



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Riverside Nursing Home
Name of provider:	Riverside Care Centre Limited
Address of centre:	Milltown, Abbeydorney, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	31 March 2025
Centre ID:	OSV-0000274
Fieldwork ID:	MON-0044698

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 31 March 2025	09:00hrs to 16:30hrs	Breeda Desmond

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

This was a good service that strove to provide a human-rights based approach to care to support people have a good quality of life; a restraint-free service and environment was promoted and encouraged that enabled residents' independence and autonomy. The inspector spoke with several residents during the inspection, in the day room, dining room, and residents' bedrooms, and two relatives who gave excellent feedback about the care and service provided. They knew the provider representative and person in charge by name and reported that they could raise any concern with them and it would be followed-up immediately. The atmosphere was relaxed and care was delivered in an unhurried manner. Residents reported that staff were kind and helpful.

Riverside Nursing Home is a single-storey facility registered to accommodate 27 residents. On arrival to the centre the inspector was guided through the risk management procedures of hand hygiene and signing-in process. The inspector advised the provider representative and person in charge that the purpose of this inspection was to review themes associated with a restrictive practice thematic inspection.

Information displayed in the reception area included the complaints procedure, advocacy service information, and a suggestion box with notelets for people to fill out. Residents' art work was displayed in the day room, dining room, on corridors and in the oratory. The local priest attended the centre and said mass there on a weekly basis.

Residents had access to the mobile library that visited the centre every six weeks. A variety of activities was provided from reminiscence with residents relaying their memories of bygone times and this was interspersed with related songs; residents were seen to join in and have fun; newspaper reading provided residents with current affairs and a good discussion was had regarding 'all that's going on in the world'. There were one activities staff and care staff provided activation on days when the activities person was off duty. While there was a large notice board in the main day room to display the daily activities, this had not been updated for a week, to inform residents of the activities and what they could look forward to throughout the day, as well as help orient them to the day/month/year.

The daily menu was displayed in the dining room and choice was offered. Residents spoken with at lunch time in the dining room gave positive feedback about the food served, and the choice at every meal. While meals were pleasantly presented and looked appetising, tables were not set prior to residents sitting to the dining room; tables were being set after people sat down for their meal and condiments and serviettes were not brought with the cutlery. While residents were brought to the dining room from 12:45pm they were not served until 13:15hrs. Meal times were protected in that medications rounds were undertaken before and after meal times to enable residents enjoy their dining experience uninterrupted. Appropriate assistance was seen to be provided for those residents requiring help, and staff actively engaged

with residents chatting about Mother's Day and the Kerry V Mayo match at the weekend.

Mid-morning and mid-afternoon refreshments were served in the day room and residents' bedrooms; this was undertaken in a social and relaxed manner. The activity programme was reorganised following the findings of the last inspection in that the activities person provided activities from 10am-5pm rather than 8am-3pm, and this was found to work much better as residents had access to activities later in the day as well as additional supervision in communal areas.

The inspector observed that residents were dressed smartly in clothes and accessories of their choice. Age appropriate background music was played in the dayroom, and dining room during meal time. While in the day room, residents had their own table to rest their cup of tea, glasses and magazine or newspaper. Residents' rang call bells throughout the day and many were observed to be answered quickly but there were delays in others being answered.

Advisory signage was displayed on long corridors to orientate residents to areas such as the day rooms, dining room and bedrooms. Bedroom accommodation comprised single and twin occupancy bedrooms. Some televisions were wall-mounted at an appropriate height for residents to view while in bed or sitting out in their armchair, others were placed on the chest of drawers. Some residents had access to double wardrobes to store and maintain their personal clothing, however, others had more limited storage of a single wardrobe. Some chairs, curtains and soft furnishings were upgraded since the last inspection, however, many of the armchairs and other chairs were seen to be quite worn.

Visitors were seen calling throughout the day and they were made welcome, were known to staff who actively engaged with them.

Oversight and the Quality Improvement arrangements

The provider had a clearly defined governance structure in place that promoted a quality service. The person in charge was responsible for the service on a day-to-day basis. The person representing the registered provider was on site daily and supported the service in promoting a restraint-free environment including facilitating ongoing professional training, staff development, and was open to feedback and suggestions in promoting a rights' based approach to delivery of care.

The provider representative and person in charge had completed the self-assessment of the service regarding restrictive practices, overview and management regarding promoting a restraint-free environment. This included audits such as restrictive practice assessment and implementation in line with national policy, medication audits which included psychotropic prescriptions, privacy and dignity of residents and activities; all of which informed the clinical governance meetings. They assessed the service as compliant, however, areas for improvement were identified on inspection.

There were policies in place including one to support and promote a restraint-free environment including emergency or unplanned use of restrictive interventions to guide practice. Another policy supported staff in the safety and appropriate management of residents' property and finances. Staff had information differentiating non-cognitive symptoms of dementia, for example, delusions, hallucinations and anxiety with associated pathways to the holistic management of longstanding responsive behaviours. Policy information was based on the FREDA principles of treating each other with Fairness, Respect, Equality, Dignity and Autonomy. Nonetheless, the culture of positive risk-taking seen throughout this and other inspections, was not reflected in policies reviewed.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, and manual handling and lifting, with ongoing training scheduled to ensure all staff training remained current. A review of the duty roster demonstrated adequate staffing levels. Regarding oversight of Schedule 2 records associated with staff employed in the centre, as part of protection precautions there were deficits in staff files including gaps in employment histories, reference from recent employer not in place, or performance management reports.

The person in charge was proactive regarding seeking support for additional services for residents and, when appropriate, sourcing accommodation more suited to their assessed needs. Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised physiotherapy, general practitioner and psychiatry of old age, speech and language and dietician, when required along with access to the national screening programme. Documentation reflected consultation and discussion was an on-going process regarding people's care and welfare including restrictive practice. The delirium screen tool formed part of the validated assessment tools available to staff to support behavioural management to rule out concerns such as infection.

A restrictive practice register was maintained and this included bedrails, bed bumpers, exit doors, ramp access and psychotropic medication; in addition, restrictions to high risk areas such as the laundry, sluice rooms, kitchen, cleaners' room and clinical room for example. Minutes of the restrictive practice committee were seen and these demonstrated reflective practice in that the rationale for the restriction as well as the actual or potential impact the restriction may cause along with the criteria for discontinuing the restriction, were detailed. Feedback was sought from residents regarding care practices. Following review of feedback, management undertook discussion sessions with staff as part of staff development, and to ensure staff understanding of deficits in care, such as staff forgetting to leave call-bells within easy reach for residents or staff not explaining to residents what they are doing. This was an excellent reflective practice piece of work which demonstrated a positive and holistic approach by management to quality improvement.

Pre-admission assessments including people's communication needs were completed to be assured the service could cater for residents' assessed needs. A sample of assessments and plans of care were reviewed, and in general, these demonstrated appropriate assessment to inform individualised care including their social, recreational, hobbies and interests. Some were excellent and provided a holistic picture of the resident, however, some were not updated with the changing needs of the resident, to be assured that residents would be cared for in accordance with their current needs. Residents had good access to allied health professionals as well as the Integrated Care Programme for Older People (ICPOP).

Behavioural support plans were evidenced with the associated observational tool (Antecedent, Behaviour, Control) to enable possible cause of changes in behaviours to be established to enable staff to implement appropriate actions and supports to deliver safe person-centred care. In addition, the 'PINCH ME' tool was used to determine the possible cause of behaviours such as infection or dehydration for example.

Consent forms were examined; where possible, the resident signed their own consent regarding consent for interventions including restrictive practice. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care and this was observed on inspection.

Residents had access to assistive equipment such as wheelchairs and walking frames to enable them to be as independent as possible. Many aspects of the physical environment enabled independence, for example, the flooring of many bedrooms, hallways and communal areas did not have floor sashes to enable freer mobility, especially for residents using mobility aids. Good lighting on corridors also facilitated safer mobility.

The complaints procedure within the residents' guide and statement of purpose required updating to reflect the procedure on the ground regarding the complaints officer and review officer, and to ensure the information within both correlated with each other. A review of records associated with complaints showed that while these were followed up immediately by the person in charge and the provider

representative with investigations, phone calls, meetings and outcomes included, occasionally, these complaints were not recognised as possible safeguarding concerns.

The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources, equipment or technology.

In conclusion, a restraint-free environment was championed to support residents to have good quality of life.

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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