



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

## Issued by the Chief Inspector

Name of designated centre:	Ratoath Manor Nursing Home
Name of provider:	Ratoath Nursing Home Limited
Address of centre:	Ratoath, Meath
Type of inspection:	Unannounced
Date of inspection:	27 March 2025
Centre ID:	OSV-0000152
Fieldwork ID:	MON-0045212

## 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 environmental<sup>1</sup> 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.

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<sup>1</sup> 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
Thursday 27 March 2025	08:30hrs to 15:30hrs	Sheila McKevitt
Thursday 27 March 2025	08:30hrs to 15:30hrs	Maureen Kennedy

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

The inspection of Ratoath Manor Nursing Home was unannounced and carried out as part of the thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*. From observations made by the inspectors it was evident that the use of restrictive practices had been reduced and where restraint was used, it was done in accordance with the national policy.

The inspectors saw that just two residents had two bedrails in use. This figure had reduced from 15 residents using bedrails since the beginning of the year. The number of residents that had their cigarettes and cigarette lighter restricted had also been reduced.

The nursing home was accessed by calling a front door bell which staff controlled from the reception desk. Visitors came and went via the front door. The inspectors observed visitors' sign the visitors' book and residents spoken with confirmed that there were no visiting restrictions.

Inspectors saw that respect for residents was promoted and person-centred care approaches were evident. Residents spoken with told the inspector that their rights were upheld and that they could do as they pleased. They said they had freedom, this included to come and go from the centre, once they informed staff of their plans. On the morning of inspection, inspectors met three residents in the reception area who said they were going out to attend Mass in the local church, a practice which they enjoyed.

Residents had access to the garden which was accessed via a key coded pad, the code of which was on display above the pad. The inspectors observed that the code was positioned in too high of a position for residents to see it, the inspectors were provided with assurance that it would be repositioned to within the line of one's vision. Residents on each of the units situated on the first floor had access to a roof terrace.

Residents told the inspectors they had freedom of movement to and from their bedroom and were facilitated to personalise their bedroom with their own belongings. Both single and twin bedrooms contained adequate storage space for personal belongings. The inspectors saw that they could maintain their privacy by using the lock provided on both the ensuite and bedroom door. Twin bedrooms contained screening that ensured each residents privacy. There was a lockable facility in all bedrooms for valuables.

Residents were facilitated to live the best life possible while upholding their rights. They had access to a weekly schedule of activities planned with them and facilitated by activity staff. Mass was screened on the television every morning in the main sitting rooms. They had the choice whether to attend or not. They had external facilitators coming into the centre to enable their wellbeing, such as, children from the local Montessori.

Residents told the inspectors that they felt they were listened to. They had resident meetings where they discussed a range of items, including activities, menus and any issues of concern they had.

The centre had recently updated their complaints policy which was on display throughout the centre. Residents were aware of it, however, all residents spoken with stated that they had no complaints about life in the centre. Details of the ombudsman's office together with contact details for the National advocacy service and Sage advocacy service were on display in a number of areas, these included the name and contact details for the of local representative.

Residents spoken with on inspection told the inspectors that the standard of communication between them and the staff was good. They said they were kept informed of their health status and of what was going on the centre. They said that they saw their general practitioner regularly and they believed that they received a good standard of healthcare.

## Oversight and the Quality Improvement arrangements

The management were well on the way to achieving a restraint-free environment and were continuously ensured residents' rights were upheld and their choices were respected.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being.

Where restrictive practices were used, they had ensured that their use was proportionate and deemed to be the least restrictive option. The records reviewed showed that there was a multi-disciplinary approach taken to making decisions about the use of restraint. Residents with restraint in use had a mental capacity assessment completed. The residents with bedrails in use had a bed-rail assessment which outlined the alternatives that had been trialled prior to restraint being used. In addition, the residents had a person-centred care plan in place outlining what and how these restraints were to be applied and for how long. Records were available which showed that they were checked and/or released by staff every two hours.

Care records viewed by the inspectors confirmed that resident's views and preferences were incorporated into their care plan and there was evidence of their involvement in the decision to use restraint.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. This policy needed to be updated to include all the alternatives to restraint that were available in the centre. The person in charge was the restrictive practice lead and a restraint register had been established to record the use of restrictive practices in the centre and was updated each month. However, the inspectors observed that two residents positioned in a tilted position in comfort chairs were not included in the restrictive practice register.

The contents of the restraints register and the residents care plans assured the inspectors that alternatives to restraint were trialled prior to any form of restraint being used. It also assured the inspectors that the use of restraint in the centre had been reduced and staff had access to alternative less restrictive equipment. Management's focus was now on ensuring the rights of residents were upheld at all times.

Discussions with staff and a review of training records confirmed that staff had completed training on restrictive practice and felt that this training informed their understanding of restrictive practice and how it could impact on the individual. Staff had also completed training on a human rights-based approach to care which

included the fundamentals of advocacy in health and social care to date, however this area of care required further work.

The management team had established links with the local community of Ratoath and ensured that residents were facilitated to live the best life possible while upholding their rights. This is a centre where the inspectors was assured that residents' 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.

### 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

<b>Theme: Leadership, Governance and Management</b>	
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.

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

<b>Theme: Responsive Workforce</b>	
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.

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

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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