



**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:	Kenmare Nursing Home
Name of provider:	Kenmare Nursing Home Limited
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	27 March 2025
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0045957

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 27 March 2025	10:30hrs to 17:15hrs	Siobhan Bourke

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

This was an unannounced inspection, with a focus on 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 the centre.

On arrival to the centre, the inspector saw that the main door to the centre was locked, with a bell available to alert staff, if there was a visitor. The bell was answered by the person in charge who greeted the inspector. Following a short introductory meeting, the inspector was accompanied on a walk around the centre by the person in charge, to meet with residents, staff and visitors.

Kenmare nursing home is located approximately three kilometres from Kenmare town and overlooks Kenmare Bay. It is a single-storey building with six residents' bedrooms designated as twin rooms and 14 designated as single rooms. During, the morning, some of the residents were observed to be up, sitting in the dayroom while others were in their rooms or being assisted with their personal care. Staff who were providing care and assistance to residents were observed to provide this care in an unhurried and respectful manner and were observed knocking on residents' bedroom doors before entering. Signs indicating that care was in progress was placed outside bedroom doors, so that staff knew when carers were in attendance. Residents had call bells within easy reach, when they were resting in bed and residents who spoke with the inspector said that staff came to them when they were called.

The inspector saw that many residents had low beds in use and crashmats were also in use as an alternative to bedrails. Staff in the centre had worked to reduce the number of bedrails in use in the previous two years with a reduction from over 10 bedrails in use to two at the time of inspection. Some residents' rooms were personalised with residents' belongings, however the inspector saw that one bedroom had equipment inappropriately stored there, this was removed during the inspection. A television was also not positioned so that the resident could view it easily or use the remote control, should they wish. This was adjusted by the maintenance staff, during the inspection. Some privacy curtains in shared rooms had been replaced since the previous inspection, though the paintwork and some of the furnishings in residents' bedrooms required attention to ensure a homely feel for residents. The centre had a small visitors' room that also required renovation.

Residents had access to a small secured outdoor area, which had seating and a small number of flower and plant boxes. The door out to this area was open, however none of the residents were seen outside on the day of inspection. One of the residents who

liked walking outside the centre told the inspector that they could do so when they liked and how they loved the views from the centre and their room.

The inspector observed lunchtime in the spacious dining room. A number of residents who independently used mobility aids were facilitated to maximise their independence and to sit where they chose. Residents were facilitated with a choice of meals and drinks and told the inspector that the food was lovely and tasty. A small number of residents chose to have meals in their rooms. The inspector observed the 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. 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.

Arrangements were in place for residents to give feedback on the service provided to them and to contribute to the organisation of the service. Residents told the inspector that the management team were always available to them and were always responsive to their needs. In addition to this informal feedback, there were regular residents' meetings and satisfaction questionnaires for residents and their relatives. The inspector reviewed a sample of surveys and saw that feedback on the services provided was very positive.

Five relatives of residents living in the centre, who were visiting on the day of inspection told the inspector that communication was good and they were always communicated with them about changes to care and any concerns they had. Residents were supported to access national advocacy agencies if required or if they requested this and a small number of residents were currently engaged with these services. Visitors were observed coming in and out of the centre throughout the day and told the inspector that they were always welcomed.

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.

The centre employed two activity staff who worked over the seven days of the week to support the activity schedule for residents. On the day of inspection, as both activity staff were on leave, a member of the care team engaged with both one-to-one and group activities with residents. The inspector saw a resident enjoying a game of cards in their room with the staff member and group activities such as a lively game of balloon tennis in the morning was followed by a bingo game in the afternoon. Residents told the inspector that they also enjoyed the musician who attended the centre for music therapy. A few of the residents told the inspector how they had enjoyed a recent outing down the town for coffee and the local shops in an

accessible bus. One resident told the inspector how it was lovely to meet members of their local community on the trip. Feedback from residents was that they hoped these outings from the centre would be held monthly in the coming months. Overall, feedback from residents and visitors alike was positive with regard to the care and life 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 compliant. During the course of the inspection, the person in charge acknowledged that further improvement was required in relation to these practices and committed to quality improvement in this area.

The centre had a policy in place in regard to restrictive practices, which was written in plain English, promoted the rights of residents and was in line with national policy. Staff confirmed that there were adequate staff and a good skill-mix in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of residents' needs. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice and face-to-face training was provided in the centre.

The centre had a statement of purpose that clearly outlined the services available and specific care needs provided.

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 found that where restrictive practices were in use they were assessed, alternatives had been trialled, safety checks were in place and the practices subject to ongoing review. Care plans reflected the care given and staff were familiar with safety aspects and with individual's preferences and wishes. Improvement was required to the physical environment with regard to ensuring equipment such as hoists and wheelchairs were appropriately stored to ensure residents' rights were promoted at all times.

The person in charge maintained a register of restrictive practices in the centre. The numbers using bedrails on the day of inspection was low, a total of two out of 26 residents. This record was kept under constant review by the management team. While the office of the Chief Inspector of Social Services was notified of restraints such as bedrails each quarter, further review of the register of restrictive practices in use in the centre was required. For example, it did not include the door locks to the centre. There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. The programme of audits included an audit of

restraint. However, the audit tool in use could be enhanced by ensuring it monitored the recording of safety checks when bedrails were in use.

The inspector saw that regular management meetings were held in the centre. From a review of minutes of these meetings, restrictive practices such as bedrail usage was listed as an agenda item and monitored at these meetings.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and residents who spoke with the inspector knew how to raise a concern if required. From a review of a sample of complaints, review was required by the provider to ensure that the procedure was followed at all times to inform complainants of the review process and how to access external agencies if required; the person in charge agreed to ensure this in future.

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 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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