



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

## Issued by the Chief Inspector

Name of designated centre:	Maria Goretti Nursing Home
Name of provider:	Maria Goretti NH Partnership
Address of centre:	Proonts, Kilmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	02 April 2025
Centre ID:	OSV-0000417
Fieldwork ID:	MON-0046746

## 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.

---

<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 2 April 2025	10:15hrs to 16:00hrs	Una Fitzgerald

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. The findings of this inspection were that the service promoted a culture where a rights-based approach to care underpinned the rights of residents to express their beliefs, values, wishes and preferences with regard to the care provided to them. Through observations and conversations with residents, it was evident that residents were supported to have a good quality of life, and were encouraged and supported by staff and management to be independent and part of a wider community.

Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas. There was a calm, relaxed and homely atmosphere in the centre. Residents were observed to be comfortable and relaxed in a variety of communal areas that included two communal day rooms and a dining room.

Maria Goretti Nursing Home provides care for both male and female adults with a range of dependencies and needs. The centre is a single-story facility that can accommodate 57 residents. The centre provided residents with a variety of accessible private and communal space. The centre is accessed through a main front door, which is locked with a key-code. This key code is given to any resident that requests it, once there is no identified risk.

Staff were observed to be familiar with the current residents and addressed them by their first names. All staff wore name badges. Residents told the inspector that staff respected their privacy and personal space through knocking on their bedroom doors and waiting for a response before entering. Staff were observed attending to residents' care needs throughout the day. Staff were seen to ensure that privacy screens were drawn, and that bedroom and bathroom doors were closed before assisting residents with their care needs.

Residents had unrestricted access to an enclosed garden that was appropriately furnished and maintained. The gardens were accessed through an unlocked door adjacent to the main communal sitting room. Residents were observed independently accessing the gardens on the day of inspection. Residents told the inspector they were looking forward to the summer weather to sit outside and enjoy the warm air. This garden had lots of colourful potted plants and garden ornaments which made the space inviting.

A review of restrictive practice care plans found sufficient detail to guide care. The rationale for the use of restrictions such as bedrails and sensor mats was stated. Care plans were reviewed by a multidisciplinary team at a minimum of every four months. Care plans were also in place for residents that experienced responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans were person-centred and provided guidance to staff on how to support the residents to manage their responsive behaviours.

Staff demonstrated good knowledge and awareness of restrictive practices. This was evidenced through discussions with the management and staff on the various form of restrictive practices, and the measures in place to reduce or eliminate their use. Staff detailed how each resident had different needs, wants, preferences and abilities.

The inspector spent time in the various communal areas of the centre observing staff and resident interactions. The inspector observed that staff engaged with residents to ensure their preference with regard to their individual style and appearance was respected. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried.

Residents told the inspector how staff were prompt to answer their call bell if they needed assistance. Residents also said that staff knew their individual needs and limitations and placed items of importance such as the call bell and drinks within easy reach.

The only source of dissatisfaction voiced to the inspector was in the provision of social activities. The inspector observed that the communal room was supervised by a member of staff at all times. The inspector spent time in the communal areas observing the staff and resident engagements and found that the staff member allocated to supervision, when not completing any task, did not use the time or opportunity to engage with the residents socially. Residents who spoke with the inspector about the social care felt that it was inconsistent. Residents told the inspector that when activities were held they were very enjoyable and great fun was had. For example; chair yoga was held every Monday which residents looked forward to. At the entrance of the centre there were notice boards with pictures of recent events that had occurred in the centre. For example; there were multiple pictures of a party held to celebrate St. Valentine's day and Mother's day.

Residents were encouraged to personalise their own rooms and many contained items personal to that individual. The centre had an ongoing maintenance programme in place. Multi-occupancy bedrooms had been freshly painted and new curtains and additional storage had been installed.

Residents were consulted about the service through resident meetings which took place monthly. Discussions had been held about the menu choices and the provision of activities. Resident had requested to have more outings and so, as a result, the provider had secured an external company to provide appropriate transport to enable residents attend planned outings.

Residents told the inspector that they did not feel unnecessarily restricted in any aspect of their life. 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

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 management team had completed a 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 Compliant. An action plan was in place to drive quality improvement and reduce the use of restrictive practices in the centre. This included the formation of a restrictive practice committee and the provision of additional training and education to staff to raise awareness about the various types of restrictive practices, and their subsequent impact on the rights of the residents.

The provider had arrangements in place to monitor and oversee the use of restrictive practices in the centre. Restrictive practices were documented in a restrictive practice register. The register contained details of physical restraints such as bedrails and sensor alarms. The inspector found that all types of restraint observed on the day were identified on the restraint log.

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. Care plans directed staff to document two-hourly checks of residents' safety when bedrails were in use. This process was put in place to ensure that residents were safe during periods when restrictive practices were in use. However, the oversight of these arrangements was poor. On the day of inspection the checking documentation was incomplete. A restrictive practice audit completed in November 2024 had identified this issue and as a result the checking system had changed from a computerised system to a paper system. However, on the day of inspection, there were lengthy periods of days where no recording of checks had been made.

There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits. A restrictive practice audit was completed in November 2024. In addition, a falls audit had been completed. The audit had identified that the majority of falls occurred at night. The inspector found that the provider was proactive in their approach to addressing findings from audits completed. For example; following two recent incidents that had occurred, the evening number of staff on duty had been increased.

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, instead of having bed rails raised. Resources had been made available to ensure that the physical environment was set out to maximise resident's independence. The inspector observed 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.

Multi-disciplinary team input was sought to support the assessments and decision-making process to enable best outcomes for residents. Residents spoken with stated that they were involved in the decision-making process, discussions regarding their care, and had consented to the use of bedrails. The inspector reviewed the assessment tools used to underpin the decision to implement the use of bedrails. The assessments clearly outlined that staff had trialled alternative less restrictive methods prior to implementing the use of bedrails. There were five residents using bedrails in the centre. Residents were actively involved in the assessment process, and their preferences were taken into consideration during the assessment. The current use of bedrails were in place as requested by the residents. Care plans clearly outlined the rationale for bed rail use.

The complaints procedure was prominently displayed in the centre. There was a notice advising residents of the contact details of independent advocacy services should they require assistance with making a complaint. On the day of inspection, the residents voiced high levels of satisfaction with the service.

Overall, the inspector found that while there were some minor areas that did not fully align with the national standards, there was a positive culture in the centre with an emphasis on a restraint free environment to support a good quality of life that promoted the overall wellbeing of residents while living in the 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.
-----	---