



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

Issued by the Chief Inspector

Name of designated centre:	Santa Sabina House
Name of provider:	Santa Sabina House Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	28 March 2025
Centre ID:	OSV-0000159
Fieldwork ID:	MON-0045437

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
Friday 28 March 2025	08:00hrs to 14:20hrs	Niamh Moore
Friday 28 March 2025	08:00hrs to 14:20hrs	Aoife Byrne

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. Findings of this inspection were that management and staff had a commitment to providing person-centred care to residents. On the day of inspection the atmosphere was relaxed and care was seen to be delivered by kind and familiar staff, who were knowledgeable about residents' individual needs and their wishes.

The inspectors arrived to the centre on the morning of the inspection and rang the bell at the reception area of the building. The person in charge attended the front door and gave access to the inspectors. Following an introductory meeting with the person in charge, the inspectors spent time walking through the centre. Most residents were still in bed during this time and breakfast was being prepared on tray service in bedrooms. Santa Sabina House is a designated centre for older people situated on the Dominican Campus in Dublin 7. The centre provides respite and long-term care for female adults with a range of dependencies and needs.

The centre comprises a two-storey building with access to each floor by lift, chair lift and stairs. Accommodation is for up to 38 residents, in single en-suite bedrooms. There were 34 residents living in the centre on the day of this inspection. Inspectors viewed some bedrooms and saw that rooms were spacious and residents had access to appropriate storage for their personal belongings. Some of the bedrooms viewed contained personal items such as family pictures, ornaments and books. However, inspectors observed that the windows into the majority of rooms were partially exposed, which limited residents' privacy and dignity as it was possible to view into the rooms by people walking the corridors. Inspectors were told, this was to enable staff to complete safety checks during the night without disturbing the residents by entering the bedrooms. Two residents spoken with during this inspection stated that the blinds left up on these windows increased the light into their rooms from the corridors during the night.

Throughout the day, the inspectors observed that the atmosphere in the communal areas was calm, relaxed and inviting. The building was bright, nicely decorated and clean. There was sufficient private and communal space for residents to relax in throughout the centre. These included a large dining room, a parlour, an activity room, a community room, a library and a training room. There was a chapel, and a priest attended the centre daily to celebrate mass. There was also morning and evening prayer each day.

Residents had access to many secure gardens which could be accessed via the dining room, the activities room, the day room and from many areas of the corridors. Some of these areas had seating and others had paths which allowed residents to easily mobilise. Management stated these areas were used a lot during the summer months, including for barbeques. Residents spoken with stated they enjoyed their walks on the external grounds.

Corridors were wide and clutter-free. There were notice boards which displayed information for residents such as the complaints process and advocacy services. There was a pastoral care team who attended the centre on a daily basis to support residents. There were also photographs on display in corridors of activities such as a Halloween party, and artwork which had been completed by residents as part of the activity provision within the centre. One resident told inspectors that they very much enjoyed

partaking in the activities on offer. Residents had access to television, radio and newspapers.

Clinical, storage and ancillary rooms within the centre were not accessible to residents. Residents had free access to most communal spaces, however the main door at reception and the external doors to the enclosed courtyards were locked with keycode protected locks. The key code was on display for residents to use independently on some of these doors, such as the doors into the gardens. Inspectors were also told verbally that residents were also provided with the codes. Inspectors were told that the front door did not have this code on display as there was a risk of unexplained absence, however there was reception staff available from 9am to 6pm daily. Inspectors found evidence that this risk related to one resident. There was no key code available for residents to re-enter from the secure gardens, inspectors were told this was due to recent trespassing that had occurred and for security reasons. Management told the inspectors that in times of good weather these doors are usually not locked. While inspectors were assured these measures were for safety reasons, these practices had not been risk assessed and therefore there was no evidence that these measures were necessary and not restrictive for the majority of residents.

Residents living in the centre had access to a range of assistive equipment such as mobile call-bells, powered wheelchairs and walking aids, to enable them to be as independent as possible. Residents spoken with stated they felt supported with these measures. Inspectors saw that some residents used specialised chairs, which had been prescribed by occupational therapists, for clinical and comfort reasons, and they were not restrictive.

The inspectors observed the lunch-time experience in the centre. Residents could choose to dine in one of the dining rooms or in their bedrooms. The experience in the dining room was a social occasion where residents appeared to be enjoying each other's company, seated together at tables which were laid out with cutlery, condiments and menus. Residents were offered a choice of main courses such as fish or fried eggs. There was a sufficient number of staff available to assist at mealtimes and this assistance was provided in a calm, respectful and appropriate manner. Many residents spoken with confirmed they enjoyed the food on offer.

The inspectors observed that there were sufficient staff on duty to cater for the needs of residents, as evidenced by staffs' timely assistance to residents throughout the day in a prompt, respectful and unhurried manner. Residents had choice within their day to day lives, for example; choice of meals, what activities they took part in and where they spent their day. The overall feedback from residents was positive and they told the inspectors that they enjoyed their life and were complimentary about the care they received. Some comments were "all the staff are very friendly" and "we have very good staff here".

Oversight and the Quality Improvement arrangements

Overall, the inspectors found that the centre had a positive approach to restrictive practices, and were working towards implementing a restraint free environment and human rights-based approach to care, in line with national policy and best practice.

The person in charge, and the person appointed as a representative for the registered provider had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The provider had assessed themselves as fully compliant with all the themes of the *National Standards for Residential Care Settings for Older People in Ireland*.

The inspectors were informed that management and staff focused on creating a restraint free environment, while maintaining residents' safety. At the time of inspection, there was a low level of restrictive practices in place, this was in line with the profile of the residents living in the centre with 58 percent of residents having low or independent levels of dependency. These included environmental restrictive practices such as locked doors, low-profile beds, bed wedges, sensor alarms and the administration of psychotropic medications. Inspectors saw that the provider had focused on reducing restrictive practices, and a reduction of 70 percent had been made from January to September 2024. There had been no change to the use of restrictive practices since September 2024 to the date of this inspection.

There was a restraints policy in place dated December 2024 which gave clear guidance on how restrictive practice was to be managed in the centre. There was no emergency or unplanned use of restrictive practices at the time of the inspection, however, there were processes in place to guide staff in safe care delivery. The restrictive practice policy was also included in the induction programme for new staff members.

The inspectors reviewed the training matrix record which showed that staff members were provided with specific restrictive practices training. Further training completed by staff members were on responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), dementia care and safeguarding.

The provider had arrangements in place to monitor and oversee the use of restrictive practices in the centre. Restrictive practice usage was recorded in a restrictive practice register. Restrictive practice data were collected weekly through the centre's key performance indicators (KPIs). There was a restrictive practice committee which last met in September 2024, and it formed a standing agenda item on the quarterly clinical governance and operations meetings. Management told the inspectors that they would consider the addition of restrictive practices to the agenda of staff nurses' meetings.

The incidents and complaints logs were reviewed. No incidents or complaints were documented in relation to restraint. Residents had access to internal advocacy services through the Pastoral Care team. Posters and information were on display on noticeboards in the centre relating to independent advocacy services.

There were sufficient resources in place to enable staff to respond in an unhurried, person-centred manner and to ensure that resident's individual needs were met. This was

evidenced from discussions with residents and from a review of staff rosters and a review of audits, for example on call-bell response times. The physical environment was set out to maximise residents' independence with regards to handrails along corridors. Equipment was available to ensure that care could be provided in the least restrictive manner, where necessary and appropriate. For example, residents had access to low-profile beds and grab rails, instead of full bedrails raised.

Where a resident lacked capacity, the multidisciplinary team (MDT) assessed the suitability of any restrictive practice. The MDT comprised a clinical nurse manager, the general practitioner and a physiotherapist. Assessments and care plans on the use of restrictive practices were in place and had been reviewed at intervals of a minimum of every four months. However, two assessments reviewed did not record the correct restrictive practices currently in place for the residents. In addition, from a sample review of three care plans, they did not provide evidence to support the continued implementation of the restrictive practice and that the restrictive practice was kept under regular review with the purpose of reducing or eliminating where possible. For example, a care plan for a sensor alarm referred to an alternative measure trialled prior to the commencement of the sensor alarm, being 30 minute safety checks. These 30 minute checks were occurring along with the use of the sensor alarm. Restrictive practice audits were completed, however the audits completed in January and February 2025 were found require no action, and therefore they had not identified the gaps in the documentation and review of these restrictive practices.

Inspectors observed that efforts were made to facilitate people living in the centre to pursue their own choices and preferences. Behavioural support plans were in place to guide staff to implement appropriate actions and de-escalation techniques to deliver person-centred care. Residents were supported with access to activities that involved an element of positive-risk taking such as gardening. Residents spoken with confirmed that they were also supported to access the local community and facilities.

Overall, the inspectors identified that management and staff in Santa Sabina House had a positive culture towards promoting a restraint-free environment for residents. While opportunities for improvement were identified during the inspection, it was clear that the overall wellbeing of residents living in the centre was positive.

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, although their quality of life would be enhanced by improvements in the management and reduction 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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