



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

Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Nursing Facility
Name of provider:	Aras Mhuire Limited
Address of centre:	Beechgrove, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	01 April 2025
Centre ID:	OSV-0000114
Fieldwork ID:	MON-0046728

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	09:30hrs to 16:00hrs	Geraldine Flannery

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

This was an unannounced inspection, carried out as part of the thematic inspections programme, to monitor the use of restrictive practices in the designated centre. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

Findings from this inspection were that residents were supported to live a good quality of life in the centre. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individual residents. There was a person-centred culture of care in the centre and the use of restrictive practices had been kept to a minimum.

Residents told the inspector that they liked living in the centre and that staff were always respectful and compassionate to them. It was evident that residents trusted staff caring for them and that they enjoyed each other's company.

The design and layout of the centre did not restrict residents' movement. It was nicely decorated and furnished, providing a comfortable and homely feel. Communal areas were seen to be well-used by residents throughout the day. Residents had access to an enclosed garden, the doors to which were unlocked and accessible at all times.

The physical environment was set out to maximise residents' independence with regards to flooring and lighting along corridors. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible.

Residents told the inspector that they had freedom of movement to and from their own bedroom and were facilitated to personalise their bedroom with their own belongings. They said the bedrooms were a good size and contained enough storage space for their belongings.

Residents confirmed to the inspector that they felt safe in the centre and their privacy was respected. Staff were observed providing assistance in a manner that enabled residents to maintain their independence and dignity. Care delivery was observed to be unhurried throughout the day and staff were seen to be patient and kind.

Residents told the inspector that they appreciated being listened to and their opinion was important. They had monthly resident committee meetings where they discussed a range of items, including news from the convent, activities, food and any issues of concern they had.

Mealtime in the dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed interacting with staff and fellow residents throughout the mealtime experience.

Residents were complimentary of the food and the choice of food available. The food appeared appetising and was well presented. Residents were allowed ample time to have their meal in a relaxed and unrushed manner. Staff discreetly assisted the residents during the meal times.

The inspector saw many positive meaningful interactions between staff and residents and it was evident that staff had a good knowledge of residents' hobbies and interests. Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The spiritual needs of the residents were facilitated, including Mass celebrated in the centre.

Through discussions with residents and staff and from the observations of the inspector on the day, it was clear that residents were supported to make choices about their daily routines. For example, residents could leave the centre and go to the near-by convent, to work in the stamp department or attend a crochet class.

The complaints procedure was on display in various prominent places throughout the centre. Residents had access to advocacy services, the contact details of which were on display in the centre. Residents told the inspector that the person in charge and provider representative were always available to them and were responsive to their needs and requests.

Overall, this centre had a positive approach towards minimising restrictive practices. There was a culture of encouraging residents to pursue their own choices and to enjoy a good quality of life.

Oversight and the Quality Improvement arrangements

There was a comprehensive governance structure in place to promote and enable a quality service. The provider supported the service in promoting a restraint-free environment, including facilitating ongoing professional training, providing resources and staff development.

The management and staff spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and when in use, it was for the shortest amount of time. At the time of inspection, there were five bedrails, one lap belt and a small amount of sensor alarms in use.

A self-assessment questionnaire had been completed prior to the inspection and submitted to the Chief Inspector of Social Services. This questionnaire detailed the service's responses to restrictive practices within the centre and provided a summary of all the approaches that the service was taking to reduce and eliminate restrictive practices.

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. Other relevant policies were in place included, safeguarding policy and management of behaviour that is challenging.

Staff were appropriately trained in restrictive practice. Other training included, safeguarding vulnerable adults, dementia care and a human rights-based approach to care. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised of the nursing team, general practitioner (GP) and physiotherapist input, if required.

Residents were encouraged to take part in the restrictive practice decision and were informed of the potential risks of using any form of restraint. Consent was sought from the residents and their representative, if appropriate.

A restraint log was available which was used to record and monitor the use of restrictive practices in the centre. It was reviewed regularly in order to reduce or eliminate the use of restraint. Audits on restrictive practices were in place with timely action plans.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. These included the alternatives trialled prior to the current restraint being used. Residents with restrictions in place were found to have detailed care plans in place. There was a check-list in place where staff would ensure residents were safe and comfortable.

There were regular resident committee meetings in the centre to discuss relevant issues for the residents. Residents' concerns were followed up and actions taken.

There was adequate numbers of staff available with appropriate knowledge and skills to ensure that care was provided to residents in a manner that promoted their rights, dignity and autonomy. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of restraint.

Overall, the inspector found that there was effective governance and leadership in the centre that supported a positive approach towards minimising restrictive practices. The safety concerns were effectively balanced with the rights of the older adults to dignity, autonomy and freedom. Regular reviews, informed consent and minimizing restrictions were used to ensure a human rights based-approach to care.

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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