



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

Issued by the Chief Inspector

Name of designated centre:	Little Flower Nursing Home
Name of provider:	Bridgelynn Limited
Address of centre:	Labane, Ardrahan, Galway
Type of inspection:	Unannounced
Date of inspection:	01 April 2025
Centre ID:	OSV-0000355
Fieldwork ID:	MON-0045592

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
Tuesday 1 April 2025	10:00hrs to 15:45hrs	Fiona Cawley

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

Little Flower Nursing Home is a purpose-built two-storey facility located near the village of Ardrahan, County Galway. The centre provides accommodation for 50 residents which is comprised of single and twin bedrooms, a number of which are ensuite. The centre provides care for both male and female adults with a range of dependencies and needs.

This was an unannounced inspection to review the use of restrictive practices in Little Flower Nursing Home. The inspector saw that the approach to care and support was resident focused. Residents living in the centre were very well supported to live a good quality of life, which was enhanced by the provision of meaningful activities and regular social engagement. Feedback from residents was that staff were very kind, caring and attentive to their needs.

The inspector arrived in the centre during the morning time and was met by the person in charge and assistant director of nursing. Following an introductory meeting, the inspector walked through the centre giving the opportunity to meet with residents and staff. Many of the residents were up and about in the various areas of the centre, while others were having their care needs attended to. The atmosphere was calm and relaxed throughout the centre, and care was observed to be delivered in an unhurried manner. Residents appeared comfortable and content in their environment.

Living and bedroom accommodation was on both floors which are serviced by an accessible chairlift. Residents' bedrooms provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. Many residents had personalised their bedrooms with photos, ornaments and other items of significance. There were accessible communal areas available for residents to use depending on their choice and preference including a day room, a conservatory, a lobby and a dining room. These areas were bright, spacious and styled with comfortable furnishings to provide a welcoming, homely environment for residents. Furnishings were arranged into various seating areas in the day room, giving residents the opportunity to take part in different activities or to relax quietly. There was comfortable seating available in the lobby and several residents were seen relaxing here during the inspection. There was an oratory available which provided residents with a quiet space. There was also sufficient space available for residents to meet with friends and relatives in private.

There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely manner. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely. The centre was bright and well-ventilated throughout. All areas were clean, tidy and generally well-maintained.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were two bedrails in use in the centre on the day of the

inspection and these were in place at residents' request. Residents had a restrictive practice care plan in place which contained person-centred 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.

As the day progressed, the majority of residents were observed in the day rooms, watching TV, reading, chatting to one another and staff, or participating in activities. The inspector spent time in the various communal areas of the centre observing staff and resident interaction. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. The inspector observed that personal care was attended to in line with residents' wishes and preferences. Friendly chats were overheard between residents and staff throughout the day. A small number of residents chose to spend time in their bedrooms and they were supported to do so by staff. It was evident that residents' choices and preferences in their daily routines were respected. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. Staff were seen to actively engage with residents, and residents appeared comfortable and content in their environment.

Residents were observed mobilising freely throughout the centre during the course of the inspection. Residents had access to all areas inside the centre other than staff areas and store cupboards. The front door of the centre was locked with a keypad controlled lock, however, the inspector noted the code number was displayed beside the door. There were a number of other access points to the external enclosed grounds which contained a variety of suitable outdoor furniture and seasonal plants. There was also a poly tunnel available which provided residents with opportunities to participate in gardening activities. Staff said that residents could go outside unaccompanied and that if necessary discreet supervision would be provided to maintain their safety whilst respecting their wishes. Access to these areas was unrestricted and the inspector observed residents enjoying the outdoors at various points during the day. Residents told the inspector that they were able to go outside for fresh air or walks if they wished. One resident told the inspector that they went into the city most days to meet up with friends. Another resident described how they went out regularly with their family and friends.

There was a designated outdoor smoking area which was adequate in size and well-ventilated. Risk assessments were completed to ensure those residents who smoked were facilitated to do so in a safe manner. The inspector spoke with one person who smoked, and they confirmed that they could access the outdoor area at any time of their choosing.

Throughout the day, the inspector spoke with residents in the communal areas and in their bedrooms. Residents told the inspector that they were happy with their life in the centre. One resident told the inspector that 'staff are very good to me' and that 'life is as good as it can be here', while another resident said that 'everything is good here'. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. A number of residents explained the reasons they decided to move into the centre and that they were very happy with their decision.

Residents said that they were able to get up for the day whenever they preferred and were able to do what they wanted during the day. 'I can do what I want here', 'I have choice to do what I want', 'I can go out when I want' were among some of the comments made by residents.

Residents described the various activities available to them in the centre including arts and crafts, gardening, exercise, card games and music, and they said they could choose to participate or not. One resident described how they loved knitting and showed the inspector their current project. The inspector observed group and one-to-one activities taking place throughout the day. There was a lively ball game in the afternoon which was well-attended and residents were observed to be enjoying themselves. A number of residents described how they were supported to pursue interests that involved an element of positive risk-taking. For example, one resident took the bus to the city regularly to socialise, while other residents attended local sports fixtures. Residents were also supported to be actively involved in maintaining community links, attending local community groups, outings and art classes.

A small number of residents told the inspector that they preferred to spend most of their time in their bedroom and that they were supported to do so by staff. They told the inspector that they would use the call bell if they required assistance and the bell was always answered by staff in a timely manner.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going in the centre throughout the day.

Residents were provided with regular opportunities to express their feedback about the quality of the service and to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident committee meetings. There was evidence that residents' feedback was acted upon to improve the service they received in areas such as menu choices. Residents were aware of how to make a complaint and the provider had a system in place to monitor the level of complaints in the centre, which was low. Residents had access to an independent advocacy service.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre.

Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

Oversight and the Quality Improvement arrangements

The findings of this focused inspection were that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices and promoting residents' rights. The person in charge confirmed that the centre actively promoted person-centred care in a restraint-free environment, in line with national policy and best practice. Staff recognised residents' rights to live as independently as possible without unnecessary restriction.

The provider had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. This document identified that the provider was striving to ensure residents' rights were upheld and respected. A quality improvement action plan was in progress which included initiatives being undertaken to further reduce the use of restrictive practices and promote residents' rights. This included actions in relation to the provision of resources to increase the availability of outdoor activities and community links for residents, and ongoing training for staff to raise awareness about restrictive practice.

The centre was managed with an emphasis on promoting residents' autonomy and independence. Residents were supported by management and staff to pursue their own choices and preferences. The inspector observed that the management team was a very strong, positive presence in the centre, providing a leadership role which ensured the ethos was focused on promoting residents' rights. This supported residents to engage in activities of their choosing and pursue interests that involved an element of positive risk-taking.

Admissions to the centre were carried out in accordance with the statement of purpose. Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support. Care plans identified the type of restrictive practice in use, the rationale for its use and the residents' consent.

Policies were available in the centre, providing staff with guidance on the use of restrictive practices and were reviewed and updated at regular intervals to ensure they contained current and up-to-date information.

There were effective governance structures in place to support oversight in relation to restrictive practices. The centre maintained a record of all restrictive practices used in the centre. This record was reviewed on a daily basis by the nurses to ensure use of restrictive practice remained appropriate and proportionate to the assessed needs of the residents. A risk assessment was completed for all identified restrictive practices in use. A restrictive practice committee had also been established to monitor and review the use of restrictive practice in the centre. Restrictive practice audits had been completed and action plans were developed where improvements were required.

Staff were supported and facilitated to attend training relevant to their role such as the use of restrictive practice in the centre. This training included the management of

responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were also provided with training in safeguarding vulnerable people.

The use of resources were effectively planned and managed. 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 as an alternative to bed rails. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised. The centre employed activity staff who provided both group and one to one activities for residents.

The design and layout of the physical environment supported residents to be as independent as possible with due regard to their safety. Communal areas, corridors, and bedroom accommodation were accessible to residents in terms of adequate lighting and appropriately placed hand and grab rails to support residents' independence.

Overall, the inspector found that there was a very positive culture in Little Flower Nursing Home where staff and management recognised the rights of residents to live in an environment which was restraint-free.

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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