



**Health  
Information  
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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:	Woodlands Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	Bishopswood, Dundrum, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 April 2025
Centre ID:	OSV-0000304
Fieldwork ID:	MON-0046799

## 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
Wednesday 9 April 2025	09:30hrs to 17:00hrs	John Greaney

## 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 residents spoken with during this inspection was highly complementary of staff, the care received and the overall running of the centre. Overall, the inspector found that management and staff promoted a culture of respect to support residents living in the centre have a good quality of life and had their rights respected.

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 wish to speak with the inspector to do so.

Woodlands Nursing Home provides long-term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area, close to the village of Dundrum, Co. Tipperary. It is a single-storey facility that has been renovated and extended over time to reach its current capacity of forty three residents. Bedroom accommodation comprises seventeen single and thirteen twin bedrooms. Eight of the single rooms and one twin room are en-suite with shower, toilet and hand-wash basin. The remaining bedrooms have hand-wash basins in the room and residents in these rooms share access to communal bathrooms.

Communal space within the centre comprises a large sitting room with an adjacent dining room, a second dining room, a visitor's room and a conservatory that also serves as a visitors' room. There is also an activities room, but this is mainly used to store activity related equipment. There is ready access to two secure outdoor spaces for residents that wish to spend time outside when the weather is suitable.

As the centre is situated adjacent to a busy rural road, there was a key-code lock used to open the main entrance door. The person in charge stated that the key-code to exit the building is provided to some residents but they don't use it. Management informed the inspector that doors were locked for resident's safety and not to restrict their movement. The inspector did observe that a door leading from the reception area to a bedroom corridor was locked and could only be opened with a keypad code. Residents did not have this code and this restriction was not included on the restraint register. The inspector was informed that this was used so that residents did not wander into other residents' bedrooms at night time. This restriction on the movement of residents within the confines of the designated centre is in place without an adequate risk assessment to support the restriction.

During the day of inspection, there were stimulating and engaging activities being held, which provided opportunities for socialisation and recreation. There was one staff member designated to oversee the provision of activities each day. A second activity staff had recently been recruited so that activities would be facilitated over seven days of the week. An external musician had been organised and was providing live music on the morning of the inspection. Residents sang along and danced with staff and even residents with a significant cognitive impairment appeared to be responding positively to the music.

There were a variety of formal and informal methods of communication between the management team and residents, including conversations and residents' meetings. Residents told the inspector that their concerns and complaints were taken seriously and acted on promptly. While discussions with staff and residents indicated that issues raised at these meetings were addressed, the records of residents' meetings did not always reflect this. Residents also had access to advocacy services. Management staff explained that residents who could not express their own opinions were represented by a family member. Residents were also supported to go out with family for day trips.

The provider was actively reviewing the use of bedrails in the centre with a view to minimising their use. The inspector noted that there were four 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.

There were two internal courtyards for use by residents. One of these was adjacent to the sitting room and was accessible from this area. There was a significant raised lip on the door, which could pose a trip hazard to residents. This was reflected in the centre's risk register. The second outdoor space was larger and a more inviting area to spend time when the weather was suitable. There were three doors leading to the courtyard from different parts of the centre and residents had free access to the courtyards. The area was suitably furnished with garden furniture. There was an artificial grass surface and the area was suitably landscaped with large potted plants. A wall that had loose blockwork at the last inspection had been repaired. There was, however, some bits of dry cement on the grass that had not been cleared away following the completion of the works.

The lunch time service was observed by the inspector. There was a choice of roast pork or salmon for the main course on the day of the inspection. There were adequate numbers of staff available, to support residents that required assistance with their meals. Staff supported residents in a relaxed manner and conversed with them throughout the meal. The main dining room was not large enough for all residents to eat there simultaneously. Eight residents were seen to have their lunch in

the dining room while a further 27 residents had their lunch in the main sitting room. There were large circular tables that were used for dining purposes. There is a second dining room that the inspector noted was used by a small number of residents on previous inspections. On the day of the inspection, the inspector noted that no residents had their meals there and staff were observed to use this room as a break room. While the lunch time experience was observed to be a sociable occasion for residents, many of the residents that had their meals in the sitting room, were served their meals in the same location and in the same chairs where they spent most of the day.

## 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 had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being Substantially Compliant for five standards and Compliant for a further three.

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 cited the policy as the principal guiding document to underpin the assessment and management of restrictive practices in the centre.

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 weekly basis. Staff documented two-hourly checks of residents' condition when bedrails were in use.

The provider had arrangements in place to monitor and oversee the use of restrictive practices in the centre. Restrictive practices were monitored in the centre's key performance indicators, and the centre's restrictive practice register. The register contained details of physical restraints such as bed rails and lap belts. Floor sensor alarms were not identified on the register as potential restrictive devices. Additionally, it was not recognised that the keypad controlled door leading to a bedroom corridor was a restriction on the free movement of residents throughout the centre.

There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits. Restrictive practice audits were completed as part of the suite of audits used to monitor the quality and safety of care delivered to residents.

A risk register was maintained and detailed the various risks associated with the use of restrictive practices such as bedrails. Actions were identified to manage the potential risk to residents.

The inspector reviewed a sample of residents' records and care plans from the perspective of restrictive practice. Assessments were completed for the risks associated with the use of bedrails prior to their use. There were records of trials of alternatives to bed rails prior to their use. There were also trials undertaken to support the discontinuation of bed rails that had been in place for some residents.

The inspector also reviewed a sample of care plans for residents that had communication deficits, for example, for residents that had vision and hearing

impairment. While there were communication care plans in place for these residents, they lacked adequate detail. For example, staff described how each of these residents communicated their needs that showed a good understanding of the residents. This level of detail, however, was not contained in the care plans to guide staff that may be less familiar with the residents. Management had committed resources to meeting the sensory needs of residents with communication deficits, such as the purchase of a sensory tent and sensory toys. Requests had also been sent to residents' general practitioners (GPs) for referrals to support services to assist staff to identify and meet the needs of these residents. The inspector was informed that this referral had not been made on the day of the inspection.

The centre had access to equipment and resources to support the provision of care 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 physical environment was set out to maximise resident's independence with regards to flooring, lighting, signage, and handrails along corridors. The inspector was satisfied that no resident was restricted in their movement or choices, due to a lack of resources or equipment.

Staff were facilitated to attend training relevant to their role such as safeguarding vulnerable people, restrictive practices, and supporting residents with complex behaviours. Staff were generally knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern. The provider had acted appropriately where a safeguarding concerns was raised through a request for advocacy services to support the resident. On the day of the inspection the provider committed to providing further safeguarding measures, such as commencing the process of ascertaining capacity as a means of maximising the independence of the resident to manage their own affairs.

The complaints procedure was on display and detailed the personnel responsible for the management of complaints. However, no complaints had been recorded since 2023. Management stated that there were no significant complaints and day to day issues were resolved immediately. Maintaining a complaints log provides management with an opportunity for learning and can identify themes that may not otherwise be identified. This can enhance the quality of the service provided to residents

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 Woodlands Nursing Home that supported an initiative to create a restraint-free environment. Residents enjoyed a good quality of life in a centre that promoted their overall wellbeing and independence.





## 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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