relaxed throughout the centre.

St. Mary's Residential Care Centre is a purpose-build facility located in Galway city and is registered to provide care to 62 residents. The centre was set out over two floors. A passenger lift facilitated transport between the floors, and residents were seen travelling between floors to attend activities, visit other residents, and meet visitors on the day of the inspection. Overall, the design and layout of the premises promoted residents' independence and their free movement around the centre. Corridors were wide and spacious with appropriate handrails fixed to the walls to assist residents to mobilise safely. Residents had access to a variety of pleasantly decorated communal rooms including two sitting rooms, two dining rooms and an oratory. Each floor also had a small lounge area that residents were observed enjoying. There was also a hair salon. Residents were observed attending the hairdresser throughout the day. They told the inspector it was 'wonderful' to enjoy the experience of attending a salon in the 'comfort of their own home'.

Externally, all residents had unrestricted access to a secure enclosed garden that was appropriately furnished and maintained. The provider had resurfaced pathways to ensure that they were safe and accessible for residents throughout the gardens. There was seating available in the garden for residents to use. Appropriately placed seating made it easier for residents with mobility issues to walk, as it allowed them to rest at various points. This practice ensured that residents' mobility and independence was maximised. The first floor of the premises also provided a large balcony garden. This area was accessible to residents and contained raised flower beds and seating.

The inspector spent time in the various communal areas of the centre observing staff and resident's interaction. Residents knew their way around the centre and the location of their own bedrooms. A large number of residents spend their day in the

various communal rooms while others preferred to relax in the comfort of their bedrooms and were supported to do so by staff.

Residents were seen to be happy and content as they went about their daily lives. It was evident that residents' choices and preferences in their daily routines were respected. For example, following the lunch time meal each staff member asked the residents if they would like to attend the dayroom for activities or return to their bedroom.

Throughout the inspection, staff were observed providing timely and discreet assistance, enabling residents to maintain their independence and dignity. It was evident that staff knew residents needs well and responded to them in a person-centred way ensuring that each resident's individual needs were met as they wished. It was also clear that residents trusted staff caring for them and that they enjoyed each other's company. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. Staff were seen to ensure that bedroom and bathroom doors were closed before assisting residents with their care needs. Personal care and grooming was attended to in line with residents' needs and preferences. Staff that spoke with the inspector were knowledgeable about residents and their individual needs.

Residents told the inspector that they did not feel restricted in any way, with the exception of some of their physical limitations that impacted on their mobility. For example, some residents spoke about how their mobility had declined in recent years. They described how they were provided with various mobility aids over a period of time to promote their mobility and support their independence. Residents added that regular access to physiotherapy had also helped them to maintain their mobility.

Residents were supported to vote in previous local elections and arrangements were in place to facilitate residents to vote in the upcoming general election. Staff confirmed that residents would be assisted to attend polling stations if they wished, and other residents had been included in the Special Voters List to ensure residents could cast their vote in the centre. The management team were circulating information to residents on candidates who were contesting the election.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. While the inspector observed that there were nine residents were using bedrails in the centre, there was evidence of a multi-disciplinary team approach to the assessment of risk in relation to the use of bedrails. Residents were actively involved in the assessment process, and where possible their preferences were always taken into consideration during assessment.

The provider had a variety of alternative devices and equipment to support an initiative to reduce the use of bedrails. For example, a number of residents, who were assessed as being at risk of falling, used low beds. In bedrooms, sensor alarms were in place for a number of residents. The alarm sounders alerted staff to assist residents that were identified as being at risk of falling. In recognition of the potential impact of the alarm sounding in close proximity to residents, the provider had begun to replace alarm mats that were integrated into the call bell system. Staff informed

the inspector that this action was to ensure residents were not negatively impacted or affected by the alarm sound in their bedrooms. The front door to the centre was locked, and this was supervised by administration and care staff. Staff confirmed that residents would be provided with the code to unlock the door if they wished, and following an assessment of risk. Some residents who required higher levels of supervision and had been identified as being at risk of leaving the centre unaccompanied were provided with frequent location monitoring checks by staff. This system allowed residents to mobilise safely around the centre without impacting on their rights or restricting them.

Residents had a restrictive practice care plan in place which contained person-centred details that clearly outlined the rationale for use of these practices, and included any alternatives trialled. There were also care plans in place for residents that experienced responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans were person-centred and provided guidance to staff on how to support the residents to manage their responsive behaviours. It was evident from a review of the care plans that residents were involved in the decision-making process and discussions regarding their care.

The inspector observed that some residents had difficulties communicating verbally while others had sensory needs impacting their communication. These residents had their communication needs documented in their care plan. The inspector also found that staff knew about these residents' communication needs. Where a resident required access to a communication device, the staff ensured these aids were available to enable the resident's effective communication and inclusion. Additionally, it was clear that the staff had taken the time to understand the resident's nonverbal cues and responded empathetically to provide care and support in line with the resident's preferences.

Residents were consulted through opportunistic chats and formal residents' meetings. It was evident that 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, the right to complain, to hold opinions and to impart information and ideas, particularly regarding the organisation of the service.

Residents were supported to continue to practice their religions. Mass was streamed on the television in the day room for residents each morning and a priest attended the centre to celebrate Mass in person with the residents.

A variety of information was displayed throughout the centre for residents. This included information on safeguarding services, a complaints procedure, and independent advocacy services.

Visitors were seen coming and going throughout the day. Visitors expressed their satisfaction with the quality of the service provided to their relatives, and confirmed that there were no visiting restrictions in place. Residents told inspectors that they

could meet their visitors in the privacy of their own bedrooms, or in designated visiting areas.

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

This inspection found that there was a positive approach to reducing restrictive practices and promoting a restraint free environment in this centre. There was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights.

The registered provider of this centre is St. Mary's Nursing Home Unlimited Company. The provider is represented by a director of the company. The provider had recently appointed a clinical operations manager as a person who was participating in the management of the centre, to support their governance of the centre.

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. A quality improvement plan was in progress. This included quality improvement actions with regard to the provision of additional training for staff to raise awareness about the various types of restrictive practices, and their subsequent impact on the rights' of the residents.

There were effective governance structures in place to support oversight in relation to restrictive practices. The person in charge collated and monitored information in relation to restrictive practices on a weekly basis. This information was analysed in conjunction with information about resident falls. This analysis served to identify trends and review the effectiveness of actions taken to reduce the requirement of physical restraints such as bedrails. This information was escalated to the senior management team for further review and analysis.

A committee had been established to monitor and review the incidence of restrictive practices in the centre. This review included details of the use of physical and

environmental restraints, and the allocation of resources to reduce the incidence of restrictive practices. Areas for quality improvement were identified and a quality improvement plan was in progress. For example, a staff training needs analysis had been carried out through distributing a self-assessment questionnaire to staff to assess their knowledge regarding restrictive practices. Staff responses to the questionnaire had been analysed to identify their training needs. This resulted in additional training and education being provided to staff.

The registered provider had a policy in place 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. Staff documented the hourly checks of residents' welfare, when bedrails or specific, specialised chairs, were in use. 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 alarms to promote their safety.

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. The physical environment was set out to maximise resident's independence with regards to flooring, lighting, signage, and handrails along corridors. The inspector was satisfied that no resident was restricted in their movement or choices, due to a lack of resources or equipment.

Staff demonstrated a good understanding of their training with regard to safeguarding procedures and supporting residents, who experience responsive behaviours. Their approach to residents who experienced responsive behaviours was positive and supportive. Staff confirmed that there were adequate staff, with the appropriate skill-mix, to meet the needs of the residents.

Staff discussed the process for admitting new people to the centre and were clear that all prospective residents were comprehensively assessed to ensure that the centre had the capacity to provide them with care in accordance with their needs. Risk assessments were completed to objectively assess the risks associated with the use of bedrails and whether or not the risk of using bedrails was less than not having bedrails in place. Following assessment, consent forms were completed. Where possible, the resident signed their own consent regarding restrictive practices. Where a resident was unable to sign their consent due to cognitive impairment, an informed discussion was facilitated with their nominated representative and they signed to acknowledge the discussion had taken place. The decision to underpin the use of restrictive practices was also reviewed by the nurse management or medical practitioner.

The inspector reviewed the care plans for residents who were assessed as requiring the use of bed rails. There was evidence to show that staff had trialled alternative less restrictive methods. Care plans clearly identified the restraint in use, the rationale for the restraint, and identified that restraint should be checked at certain intervals. Behavioural support care plans developed for residents known to experience responsive behaviours were also reviewed by the inspector. These care plans had sufficient person-centred detail to support residents' rights and to guide staff on the interventions to be implemented to support residents to manage their behaviours in a compassionate and empathetic manner.

Overall, the inspector found that there was a positive culture in St. Mary's Residential Care Centre, with an emphasis on a restraint-free environment to support a good quality of life that promoted the overall wellbeing of residents while living in the centre.

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.

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

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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