



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

Issued by the Chief Inspector

Name of designated centre:	St Ursula's Nursing Home
Name of provider:	Ballyhavil Limited
Address of centre:	Golf Links Road, Bettystown, Meath
Type of inspection:	Unannounced
Date of inspection:	20 March 2025
Centre ID:	OSV-0000171
Fieldwork ID:	MON-0046546

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
Thursday 20 March 2025	10:00hrs to 16:30hrs	Geraldine Flannery

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

The inspection of St Ursula's Nursing Home was unannounced and carried out as part of the thematic inspections programme, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

The findings of this inspection were that management and staff had a clear commitment of encouraging residents to pursue their own choices. Notwithstanding that a restraint-free environment was being promoted to ensure a good quality of life, some areas for improvement were identified, and will be discussed further in this report.

Residents were complimentary about the staff and the care they received. One resident stated that they 'could not be happier' living in the centre. It was evident that staff knew the residents well and were aware of their likes and dislikes.

Resident's daily routines were flexible, as determined by individual residents on a daily basis. For example, residents told the inspector that they had choice and control over how they spent their day including; what time they got up at and when they returned to bed, what time they wished to eat their meals and what activities they wished to participate in.

The inspector observed that most residents were up and dressed in their preferred attire. Staff were observed responding to residents call-bells and providing assistance in a prompt and respectful manner.

The inspector noted that the main entrance to the centre was locked for safety and security reasons. This restriction was risk assessed, and reviewed within the centre's risk register. The centre could be accessed through a number key code on the door and residents and families could request the number, where appropriate. A family member informed the inspector that staff had provided them with the access code and could enter and leave the centre at any time.

However, residents' choice to freely go outside when they wished was not fully supported. Access to their secure courtyard was restricted and could only be accessed through a keypad controlled door, where the code was unknown to residents and families. Therefore, residents could not access this area independently of staff.

Residents had the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents' meetings. Residents told the inspector that these meetings were an opportunity for them to

receive information on updates in the centre, and to give feedback on matters that were important to them.

The inspector saw many positive meaningful interactions between staff and residents, and it was evident that staff had a good knowledge of residents' hobbies and interests. There was a weekly activity schedule advertised in the centre to inform residents of what was on offer, which was based on residents' interests, preferences and capabilities. Residents told the inspector that there was always something to do and that they enjoyed attending activities with the other residents.

During the lunch-time service, the atmosphere was relaxed and support with meals was seen to be delivered in an unhurried manner. Residents told the inspector that they were offered a choice at mealtimes and were complimentary regarding the food provided. Meals that were served to residents appeared to be appetising and well-presented, including for those residents on modified diets.

While the inspector was informed that residents were asked about their menu choices and preferences, the inspector noted on the day of the inspection that there was no menu in the dining area displaying the choices available. This meant that residents did not have visibility of their meal options, which may not give them the opportunity to change their order, if they wished. The inspector was later informed, that the menu had been on display earlier that day, but it had been removed.

Residents were encouraged to personalise their own bedrooms and many contained items personal to that individual. There were no restrictions on when residents could access their bedrooms.

The inspector saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors expressed their satisfaction with the quality of the service provided to their relatives, and told the inspector that they were always 'made feel welcome'.

The complaints procedure was on display in prominent places throughout the centre. Residents and families reported feeling comfortable raising a complaint with any staff member. Residents had access to independent advocacy services, and notices for these services were displayed throughout the centre.

Overall, the inspector found that the centre had a positive approach to restrictive practices and was working towards implementing a human rights-based approach to care.

Oversight and the Quality Improvement arrangements

Overall, the governance structure and management systems in place ensured that there was good oversight of the restrictive practices in use within the centre. The management team were promoting a restraint free environment, and upholding residents' rights.

The management and staff spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and when in use, it was for the shortest amount of time. At the time of inspection, there were five bedrails, four lap-belts and a small amount of sensor alarms in use.

A self-assessment questionnaire had been completed prior to the inspection and submitted to the Chief Inspector of Social Services. This questionnaire detailed the service's responses to restrictive practices within the centre and provided a summary of all the approaches that the service was taking to reduce and eliminate restrictive practices.

The provider had management systems to monitor and review the use of restrictive practices. The management team monitored key performance indicators weekly, including restrictive practices. A restraint register was in place to record the incidence of restrictive practices in the centre. A restrictive practice committee had been established to monitor and review the incidence of restrictive practices in the centre.

There was 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. Other relevant policies in place included, safeguarding policy and management of responsive behaviour policy (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Staff were appropriately trained in restrictive practice, safeguarding vulnerable adults and behaviours that challenge. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. The inspector found that overall the care plans were person-centred and they were in consultation with the resident and where appropriate the residents' representative.

All residents had a risk assessment conducted prior to the use of restrictive practices. However, the inspector identified some gaps in the documentation. For example, some bed-rail assessment tools were incomplete. Some did not contain evidence that alternatives had been trialled prior to using the bed-rail and some had no record if the risks of using the bed-rail had been discussed with the resident. In addition, one resident who was using a lap-belt, had no record of same documented in their care plan.

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-low beds, instead of having bed-rails raised. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

There was sufficient staff on duty on the day of inspection for the 23 residents living in the centre, taking into account the size and layout of the centre.

In summary, while some areas for improvement were identified, the inspector found that there was a positive culture of encouraging residents to pursue their own choices, and management and staff were working to provide a restraint free environment for residents 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.

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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