



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

## Issued by the Chief Inspector

Name of designated centre:	Friars Lodge Nursing Home
Name of provider:	G & T Gallen Limited
Address of centre:	Convent Road, Ballinrobe, Mayo
Type of inspection:	Unannounced
Date of inspection:	04 April 2025
Centre ID:	OSV-0000342
Fieldwork ID:	MON-0046271

## 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
Friday 4 April 2025	09:30hrs to 15:45hrs	Michael Dunne

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

This was an unannounced inspection to review the use of restrictive practice in the centre. Prior to the inspection visit, the person in charge completed a self-assessment questionnaire which reviewed the provider's current responses to managing restrictive practice in the designated centre. The inspector found that the provider was working towards maintaining an environment where residents were able to live a fulfilled life which is free from restrictive practices.

Upon arrival the inspector was met by the person in charge and the provider. During an introductory meeting the inspector outlined the format of the inspection, and discussed the content of the self-assessment questionnaire that had been submitted by the provider. Shortly, afterwards the inspector commenced a walkabout of the designated centre where they had the opportunity to meet residents and staff as they began their day.

Friars Lodge Nursing Home is a purpose-built bungalow-style facility located on the outskirts of Ballinrobe, Co. Mayo. The centre provides care for 64 residents in a mixture of accommodation comprising mostly of single rooms although two twin rooms are also available. All resident accommodation is serviced with en-suite facilities which include toilet, shower, and wash-hand basin. There are a number of communal rooms available for residents to use which were observed to be well-attended throughout the day. Communal bathrooms and toilets are also available in the centre.

During the centre walk around it was observed that the majority of residents were up and about and following their normal routines. Some residents were seen to be mobilising around the home using mobility aids while others were observed mobilising independently. Residents who required staff assistance with their mobility were supported in a timely manner. Mobility and transfer equipment such as hoists, zimmer frames, and wheelchairs appeared clean, well-maintained, and were suitable to support residents with their transfer and mobility needs. Residents who activated their call-bells seeking staff support were provided with a timely response by the staff team.

The inspector met and spoke with several residents during the day and without exception all residents expressed their contentment and gratitude for the care and support they were receiving in this centre. Residents said they can go to bed and get up in the morning when they wished to do so. Many residents were observed having their breakfast in their rooms according to their preference. The inspector observed staff and residents interactions and found them to be based on respect for the individual. Residents were communicated with in a manner that supported effective communication and it was clear that staff were aware of the individual needs of the residents.

Residents also told the inspector that they were happy with their accommodation, and said they received daily support with their laundry and room cleaning. The inspector visited a number of resident bedrooms and found them to contain sufficient space for residents to be able to store and retrieve their personal items unhindered. A lockable facility was available in all bedrooms for residents to store their personal items. Rooms were tastefully furnished to a high standard. Residents told the inspector that they were able to personalise their own rooms and many were observed to contain items personal to that individual. In bedrooms that were shared, there were privacy screens in place to maintain resident's privacy and dignity.

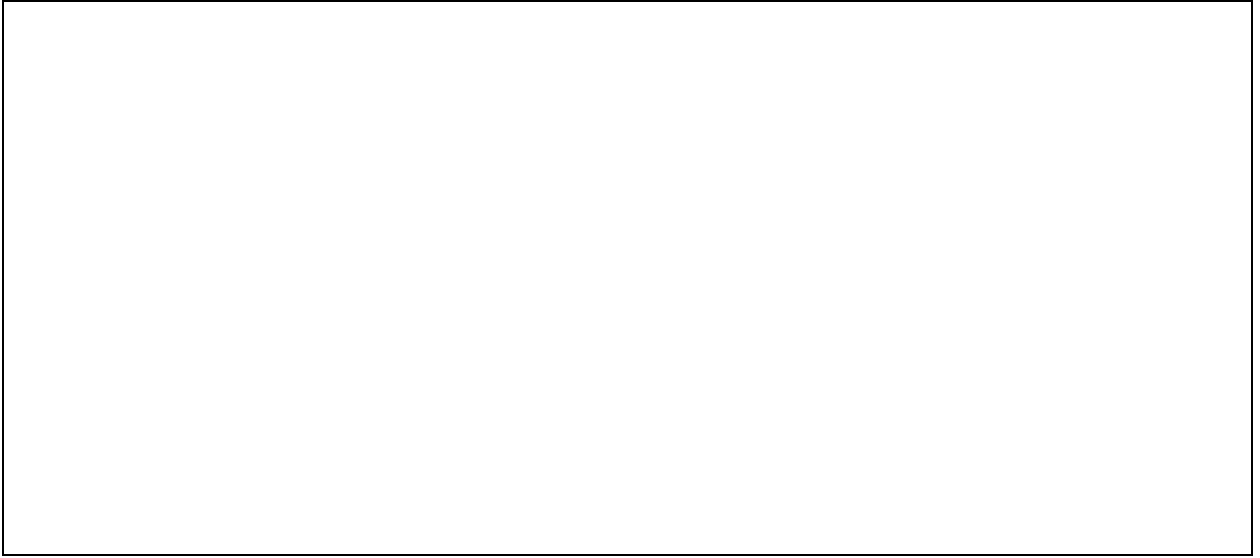
Many of the residents living in the designated centre were originally from the local area, and they were facilitated to maintain their established links with the community. Discussions held with residents confirmed that they are supported to access facilities in the local town.

At the time of this inspection there were a number of transition year students on a placement at the centre. Observations confirmed that this arrangement was working very well and it was clear that residents enjoyed their presence in the centre. Residents were seen to receive visitors throughout the day, and there were a number of private spaces for residents to receive guests other than in their own room.

There were no restrictions on residents having access to all communal areas of their home. There was good use of signage to direct residents to key locations such as day rooms, dining room, and nurse's office. While there was close circuit television (CCTV) in operation, this did not impact on residents' peaceful enjoyment of their home, as it was not located in communal rooms used by residents or their visitors. There were no restrictions for residents accessing two enclosed garden areas which were found to be well-maintained and contained flowers, shrubs, and several garden ornaments. Access to these areas was step free, safe and secure with well-maintained paths to support access for residents using mobility equipment.

Residents were complementary about the quality and quantity of the food provided. Residents confirmed that if they did not like what was on the menu that they could request an alternative meal. The inspector observed a meal service and found that residents enjoyed the options offered on the day, which were either a roast chicken or a haddock fish dish. There were other options available should residents not like this menu choice. There were hydration stations located in communal areas, and the inspector observed staff attending resident rooms to ensure that residents had sufficient supplies of liquid refreshments. Observations confirmed that residents who required additional support with their eating and drinking were provided with timely sensitive support. In addition, residents who required modified or medical diets were also catered for. Staff spoken with were familiar with all residents' dietary requirements.

There was an established activity programme based on residents' interests and hobbies which was advertised in the centre. Residents who spoke with the inspector said that there was always something to do, and that they enjoyed the activities provided. The inspector observed numerous activities which included, a Sonas therapy session (a programme of therapeutic activity, especially for people with dementia or cognitive impairment) which consisted of relaxing music, memory-focused activities, and gentle exercise. In the afternoon, there was a regular bingo session organised which residents enjoyed. A number of residents remained in their rooms and did not engage in group activity according to their choice, and this was respected by the staff team. Some residents required support to pursue their individual hobbies and staff were observed engaging and collaborating with these residents throughout the day.



## Oversight and the Quality Improvement arrangements

This inspection found that the provider was committed to achieving a restraint-free environment in order to maximise residents' rights, and to ensure that residents have control over how they wished to live their lives. The provider was found to be promoting a culture where residents were central to key decisions made about their care and welfare.

There were a limited amount of restrictive practices in operation in this centre and where they were introduced, they were found to be well-managed with regular oversight in place. A review of records where restrictive practices were introduced, confirmed that the least restrictive option was chosen, and was in use for the least amount of time.

There are policies, procedures in place to guide staff on how to effectively manage these restrictive practices and it is clear that both senior and local management teams were committed to ensuring that national policy on the use of restrictive practices was effectively implemented.

G & T Gallen limited is the registered provider for the designated centre. There is a clearly defined management structure in place that identified lines of authority and accountability. The person in charge is supported by an assistant director of nursing and a team of staff nurses, health care assistants, household, catering, maintenance, activity, and administration staff. Observations on the day found that there were effective communication channels among all departments in the centre, to ensure that residents' assessed needs were met by effective interventions.

A review of records confirmed that there was low use of restrictive practices in this centre. On the day of the inspection there were no bedrails in use. There were six motion sensors in place to promote resident's safety and were only introduced following a review by the multi-disciplinary team (MDT), and consultation with the resident, and family members where appropriate. Records also confirmed that consent was sought from the resident or family members, should the resident be unable to give informed consent for their introduction. Where a restrictive practice was present, their introduction was also supported by the completion of a risk assessment, and the development of a restrictive practice care plan which gave specific information on how the restrictive practice was managed.

There were systems in place to monitor the use of restrictive practices and to ensure they were kept to a minimum. The provider maintained a restraints register which was updated on a weekly basis. A restrictive practice audit tool was completed every month which was based on the national standards, and was used to inform good practice. The provider had developed a selection of restrictive practice leaflets to inform residents and family members around the uses of devices such as bed rails, sensor mats. Monthly management meetings provided regular oversight on the use of restrictive practices in the designated centre and, where necessary, quality improvement plans were developed following the review of audit findings.

The provider was keen to ensure that all staff received relevant training to promote person-centred care in an environment that was working towards reducing restrictive practices. A review of training records confirmed staff had attended restrictive practice training. Training records confirmed that staff had also attended on-line training in relation to human right approaches in care services which focused on the rights of residents.

Discussions with staff members confirmed their attendance at restrictive practice training, and staff were able to discuss how they would apply the knowledge gained to every day care

situations where restrictive practices were in operation. Staff were also familiar with the contents of the restrictive practice policy which was reviewed in July 2024.

The provider developed a supplementary in-house training programme which covered a number of themes associated with restrictive practice such as consent, human rights, and capacity of individuals to make informed decisions. Staff also found this training useful as their knowledge on restrictive practices was measured through a question and answer format.



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## 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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