



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

Issued by the Chief Inspector

Name of designated centre:	Holy Family Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Holy Family Residence, Roebuck Road, Dundrum, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	09 June 2025
Centre ID:	OSV-0000050
Fieldwork ID:	MON-0047202

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
Monday 9 June 2025	10:00hrs to 16:35hrs	Karen McMahon

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 Holy Family Residence. Management and staff were observed to have a positive approach towards a restraint-free environment and aimed to ensure that they provided a human rights based-approach to care. The inspectors observed residents' rights to be upheld. Residents who spoke with the inspectors provided positive feedback on their day-to-day lives in the centre saying the care was "just phenomenal" and that the staff were "marvellous".

Holy family residence is located in Dundrum, on the outskirts of Dublin city centre. The centre is laid out over five floors, with residents accommodation located on the first to fourth floors. The ground floor consists of the reception area, communal areas, offices and service areas. All floors were serviced by three lifts. There was no restrictions or codes required for residents to use these lifts and the lifts were easily accessible for residents use. There was also a large staircase that travelled to all floors of the centre, located just inside the front door at the reception. The inspector observed this being used without restriction by residents, staff and visitors throughout the day of inspection.

The building was found to be laid out to meet the needs of residents, and to encourage and support their independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriately placed handrails to assist residents to mobilise safely. Call-bells were available in all areas and were answered by staff in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and well-maintained.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were a small number of residents who required the use of bedrails and there was appropriate oversight and monitoring in place. Alternative devices and equipment were also available in the centre to support minimal use of bedrails. Staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible.

The inspector spoke with residents in their bedrooms, day rooms and dining rooms. Staff were observed to engage with residents in an empathetic manner by asking them about their preferences and communicating in a kind manner. Bedrooms were decorated in accordance with individual choice and many residents had brought items from their homes to ensure that homely atmosphere was maintained. While most bedrooms were seen to be clean one room was observed to be cluttered with the resident's personal belonging including books and ornaments from home, however, staff told the inspector that this was the wish of the resident living in this room.

Residents had access to multiple sitting and dining rooms throughout all floors of the centre. There was a large chapel, which also had a balcony area primarily used by those residents who required to use wheelchairs or specialist assessed seating. On

the ground floor there was a tea room available that was seen to be similar to a coffee shop experience for residents, with tea and coffee making facilities and neatly laid tables. This room was accessible to residents at all times and was used for various activities which included afternoon tea, a women's club and visiting with family members.

A small shop was located across from this that opened for an hour each afternoon and sold items such as sweets, biscuits, toiletries, greeting cards and small gift items. A number of residents who spoke with the inspector said they enjoyed "popping" down some afternoons, and it reminded them of going to the local shops when they were at home which gave them a sense of independence.

Residents were provided with a choice of food and refreshments throughout the day. The largest dining room was located on the ground floor and the inspector observed this room to be full at lunchtime, with residents from across all floors of the centre. One resident likened the room to a restaurant and commented how they enjoyed it as it was so spacious and had a nice view to the greenery outside. Residents were observed chatting amongst themselves. A staff member was available to assist residents if they required it.

Some residents chose to eat in the smaller more quieter dining rooms located on all other floors, while some chose to eat in their bedrooms. Staff provided discreet assistance to those who required it. Food was cooked fresh onsite and residents were provided with two main options at dinner time. The menu was displayed on tables in the dining room as well as on multiple information screens located in various areas of the designated centre. One resident told the inspector if they didn't like the choices that day, they would be accommodated with an alternative option to their liking.

Residents had access to activities in the centre. The available activities were displayed on notice boards around the centre. Residents were very complimentary about the activities and the staff that provided them. Mass was said daily in the church and was also screened to televisions in the communal areas and bedrooms, for residents who preferred to watch it this way. All residents had access to a television in their bedrooms. Some residents made the choice to remain in their rooms during the day and this decision was respected by staff. Staff were observed to regularly check on these residents and ensure they were safe and comfortable.

The centre's complaints policy was made available. The procedure for residents and visitors to make a complaint was displayed around the centre. The policy in place guided staff on how to deal with any complaints both verbal and written. The residents that spoke with the inspectors said they would talk to any staff member if they had a concern or complaint. Advocacy services and their contact details were made available to residents. Posters were displayed around the centre.

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

This inspection found that the provider had a comprehensive governance structure in place to promote and enable a quality service. The management team demonstrated good oversight of the services provided in the centre and focused on considering each resident's human rights and reducing the use of restrictive practices in the centre.

The person in charge had completed the self-assessment questionnaire prior to the inspection. The self-assessment questionnaire had been assessed as compliant in all areas.

There was a restraint policy in place, including emergency or unplanned use of restrictive practices that guided staff in the use of restrictive practices. The policy was reviewed at regular intervals to ensure it contained current and up-to-date information. The person in charge informed the inspector that they had a no use of chemical restraint procedure in operation in the centre. The person in charge attributed the success of this procedure to the good access they had to psychiatry of old age services in the area.

Staff members were knowledgeable about restrictive practices and were able to describe the different types of restraint in use in the centre. A review of the training matrix found that all staff, currently employed in the centre, were up to date with Dementia and Safeguarding training. A number of staff were currently undertaking or had completed training on "A human rights based approach".

A sample of assessments and person centred care plans were reviewed, on the day. These had detailed personalised information to inform staff on the care the resident required or requested. These included the alternatives trialled prior to the current restraint being used. Residents with restrictive measures in place had detailed care plans in place to guide staff. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care. Following assessments and care planning, the MDT (multi-disciplinary team) input was sought to support the assessments and decision-making process to enable the best outcomes for residents. Written consent was sought from residents or their designated decision maker for care and interventions when required.

There was good governance and leadership evident in the centre. Management and staff demonstrated a commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights. There was good oversight and review of restrictive practices. The registered provider had an up-to-date policy in place. Meeting minutes evidenced that restrictive practises were a standing agenda item at all meetings including governance meetings, clinical and nursing meetings and other staff meetings. Meeting minutes included an action plan.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. Restrictive practice audits had been completed and action plans were developed, where improvements were required.

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 profile beds, crash mats, floor alarms and dementia tracker watches. Where floor alarms were in place, the care plan clearly stated that staff should assist residents with the specific need that led them to step on to the floor mat. Care plans also stated that residents should not be restricted from getting out of the bed or put back to bed without first identifying their need.

The purpose of the dementia tracker watch was to facilitate a safe-environment for those who wander without purpose. Dementia tracker watches were only used during the day and were synced to tablets in all the nurses' station. Should a resident wander within a certain distance of the outside gates, the alarm would reception and the tablets, notifying staff to ensure the residents safety and redirect them to a safer area of the garden if needed.

The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. The inspector observed that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised.

Overall, the inspector found that there was a very positive culture in Holy family Residence 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.
-----	---