



**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:	Kerlogue Nursing Home
Name of provider:	Candela Healthcare Limited
Address of centre:	Kerlogue, Wexford
Type of inspection:	Unannounced
Date of inspection:	26 March 2025
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0044264

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
Wednesday 26 March 2025	11:15hrs to 18:00hrs	Catherine Furey

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

This was an unannounced, focused inspection on the use of restrictive practices in the designated centre. From the observations of the inspector, and discussions with residents, it was clear that residents were very well supported to enjoy a good quality of life in this centre. The culture within the service promoted person-centred care.

On arrival to the centre, many of the residents were observed to be up and about in the sitting rooms, dining room and entrance hall, while others were in their rooms or being assisted with their personal care. There was ample space within the centre for residents to mobilise around according to their abilities. Staff who were providing care and assistance to residents were observed to provide this care in an unhurried and respectful manner, taking into account each residents abilities and cognition.

Residents and staff welcomed the inspector into the centre and there was a relaxed atmosphere. The centre's enclosed garden could be accessed through the main dining room on the ground floor. This door was unlocked during the inspection and was being used by residents who wanted to take in the sunshine and fresh air. The main door to the centre was open during the day, and the reception area was supervised. This had been appropriately risk assessed and residents were observed coming and going from the grounds to the front of the centre throughout the day. The centre operated over two floors with communal space on each floor. Residents who resided on the first floor required various levels of assistance from staff to move between floors. Movement from one floor to another was via the use of a two passenger lifts or stairs which were keypad coded.

On the day of inspection, a number of residents on the first floor spent a large amount of time downstairs. Many others choose to spend time in the first floor communal areas. The inspector spoke to residents on the first floor who said they were always encouraged to come downstairs and that staff always assisted them promptly to use the lift, if required. Residents who spent the day of the inspection in their room told the inspector that it was purely by choice, and that they could go downstairs whenever they chose to.

Overall, the centre was very well maintained with suitable furnishings, equipment and decorations. Residents' bedrooms were spacious and comfortable, and were nicely decorated with personal belongings such as photographs and artwork. Each room showed the resident's personality. The centre was clean and tidy in all areas. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

The inspector observed lunchtime in the various dining room. A number of residents who independently used mobility aids were facilitated to maximise their independence with a choice of seating. Residents were facilitated with a choice of meals and drinks and told the inspector that the food was always 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, for example residents who wanted a plain meal with no sauces, and residents who wanted a vegetarian option.

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 and requests. In addition to this informal feedback, there were regular residents' meetings and satisfaction questionnaires for residents. Residents confirmed that their queries or concerns which were discussed at meetings were addressed promptly, for example, residents had requested to have the timing of meals displayed in the main dining room and this was completed quickly. Nonetheless, the documentation of follow-ups to the residents meeting did not include action plans, to ensure that the opinions and feedback of the residents were properly captured and used to inform quality improvements in the centre.

The resident's care representative was always consulted with where the resident was unable to express their opinion. Families told the inspector that the centre 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. Care plans viewed by the inspector detailed person-centred interventions and staff were very familiar with residents' needs and social histories.

Dedicated activity staff were responsible for delivering the schedule of activities in the centre and the inspector observed group activities taking place in the morning and afternoon on the day of inspection, across each of the units. Staff were trained and competent to provide one-to-one sensory activities to residents who could not participate in groups or whose needs were advanced. Residents enjoyed group exercises, bingo, movies and outings, and particularly enjoyed live music. Residents were observed going for walks outside of the centre with staff. Visitors were observed coming in and out of the centre throughout the day and told the inspector that they were always welcome and were assured of the care provided. Residents were happy with the choice and frequency of activities and told the inspector that staff go out of their way to facilitate their requests and needs. Overall, feedback from residents and visitors alike was overwhelmingly positive, with abundant compliments relayed to the inspector about all aspects of life and care in the centre.

Oversight and the Quality Improvement arrangements

The registered provider was actively promoting person-centred care, allowing residents to take positive risks, and utilise their independence and autonomy, in an environment that used limited restrictions. Centre-specific policies in the management of restrictive practices, response to behaviours that challenge, and risk management, guided the appropriate use of restraint in the centre, in line with national policy and best practice guidance. This included the unplanned use of restraint, should this event occur.

The management team had completed the self-assessment questionnaire in advance of the inspection. A targeted quality improvement plan to ensure continued good oversight of restrictive practice use in the centre had been ongoing over the previous year. It was evident throughout the inspection that this had had a positive impact on the lives of residents. Efforts were made to ensure that people living in the centre were facilitated to pursue their own choices and preferences.

The provider had ensured that there were adequate arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which accurately recorded and monitored the use of restraint. The identified physical restraint, the one bedrail was comprehensively risk assessed. Informed consent was sought and documented prior to the use of the bedrail.

Restrictive practices were reviewed on a regular basis and the review considered the type of restraint, the alternatives trialled and the result of each trial. Less restrictive options were regularly trialled in line with the national restraint policy and the inspector reviewed evidence that a number of these trials had been successful which resulted in a reduced number of restraints overall.

There was a log maintained of all alternatives to bedrails in use in the centre, for example; falls reduction mats and sensor beams and soft bed wedges. For the most part, the use of these alternatives formed part of the residents' individual care plans. Some exceptions were observed, for example, staff explained in detail how a particular resident used soft bed wedges for comfort and safety at night, however this was not documented in the care plan. The person in charge committed to addressing this immediately. Examples of good practice were observed whereby 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.

It was evident that the registered provider was committed to ensuring staff were knowledgeable about positive-risk taking. Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible. There was evidence that restrictive practice and promotion of a restraint-free environment was discussed at staff meetings and handovers. The registered provider ensured that staff were facilitated to attend training in the management of restrictive practices, responsive behaviours (how people with dementia or other conditions may communicate or express their

physical discomfort, or discomfort with their social or physical environment) and safeguarding of vulnerable adults. Additional training in advocacy and human rights was also completed by staff, which led to a greater awareness of these topics, and a supported a culture that prioritised a human-rights based approach to care.

There was a sufficient number of staff available to support residents and meet their needs. Resources were provided to support residents' assessed needs and to allow residents to live in a restraint-free environment. Residents told the inspector that their call bells were answered promptly and they were content and well looked after in this 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.

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use 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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