



**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:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Unannounced
Date of inspection:	24 April 2025
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0046459

## 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 24 April 2025	10:55hrs to 17:15hrs	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. The feedback, from the residents spoken with during this inspection, was very complimentary of the staff and the overall running of the 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 Fairfield Nursing Home.

The inspector arrived to the centre during the morning and 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.

Fairfield Nursing Home is a single storey building, located near Drimoleague in West Cork and is registered to accommodate 49 residents. The centre is divided into three areas, Dromusta House, Rockmount House and Deelish House. The centre provides care for residents with varying degrees of cognitive impairment, with each house providing different levels of care, depending on residents' needs. There are 39 single rooms and five twin rooms in the centre. The design and layout of the centre promoted a good quality of life for residents, in a homely environment. The inspector saw that bedrooms were decorated in accordance with residents' choice and some residents had brought in personal items from home such as paintings, pictures and possessions of importance to them.

The provider had taken steps to create a homely and welcoming environment for residents. There were a number of communal rooms throughout the centre and three of these had kitchenettes fitted with sinks, kettles, microwaves and dishwashers in line with the home-like model of care. The inspector observed the communal areas in the centre to be appropriately furnished and decorated to provide homely spaces for residents. The Rose Room also provided a quiet restful room for residents, while a number of residents sat near the reception area of the centre reading the papers, and watching the activity in the centre.

Residents could access the enclosed garden areas in the centre. Raised beds were being set for the summer and a number of residents told the inspector that they enjoyed participating in this activity. The front of the centre had a well-maintained large water feature and gardens, with seating for residents and their visitors.

The atmosphere was peaceful and relaxed, and care was observed to be delivered in an unhurried manner. Many of the residents were up from bed and were observed in

a variety of communal areas, some enjoying the company of other residents. Residents told the inspector that staff respected their privacy and personal space, through knocking on their bedroom doors and waiting for a response before entering. Staff were observed attending to residents' care needs throughout the day. Staff were seen to ensure that that bedroom and bathroom doors were closed before assisting residents with their care needs.

Some residents chose to remain in their bedroom listening to the radio, watching TV or reading newspapers or books. One resident told the inspector how they loved visits from the mobile library. Staff were seen to engage with residents, in a respectful and kind manner. During the morning, the inspector saw that while a small number of residents were having one-to-one activities, such as sitting and chatting with staff, or going for walks, overall activities were minimal in the three houses before lunch. In the afternoon, a group of residents, from the three houses, were actively engaged in preparing and planting window boxes for the centre. The care staff assigned to this activity made it fun and engaging for residents and involved each one of them in the activity. The residents then enjoyed a sing along with some of the residents singing beautifully, while others joined in. In another house, a few residents were having hand massage and foot care. The inspector saw that there was a schedule of activities that included bingo, music, chair boogie, indoor and outdoor gardening and hand and nail care. The schedule showed that most of these activities were scheduled for the afternoon, with activities in the morning, listed as morning papers and breakfast.

The inspector spoke with seven residents to gain an insight into the residents' lived experience in the centre. The overall feedback from residents was that they were happy living in the centre and detailed how they were supported to exercise choice in many aspects of their daily life. Residents informed the inspector they had choice and control over their daily routine, including what time they got up from bed, what they ate, and how they spent their day. They described how staff respected their choices and were available when they needed assistance.

The inspector saw that the main door to the centre had key code lock and as many of the residents were living with a cognitive impairment, this code was not provided to residents. The management team told the inspector that the doors were locked for residents' safety and not to restrict their movements. Plans were in place to use a code in a butterfly format, so that residents and visitors could enter and leave the centre more freely, if they were safe to do so.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The inspector observed that there were seven residents using bedrails in the centre. The provider had a variety of alternative devices and equipment to support an initiative to reduce the use of bedrails. This included low

beds, mats to reduce injury should a resident fall from their bed, and sensor alarms. The provider also ensured that residents were not restricted within their environment. Residents were free to access all areas of the centre, with the exception of clinical, storage and ancillary rooms.

The inspector observed the lunch time meal and saw that residents were offered a choices of main course and desserts and these appeared appealing and nutritious. Residents spoke highly of the home cooked food provided. Many residents required assistance and this was provided by staff in an unhurried and respectful manner and staff seemed aware of residents' food preferences and dislikes.

Residents spoke positively about their experience of living in the centre and complimented the staff who they described as respectful and supportive. The inspector met with four relatives during the inspection. They gave positive feedback on the care provided to their loved ones and the communication between staff and themselves, if there was a change in residents' needs.

Residents told the inspector how staff were prompt to answer their call bell if they needed assistance. Residents also told the inspector that staff understood their needs and limitations, ensuring that important items such as call bells were always within easy reach.

Residents' told the inspector that their concerns and complaints were listened to and acted on in a timely manner. Residents also had access to an advocate. Residents who could not express their views to the inspector appeared comfortable and content in the company of staff.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. The person in charge, and person participating in management for the centre were working to promote a positive culture in the centre, towards promoting a restraint-free environment.

The registered provider had 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. 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 while regular management meetings were held in the centre, these could be enhanced by including monitoring and oversight of restrictive practices as an agenda item.

Resources were provided to support residents' assessed needs and to allow residents to live in a restraint-free environment. 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. There was good oversight of staff training in the centre. Staff had up-to-date training on safeguarding vulnerable adults, behaviours that challenge and restrictive practices

The provider had arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which recorded and monitored the use of each restraint. The identified restrictions were risk assessed and residents had access to a multi-disciplinary team to assist in their assessments. Multidisciplinary input had been enhanced with the additional expertise and input from an occupational therapist who was in the process of reviewing all residents in the centre. The management team informed the inspector that plans were in place to establish a restrictive practice committee. However, further review of the register of restrictive practices in use in the centre was required. For example, it did not include restrictions in place on access to lighters for residents who smoked in the centre. While risk assessments were available to outline why these items were restricted, the practice should be recorded on the restrictive practice register as it was a restriction on residents.

There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits. Restrictive practices such

as bedrails were monitored as part of key clinical indicator reports collated in the centre. Furthermore, restrictive practice audits were completed regularly, however, these did not include monitoring of completion of safety checks to ensure these were being completed as required.

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. Care plans could be further improved by ensuring that all assessment findings were reflected in the care plans.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process.

Overall, the inspector identified that management and staff were working to provide a restraint free environment for residents living in the centre, however some improvements were required such as further monitoring of restrictive practices and access to activities in the morning, to further enhance the quality of life for residents.



## 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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