



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Corpus Christi Nursing Home
Name of provider:	Shannore Limited
Address of centre:	Mitchelstown, Cork
Type of inspection:	Unannounced
Date of inspection:	31 July 2025
Centre ID:	OSV-0000216
Fieldwork ID:	MON-0046460

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 31 July 2025	09:50hrs to 16:00hrs	Siobhan Bourke

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

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre. From the inspector's observations and what residents told the inspector, it was evident that residents were supported to have a good quality of life in Corpus Christi Nursing Home. Residents and visitors who spoke with the inspector were full of praise for the kindness and care they received from staff working there. One resident told the inspector "you couldn't meet nicer staff."

The inspector arrived to the centre on the morning of the inspection and rang the doorbell at the main entrance. The front door is operated with a keypad controlled lock. The receptionist for the centre facilitated the inspector to enter, whereby the inspector was met by the person in charge. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas. The person in charge informed residents of the inspector's presence and invited those who wished to speak with the inspector, to do so.

Corpus Christi Nursing home is a two storey building located in close proximity to Mitchelstown, with accommodation for 42 residents located on the ground floor. The reception area was bright and welcoming and during the morning a number of residents were sitting relaxing in this area. There was large communal areas for residents with two large bright day rooms, a dining room, an oratory and a smoking room.

The inspector saw that there was a relaxed and unhurried atmosphere in the centre with some of the residents up and ready for the day's activities in the centre's day room, while others were being assisted with personal care. The inspector saw that staff knocked on residents' bedroom doors before entering and greeting residents. Residents who spoke with the inspector confirmed that staff respected their privacy and personal space. Residents had access to call bells within easy reach in their bedrooms and told the inspector that staff attended promptly when they called them. A small number of residents chose to spend the day in their bedrooms. The inspector saw that they had radios, TVs and music players available to them, in line with their preferences.

The inspector saw that many residents had low beds in use and crashmats were also in use as an alternative to bedrails. Management and staff in the centre had worked to reduce the number of bedrails, with five bedrails in use the time of inspection. Some residents' rooms were personalised with residents' belongings and memorabilia.

The centre had an internal courtyard that had a table and chairs and there were tables and chairs available near the main entrance of the centre, for residents who

wished to sit outside. The inspector saw that the door that enabled residents to access the internal courtyard was alarmed, which may restrict residents accessing this area independently. Furthermore, residents who wished to access the outdoor space near the main entrance, required staff to facilitate this, as the door had a coded lock. The provider agreed to review this at the time of the inspection to ensure residents could freely access these spaces if they were safe to do so.

Residents could freely access all areas within the centre and the inspector saw a number of residents using adaptive equipment such as rollators and walking aids to mobilise throughout the day.

The inspector observed lunchtime in the main dining and interconnecting day room. Residents were offered a choice of meals and drinks and told the inspector that the food was good and tasty. A small number of residents chose to have meals in their rooms. The inspector observed staff asking residents their preferences for where they would like to dine, and facilitating their requests. Staff told residents the choices available and were careful to ensure residents' specific preferences were facilitated. For example, one resident was having sausages as they said that was what they preferred. Residents who required assistance were provided with it in an unhurried manner and staff were seen to ensure that the dining experience was a sociable one for residents. Staff and residents were conversing together throughout the meal.

The inspector saw that there were arrangements in place for residents to give feedback regarding the service provided to them, through regular residents' meetings and annual surveys. Many of the residents spoke very highly of the person in charge and it was evident to the inspector that she was well known to the residents. From a review of minutes of residents' meetings and surveys, residents gave very positive feedback regarding the care they received.

The inspector met with four visitors during the day who confirmed that visiting was unrestricted and visitors were observed coming in and out of the centre throughout the day. The inspector saw that residents were facilitated to go on outings with their relatives and friends. Residents living in the centre had access to national advocacy agencies if required or if they requested this.

Staff who spoke with the inspector confirmed, that there were sufficient numbers of staff to ensure residents care needs were met. The inspector spent time observing staff and resident engagement during the day. 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 who could not express their views to the inspector appeared comfortable and content in the company of staff.

The inspector saw that there were two activity staff available to support residents with activities in the centre and one was rostered on the day of inspection. During the morning residents were discussing the newspapers and participated in reminiscence with staff. In the afternoon, some residents enjoyed a game of bingo, while others were watching the Galway races. Residents told the inspector they enjoyed the weekly live music in the centre.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that management and staff were working to improve the quality of residents' lives, through reduction in use of restrictive practices 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 substantially compliant. During the course of the inspection, the person in charge acknowledged that further improvement was required in relation to restrictive practices; such as residents being able to freely access the outdoor spaces in the centre and committed to quality improvement in this area.

The registered provider had a policy available that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. Staff were provided with access to the document, and the policy was the principal guiding document to underpin the assessment and management of restrictive practices in the centre. The inspector saw that regular management meetings were held in the centre, these included monitoring and oversight of restrictive practices as an agenda item.

There was effective governance and oversight in relation to restrictive practices. The person in charge collated and monitored information in relation to restrictive practices on a regular basis. Staff documented two-hourly checks of residents' condition when bedrails were in use. A restrictive practice register was maintained in the centre and contained details of physical restraints such as bedrails and other restrictions. There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits regarding restrictive practices.

Residents had a restrictive practice care plan in place, which were person-centred and contained details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months. There were detailed behaviour support plans in place to guide staff, if required. This allowed staff to provide person-centred care to the person and avoid an escalation which may require the need for the use of a restrictive intervention management practice.

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 and crash mats, instead of having bed rails raised. The inspector was satisfied that no resident was restricted in their movement or choices, due to a lack of resources or equipment.

There was good oversight of training by management. Staff were facilitated to attend in-person training relevant to their role' such as safeguarding vulnerable people, restrictive practices, and supporting residents with complex behaviour and dementia care. Staff were knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern. Staff confirmed that there were adequate staff, with the appropriate skill-mix to meet the needs of the residents.

Complaints were recorded separately to the residents' care plans. The complaints procedure was on display and detailed the personnel responsible for the management of complaints. There was a notice advising residents of the contact details of independent advocacy services should they require assistance with making a complaint.

Overall, the inspector found that while there were some areas of the service that did not fully meet the National Standards with regard to restrictive practices, there was a positive culture in Corpus Christi Nursing Home, where staff and management 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.

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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