



Report of a Restrictive Practice Thematic Inspection of a Designated Centres for Older Persons.

Issued by the Chief Inspector

Name of designated centre:	Our Lady of Fatima Home
Name of provider:	Dominican Sisters Tralee Company Limited by Guarantee
Address of centre:	Our Lady of Fatima Home Oakpark, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	01 August 2024
Centre ID:	OSV-0000264
Fieldwork ID:	MON-0043902

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 Services for Children and Adults with Disabilities. 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 Support of Residents in Designated Centres for Persons (Children And Adults) with Disabilities) 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

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

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.

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
Thursday 1 August 2024	09:15hrs to 16:45hrs	Ella Ferriter

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

This was an unannounced inspection which focused on the use of restrictive practices in the designated centre. The findings of this inspection were that the service promoted a culture where there was a rights-based approach to care. Residents were supported to express their beliefs, values, wishes and preferences with regard to the care provided to them. Through observations on the day and conversations with residents, it was evident that residents were supported to have a good quality of life in Our Lady of Fatima Home.

Our Lady of Fatima Home is a single-storey designated centre, registered to provide care for 66 residents in the town of Tralee, County Kerry. There were 64 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre is divided into six distinct wings, all named after Saints. Bedrooms are primarily single en-suite (60) and there are three twin bedrooms. The inspector saw that residents had access to appropriate storage in their bedrooms for their personal belongings. This included individual wardrobes, chest of drawers and a locker. It was evident that bedrooms were decorated in accordance with residents' choice and some residents had brought in personal items from home such as family pictures, paintings and small items of furniture.

There was a choice of large and small communal spaces for residents to use throughout the centre. These included two sitting rooms, two dining rooms and an activities room. The inspector saw that the signage in the centre was being upgraded at the time of the inspection to assist residents to orientate their way around the centre. There was a large church attached to the centre and mass was available to residents each morning at 10:30am. The inspector saw over 30 residents attend mass on the day of this inspection and some residents watched mass from their bedrooms. Residents told the inspector that this was an important part of their day and they loved having this available to them.

It was evident that the team of staff were committed to making the centre as homely and comfortable for residents. One of the communal rooms was in the

process of being redecorated at the time of this inspection. This room was used throughout the day for activities such as arts and crafts, knitting and quizzes. The inspector noted that there were a limited number of armchairs and outdoor furniture available for residents' use on the day and was informed they these were being currently sourced and would be ordered in the coming weeks.

The inspector spent time throughout the day in the various communal areas of the centre, observing staff and residents' interactions. There were adequate staffing levels and skill-mix to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources. Residents had access to physiotherapy services in the centre to help them maintain their mobility where possible. Staff engaged with residents to ensure their preference with regard to their individual style and appearance was respected. The inspector saw that residents' personal care and grooming was attended to a very good standard.

Residents spoke positively about their experience of living in the centre and detailed how staff supported them to engage in activities of their choosing. There were two people assigned to activities on the day of this inspection. They were observed to know residents' personal preferences and interests very well. Some residents chose not to take part in activities and were observed reading newspapers and watching television in their bedroom.

Residents were observed moving freely around the centre. The inspector observed that there was a keypad locked door to exit the building, and the code was discreetly on display for residents who could use it independently. Residents who smoked had access to a smoking facility and confirmed to the inspector that there were not any restrictions imposed on them.

The lunchtime meal service was observed by the inspector in the main dining room. The inspector saw that there was a sufficient number of staff available to ensure that residents who required additional support with their meals were attended to appropriately. Residents spoke positively about the choices of food available and

informed the inspector that they could always request alternatives if they didn't like what was on the menu.

Residents mentioned that should they have a problem they were confident that management and staff would try their best to resolve it. There were a variety of formal and informal methods of communication between the management team and residents, including conversations, meetings and monthly surveys. The inspector read the notes of formal residents' meetings which residents were supported by staff to attend. They made suggestion about menu choices, outings they wanted to go on and activities. Residents had suggested they would like more outings arranged and there were plans being put in place for residents to go on day trips to the beach and garden centre.

Residents were supported and facilitated to maintain personal relationships in the community. It was evident that residents were encouraged and to go out for days and overnights with their families. The centre had an advocate available to residents who had recently attended the residents' forum meetings to advise about their services and offer residents support. Residents were supported to vote in recent referendums.

Oversight and the Quality Improvement arrangements

The inspector found that there was a positive attitude throughout the centre towards promoting a restraint-free environment and promoting residents' rights. The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. The inspector concurred with this assessment.

The registered provider of the centre is Dominican Sisters Tralee Company Limited by Guarantee, which comprises of seven directors. There was a clearly defined management structure in place, which identified the lines of authority and accountability. The person representing the provider, a Dominican Sister, was present in the centre most days and was well known to residents and staff.

Within the centre, from a clinical perspective, the management team consists of a person in charge, an assistant director of nursing and a clinical nurse manager. Additionally, one of the directors of the company worked in the centre two days weekly and was a named persons participating in management, on the centres registration.

The centre's statement of purpose clearly outlined the services available and the specific care needs of residents that the centre could provide. Staff confirmed that there was an adequate number of staff and a good skill-mix in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint. The inspector was satisfied that there were enough staff members in the centre, with a sufficient skill-mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy.

Staff were facilitated to attend training relevant to their role to develop knowledge and competence to manage and deliver person-centred safe care to the residents.

This included training relevant to safeguarding vulnerable people, restrictive practices, supporting residents with complex behaviours and the promotion of human rights. Staff were knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern.

The restraint register was used to record restrictive practices currently in use in the centre. There was evidence that the register was reviewed on a regular basis. The views of residents were recorded and details of alternatives trialled prior to the use of restraint were also documented. According to the restraint register there had been a significant reduction in the use of certain restraints in the past number of months. The centre had a policy in place with regard to the use of restraint and restrictive practices. The inspector reviewed the policy and saw that it was in line with national policy.

Prospective residents were comprehensively assessed to ensure that the centre had the capacity to provide them with care, in accordance with their needs. A sample of assessments and plans of care were reviewed by the inspector and detailed person-centred information to direct care. Care plans records seen by the inspector confirmed that resident's views and that of their families, were incorporated into care interventions.

Complaints were recorded separately to residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. The residents had access to an advocacy service and it was evident that this service was availed of to support residents.

Overall, the inspector found that there was a positive culture in Our Lady of Fatima Home, which promoted residents rights and focused on a person-centred approach to care which ensured residents' human rights were upheld.

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.