

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

Issued by the Chief Inspector

Name of designated centre:	Sacré Coeur Nursing Home
Name of provider:	Sacré Coeur Nursing Home Limited
Address of centre:	Station Road, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	24 April 2025
Centre ID:	OSV-0000278
Fieldwork ID:	MON-0045593

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
Thursday 24 April 2025	10:00hrs to 17:00hrs	Catherine Furey

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 the designated centre. Through discussions with residents and staff, and from the observations of the inspector on the day, it was evident that a restraint-free environment was promoted, and residents enjoyed a good quality of life in a centre that respected residents' human rights.

The inspector arrived mid-morning to a calm centre. The person in charge was on a planned absence. The registered provider had suitable deputising arrangements in place to ensure that the centre was monitored in the absence of the person in charge which included an on-call rota. This is a small centre, registered for 26 beds, and there was full occupancy on the day of inspection.

Most of the residents were up and dressed, seated in communal areas or their bedrooms, and others were in bed. Staff told the inspector that residents could get up when they liked, and some residents chose to get up early. Other residents required more time in bed, due to their individual needs and circumstances. Residents' morning medication, breakfast and care needs were attended to in accordance with their preference. The residents and staff met during this inspection appeared comfortable being together with warm and respectful interactions observed and overheard by the inspector.

The centre is comprised of residential accommodation in six single, seven twin and two triple-occupancy bedrooms. The centre provides ongoing support to residents with varying dependency levels including residents with dementia care support needs and residents with disabilities. Bedroom accommodation is spread across three floors. Residents who were independently mobile could access the upper floors using the stairs, which was fitted with a chair lift. Staff were observed assisting some residents to use the chair lift. Residents who had mobility difficulties or safety concerns were accommodated on the ground floor.

Communal space in the centre is comprised of a sitting room, dining room and private visiting room, all on the ground floor. The communal space is limited, and the provider was at an advanced stage of planning a new extension including two bedrooms and a new garden conservatory, which when complete will enhance the overall premises, and ensure sufficient communal space for residents. There was unrestricted access to the secure garden from the ground floor. Residents who wished to smoke were supported to smoke in a designated area in the garden. Residents were observed walking throughout the corridors unhindered and accessing the garden. The main front door of the centre was controlled by a keypad locking system. Some residents did not have the code for this door, and the reason for this was based on a validated risk assessment of their safety.

Residents were encouraged to style their own rooms and many contained items personal to that individual. Two of the single bedrooms had ensuite facilities. There was a sufficient number of toilets and bathroom facilities available to residents who

did not have ensembles. In bedrooms that were shared, there were suitable arrangements in place to maintain resident's privacy and dignity. Residents told the inspector that they were happy with their bedrooms and commended staff who supported the cleaning and laundry in the centre. There was a lockable facility in all bedrooms and rooms were nicely furnished. Staff were observed to knock, announce their arrival and wait for a response before entering a residents' bedroom. Staff informed the resident about the purpose of their visit.

Dinner time in the centre was a busy occasion and residents were served their meal over two sittings in the dining room. A small number of residents were served their meals in their bedrooms. The inspector spoke with some of these residents who confirmed that this was their own choice.

During meal times, staff were observed to be interacting with residents in a friendly manner. Staff were supportive of residents communication needs and were observed to be kind and person-centred in their approach to residents. When serving meals to residents, the staff made sure to describe the meal, and used gentle, reassuring touch. Staff asked residents if they would like assistance, and when assistance was provided, it was done in a respectful and discreet manner. Staff sat with the resident at their level and asked residents which item they would like next, and if they wanted to take breaks or have drinks. There was good choices available and all residents to whom the inspector spoke were highly complimentary of the food on offer.

There was a well-established activity programme in the centre. Staff devised the schedule based on resident's preferences. Well-loved activities included live music and sing-song which a number of residents told the inspector was their favourite part of the week. During the inspection, residents were observed playing a lively game of Bingo, competing for prizes. Residents who required assistance to play were helped by staff. There was sufficient staff available to ensure that as many residents as possible could attend. Staff encouraged residents to engage in the activity and ensured that it was an enjoyable experience. Residents who were unable to attend or who did not wish to attend group activities were provided with materials and resources to pursue their own individual interests. Activity staff were trained in dementia-friendly activation methods and incorporated these into the activity schedule. Residents were also supported to engage in activities outside of the centre with family members and friends. Links were maintained with the local community, with residents attending local events. Some residents went into town to do shopping or go to the post office.

There was a focus on resident empowerment and the centre held resident committee meetings on a frequent basis to ensure that resident views were heard. Brief records were kept of these meetings and for the most part there was documented evidence that residents queries and suggestions had been followed up. On some occasions, this was not recorded following the meeting, therefore it was unclear if the suggested items had been addressed.

There was access to advocacy for residents who wished to avail of independent support. Resident's satisfaction surveys were completed and showed very favourable reviews across all aspects of the service.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through a careful approach in the use of restrictive practices and an emphasis on promoting residents' rights.

The management team completed the self-assessment questionnaire prior to the inspection and assessed all the standards relevant to restrictive practices as being compliant. Sacré Coeur Nursing Home had a record of restrictive practices in use in the centre. This was updated routinely by staff and reviewed by nursing management. On the day of inspection, seven of the 26 residents living in the centre were using bedrails and three used chair sensor alarms, which were considered restrictive. There had been minimal increase in the use of this equipment in the past year, and the majority of the use was by the same residents, who had been living in the centre for a long period of time. A sample of safety checks of restrictive practices were reviewed and these were completed in line with national guidance.

There was a comprehensive restrictive practice assessment form which was completed for each resident with a restrictive practice in place. All residents with bedrails and sensor alarms had a consent form in place. Written consent was signed by the resident, where possible, and members of the multi-disciplinary team. There was also evidence that residents' care representatives were informed about the restrictive device. The management team were very clear that bedrails would not be used on the sole request of residents' family or representative.

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 and half bed rails, instead of having full bed-rails raised. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

A small number of residents displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of these residents' associated care plans identified triggers and distraction techniques to minimise the behaviours in a person-centred way. There was good use of behaviour charts to document the behaviours, which were then used to inform subsequent medical or psychiatric reviews.

Staff members were knowledgeable about restrictive practices and were able to describe the different types of restraint in use in the centre. Training had been completed for all staff in restrictive practices and dementia care, which encompassed positive behaviour support. Staff were also up-to-date training in the safeguarding of vulnerable adults. Staff confirmed that there were adequate staff and a good skill-mix in order to meet residents' needs.

Regular audits were completed on restrictive practice and the management of responsive behaviours. The person in charge had created guidance folders for staff with all pertinent information in relation to restrictive practice and residents' rights. Additionally, restrictive practice was a standing agenda item at staff, management and residents' meetings.

The inspector reviewed the complaints log in the centre. There were a small number of minor complaints which were well-documented and demonstrated that the person in charge was receptive and responsive to complaints from residents. There were no complaints logged in respect of restrictive practices. The complaints procedures were on display in the centre and the timelines for responding to and reviewing complaints were in line with the regulation. Advocacy services were available to residents, and contact details for these were on display along with information leaflets for residents and visitors.

Overall, the inspector identified that management and staff in Sacré Coeur Nursing Home were committed to promoting a restraint-free environment for residents.

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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