



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

Name of designated centre:	Fairlawns Nursing Home
Name of provider:	Fairlawns Nursing Home Limited
Address of centre:	Cavan Road, Bailieborough, Cavan
Type of inspection:	Unannounced
Date of inspection:	04 June 2025
Centre ID:	OSV-0000136
Fieldwork ID:	MON-0045680

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
04 June 2025	Start 09:45	End 15:00	Nikhil Sureshkumar

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

Overall, from what the inspector observed and from speaking to staff and residents, it was evident that the residents were receiving a good quality of service to meet their individual needs and preferences.

During this inspection, the inspector spoke with several residents, and their feedback was immensely positive about the care and service they received at this centre. Some residents commented that, "I enjoy activities like bingo, walking in the garden and sometimes playing skittles", Staff are excellent here and they make me feel this nursing home like my own home", the music is great, I love my room, they changed the layout of my room, I have more space in my room and I have my television, which is important".

Fairlawns Nursing Home is located close to Bailieborough village in Co. Cavan and is close to local amenities. The centre has spacious communal spaces available for residents, which include two sitting rooms, a dining room, a library, a hairdressing salon, a conservatory and an oratory. The centre's corridors connected residents' communal rooms and bedroom areas. These corridors had handrails on one side, and the inspector was informed that the provider has plans to install handrails on both sides of these corridors to support residents to move around independently in this centre.

Residents' accommodation comprises a mixture of single and twin bedrooms, which are laid out around a central internal courtyard. The internal courtyard contained garden features, such as raised flower beds and garden furniture. The internal courtyard grounds were found to be well-maintained, and residents had access to these internal courtyards without any restrictions.

The residents' rooms were found to be personalised with their personal belongings, such as photographs, artworks, and other memorabilia. The provider reconfigured the twin-bedded rooms by repositioning the doors in most of them. This improved the layout of these rooms, which facilitated residents' access to their own television and enhanced privacy in their bedspace.

The centre also had notice boards located at various locations, which displayed essential information for residents, such as information on accessing independent advocacy services and details pertaining to the centre's complaint procedure.

A schedule of activity programmes was in place, and staff were allocated to support residents in taking part in meaningful activities. The inspector observed that the

activities took place as planned, and the inspector observed residents participating in activities such as gentle exercises and games.

The records indicated that the residents were supported to go on shopping trips, visit local attractions, and participate in community events. The provider made arrangements for the local schoolchildren to visit the residents in the centre.

Staff interactions with residents were found to be respectful and friendly. Residents' requests were attended to in a timely manner. The inspector observed the people moving and handling practices, and staff demonstrated a good understanding of appropriate techniques.

There were adequate numbers of staff available in dining rooms, and residents who spoke with the inspector confirmed that they enjoyed the company of staff and residents. Menu choices were available, and residents enjoyed the freedom to choose their preferred food and drinks, with no restrictions.

There was no restriction on visiting, and residents were happy about the current visiting arrangements.

Oversight and the Quality Improvement arrangements

Overall, the provider was found to be working towards achieving a restraint-free environment and improving the rights of residents living in this centre.

The registered provider of Fairlawns Nursing Home is Fairlawns Nursing Home Limited. There are two company directors, including the person representing the provider entity. The inspection was facilitated by one of the company directors and the person in charge. The management team was supported by a team of nursing, caring, housekeeping, catering, maintenance and activities staff.

The provider had sufficient resources and a clearly defined management structure in place to ensure the delivery of a safe and effective service. The management team had a visible presence in this centre, and the quality of care and residents' experiences were monitored, reviewed, and improved on an ongoing basis. For example, residents' satisfaction surveys were carried out regularly, and the centre also had an established audit framework in place. Audits such as care plan audits and restraint audits took place regularly. Additionally, learning and action plans were found to be developed and implemented in this centre.

The inspector reviewed a sample of training records, which confirmed that staff were up-to-date with their mandatory training in safeguarding, restrictive practices, managing challenging behaviour, fire safety, and manual handling. The staff also had access to other training, such as fundamentals for advocacy and a human rights-based approach to care.

The centre had a policy on managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and regarding the use of restrictive practices.

The centre had a low number of residents with responsive behaviours, and staff who spoke with the inspectors were knowledgeable about the residents' needs, individual preferences, and the de-escalating strategies that would work well for them.

The centre also had a policy on restrictive practices, which was adapted from the national policy. There was a low level of use of restrictive practices in this centre, and appropriate risk assessments were completed. Alternatives, such as bedrails, were trailed before the use of restrictive practices. Staff demonstrated good awareness about their policies and procedures relevant to the use of restrictive practices, and they were fully implemented.

The inspector reviewed a sample of residents' records of personal monies kept in the centre. Residents had access to their funds at all times, and there were no restrictions imposed on their ability to access their personal monies. Safeguarding measures were implemented to protect residents from financial abuse.

Residents' meetings were carried out regularly, and meeting minutes indicated that residents were consulted regarding the organisation of this centre. For example, residents were consulted prior to commencing the reconfiguration works, and these works were completed at the time of this inspection.

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.
-----	---