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:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	30 April 2025
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0046991

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[1] 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
Wednesday 30 April 2025	08:45hrs to 16:15hrs	Sean Ryan

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 that was grounded in a rights-based approach to care, supported by the delivery of person-centred services. Residents were actively encouraged to exercise choice in how they lived their daily lives, with an emphasis on promoting their independence and support their decision making. The provider demonstrated a commitment to delivering a restraint free service. However, potential environmental restrictions that may restrict residents' freedom were not always identified or recognised as restrictive practices by staff.

The inspector arrived to the centre during the morning and was met by a nurse in charge. As management personnel were not available during the inspection, a nurse manager arranged for a second nurse to attend the centre to support the inspection process. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas.

During a walk around the centre in the morning, the inspector observed that residents appeared relaxed and were enjoying the company of staff in the communal dayroom. Some residents were watching television, while others were reading the daily newspaper or engaging in conversation with one another. Staff were seen to be attentive and responsive to residents' requests for assistance, and residents were free to come and go from the day room as they wished. Residents were overheard chatting with staff about local news, daily activities, and the beautiful and warm weather.

The inspector met with all residents and spoke in detail with five residents about their quality of life in the centre. Residents told the inspector that the felt very much at home in the centre and that they were able to live in a way that reflected their personal preferences, similar to how they would have lived at home.

Residents spoke positively about the attentiveness of staff and how they were supported to make daily choices. They reported having a choice and control over their daily routines, including the ability to get up and go to bed at a time that suited them, choosing when to have their meals, and choosing the activities they participated in.

Residents also spoke about how staff supported them to maintain their individual style and appearance. They described how staff assisted them to choose their outfits, apply makeup and their jewellery. Residents were free to go out with friends and relatives if they wished, and this was actively encouraged by staff.

Rochestown Nursing Home provided care for both male and female adults with a range of dependencies and needs. The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting and provided views of the surrounding countryside. It is a single-storey building that can accommodate 23 residents in both single and multi-occupancy bedrooms. The centre was set back from

the main road on a hill and it was surrounded by a mature garden, with shrubs and trees to the front of the building. The main entrance door was also locked. Staff informed the inspector that doors were locked for resident's safety and not to restrict their movement. An enclosed garden was available for residents and was accessible through the dining area. The inspector observed that the door to this garden was locked and could only be opened with a key-card held by staff. When the door to the enclosed garden was opened in the afternoon, the inspector observed that residents were instantly drawn to the garden area, enticed by the fine weather and the breeze that flowed through the open doorway. Residents were seen enjoying the garden with their visitors and taking in the pleasant surroundings.

The provider promoted a restraint-free environment in the centre in line with local and national policy, particularly in relation to the minimisation of restraints such as bedrails. Alternative supportive measures were implemented to uphold this approach and as a result there were no bedrails in use in the centre. This included the use of low beds, mats to reduce injury should a resident fall from bed, and sensor alarms. The inspector observed that the environment was not free from all forms of restriction. Access to certain areas, including the enclosed garden, was limited. In addition, at the time of the inspection visiting was also partially restricted as an infection prevention and control measure and visits were limited to 30 minutes. This restriction had not been reviewed or assessed by management staff despite the low risk of infection in the centre.

Residents appeared to be familiar with staff and were observed addressing them by name. Residents reported that staff treated them with respect and upheld their privacy and dignity. Staff were observed knocking on resident's bedroom doors before entering and ensured that bedroom and bathroom doors were closed during the provision of personal care. Interactions between staff and residents were warm and respectful, and staff were observed to support residents' rights, including their right to privacy and choice.

Residents were supported by staff to access external community-based services in line with their individual needs and preferences. For example, some residents attended a community-based rehabilitation support service during the week where they participated in structured rehabilitation and social activities. This supported residents to maintain community links and promoted their independence.

A structured programme of activities was in place within the centre and took place throughout the day. The programme was designed to reflect residents' individual preferences, interests and varying levels of ability. Activities were inclusive and facilitated the participation of all residents. Staff were present to provide support and encouragement to those who required assistance. Residents appeared to enjoy the social aspect of the activities.

Information was readily available and accessible to residents in a manner that promoted their independence and did not restrict residents' access to key information. A notice board prominently displayed details about the staff on duty and provided information on who residents could approach if they had any concerns or needed assistance. Another information board outlined the qualifications of staff members

responsible for delivering specialised social care including sensory based activities. Additionally, a large notice board was in place that detailed the weekly activity schedule and this was presented with pictures to support residents with varying cognitive abilities. The procedure for making a complaint was also prominently displayed and information regarding independent advocacy services was available to residents.

Some residents who spoke with the inspector stated that they were actively involved in decision-making processes and care-related discussions. They reported being asked for their consent prior to specific care interventions. For example, one resident with a particular health condition experienced limitations on their consumption of beverages. However, the resident described how the rationale was clearly communicated to them, discussed with the multi-disciplinary team, and this enabled the resident to give informed consent based on the information provided. Another resident requested the use of a lap-belt while seated on their specialised chair. The resident retained full control over its use, including the ability to lock and unlock the belt themselves.

The inspector spoke with a number of visitors who expressed overall satisfaction with the quality of life experienced by residents. They reported feeling included, where appropriate and with residents consent, in decisions about the care provided to their relatives. Some family members described being kept informed about developments within the centre, including activities and visiting restrictions. However, they noted that they had not received an update on when these restrictions would be lifted. On the day of inspection, both administrative and nursing staff confirmed that the restrictions had been reviewed, were no longer in place, and that this would be communicated to all visitors to the centre.

Residents were facilitated to provide feedback on the quality of the service they received. This occurred both informally through daily interactions and conversations with staff, and formally during scheduled resident meetings. Residents were encouraged to raise any concerns or suggestions, which were documented and addressed by staff. It was evident that issues raised by residents were resolved. This ensured residents contributed meaningfully to service improvement and supported their right to have a voice in matters regarding their care and daily life in 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

Overall, there was evidence of ongoing quality improvement initiatives in relation to the use of restrictive practices within the centre. Systems were in place to review and monitor these practices, and efforts had been made to reduce or eliminate restrictions where possible. These systems supported a commitment to provide a restraint free care environment with a focus on promoting person-centred care and upholding residents' rights.

A clinical nurse manager had completed a self-assessment questionnaire prior to this inspection and submitted it to the office of the Chief Inspector for review. The management staff had assessed the standards relevant to restrictive practices as being Compliant, with the exception of the Theme in relation to Safe Services. This inspection found that the provider was substantially compliant due to incomplete risk assessments for the use of restrictive practices and incomplete care plans that did not reflect all restrictions in place for some residents.

The registered provider had a policy in place for the use of restraint and restrictive practices in the centre. The policy outlined the procedure and guidance related to physical and mechanical forms of restraint, as well as environmental restraint. It also detailed the arrangements for identifying, monitoring, and managing the use of restrictive practices, emphasising the importance of completing assessments of risk and obtaining informed consent from residents prior to their use. The policy was made accessible to staff. However, not all staff were fully aware of the various forms of restraint beyond physical and mechanical restraint, including environmental restrictions.

The provider had governance arrangements and oversight systems in place to monitor the use of restrictive practices in the centre. Restrictive practices were documented in a register, which included details of mechanical restraints such as lap belts and certain environmental restrictions applied to residents who may be at risk of leaving the centre unnoticed and unaccompanied. However, the inspector found that while the register contained details of some restrictions, it did not capture all environmental restraints in use such key-code protected door to the garden or the restrictions placed on visiting. As a result, there was no assessment of risk in relation to the aforementioned restrictions and therefore no actions were in place to minimise their impact on residents.

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 had been completed in March 2025. The audit reviewed various types of restrictions, including physical, mechanical, environmental and rights-based restraints. It also assessed the quality of residents' care plans to ensure all restrictions were appropriately identified and that suitable and appropriate interventions were in place to manage restrictive practices appropriately. The findings of completed audits reflected a high level of compliance in the management of restrictive practices in the centre, with no quality improvement plan required. However, the audits were not

effective to support the management team to fully identify deficits in aspects of the service. For example, the audits had failed to identify the environmental restrictions in place, that assessments of risk in relation to locked doors and visiting restrictions were not completed, or that residents care plans did not always detail the restrictive practices in place. Therefore, the inspector found that the systems to monitor, evaluate, and improve the quality and safety of the service did not ensure that restrictive practices were appropriately assessed, monitored, and regularly reviewed to support reduction or elimination of their use.

The centre had access to appropriate equipment and resources to support the delivery of care in the least restrictive manner as possible for all residents. For example, low beds were provided as an alternative to the use of bed rails, which had contributed to the elimination of bed rail use in the centre. Additional equipment such as cushioned floor mats designed to reduce injury from falls were also in place.

There was adequate staffing levels to ensure residents were not restricted in their environment as a result of staffing deficits. For example, staff were available, if necessary, to accompany residents to travel to community-based services.

Staff were facilitated to attend training relevant to their role, including safeguarding of vulnerable people. Some staff had also completed training in supporting residents with dementia and in managing complex behaviours. Staff demonstrated a general awareness of physical and mechanical restrictive practices. However, they did not consistently demonstrate an awareness of environmental or rights-based restraints. Although the provider had identified this as an area requiring quality improvement, an improvement action plan had not yet been developed to outline the action been taken and the timeframe for the provision of additional training for staff.

The inspector reviewed the assessment tools used to support the decision to implement restrictive practices. Risk assessments regarding the use of lap belts and restricted access to the front door had been completed for some residents. In some cases, these assessments supported a decision to provide residents with a key-card, allowing them to exit and enter the premises at will.

While care plans generally identified residents care and safety needs, they did not consistently document the specific restrictive practices in place. For example, some residents had been identified as being at risk of leaving the centre unaccompanied and unnoticed. As a result, environmental restrictions were in place to protect the residents, and staff were aware of this risk. However, this information was not documented or reflected in the residents individual care plans. As a result, the inspector found that residents care plans were not always informed by a comprehensive assessment of their needs or outlined the supports required to maximise their safety and quality of life.

Overall, the inspector found that while there were some areas of the service that did not fully meet the National Standards with regard to restrictive practices, there was a positive culture in Rochestown Nursing Home that supported an initiative to create a restraint-free environment. Residents enjoyed a good quality of life in a centre that promoted their overall wellbeing and independence.

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.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.

Appendix 1

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.