



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

Name of designated centre:	St. Eunan's Nursing Home
Name of provider:	St. Eunan's Nursing and Convalescent Home Limited
Address of centre:	Rough Park, Ramelton Road, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	15 April 2025
Centre ID:	OSV-0000392
Fieldwork ID:	MON-0042156

## 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<sup>1</sup> 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.

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<sup>1</sup> 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
15 April 2025	Start:09:45	End:15:00	Nikhil Sureshkumar

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

Overall, it was evident that residents were supported by staff to remain independent and to have their rights respected in this centre.

The feedback from residents and families was complimentary of the care and service they received in this centre. Some residents commented that the food provided in the centre was good and that they enjoyed living here. Additionally, some residents commented that they enjoyed the social care activities in this centre.

The centre is located in a quiet residential area in Letterkenny town and is close to local amenities. The centre had a welcoming ambience and appeared repainted, clean and well-maintained. Communal rooms were well-organised and had sufficient seating arrangements to support residents to sit and relax in these areas. The communal rooms had large windows that overlooked the main road and the mountainous landscapes. Some residents were found sitting near these windows and relaxing and enjoying the views during the morning hours. The centre also had a spacious dining room, which was furnished with new furniture, to support a pleasant and comfortable dining experience.

The inspector observed that the provider had a notice board near the centre's reception area, which displayed essential information for residents. This included a residents' guide, the centre's statement of purpose, brochures for accessing independent advocacy services, and details pertaining to the centre's complaint procedure.

The centre's corridors lead to the internal garden area and the residents' accommodation area. Residents had unrestricted access to the secure internal garden area, and were found to be well-maintained.

Bedroom accommodation is comprised of both single and double-occupancy bedrooms. Residents had access to their wardrobes in these rooms. The double bedroom accommodations included arrangements, such as privacy curtains to ensure the privacy of residents. Furthermore, staff practices indicated that they respected the privacy and dignity of residents, particularly during care interventions. The centre had an established laundry service, ensuring that residents' clothes were laundered promptly and returned to them without any restrictions.

The centre had an activity programme in place, and staff were allocated to support residents to take part in meaningful activities, such as board games and music

sessions. The inspector observed that the activities took place as planned, and records indicated that the residents were encouraged to take part in a variety of activities.

The provider had also worked together with a local charity to support the mental health and well-being of residents through activities, such as gardening. The provider had also facilitated numerous opportunities for residents to participate in community events such as coffee outings and shopping trips, which supported residents to form meaningful links with the wider community. Additionally, residents were supported to visit local beaches and landmarks, allowing them to enjoy and appreciate the scenic surroundings.

Furthermore, the provider had established a programme whereby volunteers visited residents to promote their wellbeing. This initiative included engaging residents through traditional music sessions and facilitating conversations in the Irish language.

A local prayer group also visited residents, which supported residents' religious needs. Additionally, the provider had arrangements for an artist to visit the residents regularly in this centre, which allowed them to explore their creativity through the arts. Residents were also encouraged to take part in baking sessions, which offered them the chance to develop new skills and share in the joy of creating together.

The inspector observed residents' mealtime experience and found that the meals provided appeared appetising and were served at an appropriate temperature. Residents were complimentary about the food and informed that they were consistently presented with a variety of menu options. There were adequate numbers of staff available in the dining rooms and they were observed offering encouragement and assistance to residents. Additionally, residents enjoyed the freedom to choose their preferred dining locations within the facility, and there were no restrictions.

On the day of the inspection, residents' families and friends were observed visiting them, and there was no restriction on visiting. Residents met their visitors in their bedrooms or in the communal spaces in the centre. Some visitors confirmed they were always welcomed in this centre.

## **Oversight and the Quality Improvement arrangements**

Overall, this was a well-run centre with good governance and management systems in place.

The centre 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 provided leadership support for the staff and residents. For example, the registered provider representative supported the person in charge and was available in this centre regularly. Senior management team were also found to be actively participating in the day-to-day running of the centre.

There were sufficient number of staff on duty to meet the needs of residents in a timely manner. For example, call bells were answered without any delay and residents did not have to wait long for staff to attend to their needs. The inspector noted that the management team demonstrated agility in the allocation of staffing resources, effectively responding to the needs of residents, particularly in the management of their responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

There was a schedule of training in place, and the provider ensured that staff had access to relevant and up-to-date training that enables them to perform their respective roles effectively.

There was an established audit framework in place, and they were found to be implemented. For example, care plan audits and restrictive practice audits were carried out regularly, and learning identified were actioned. In addition, reviews by a multidisciplinary team on the use of restrictive practices were also held regularly in this centre.

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The centre had a policy on managing responsive behaviours and regarding the use of restrictive practices. The inspector found that residents presenting with responsive behaviours were provided with individualised assistance and were well-supported within the facility, ensuring their needs were met appropriately. Staff demonstrated a commendable level of awareness in de-escalating and managing these behaviours effectively. Additionally, there were systems in place to identify, document and monitor residents' responsive behaviours, and they were implemented by staff.

There was a low level of use of restrictive practices in this centre. Risk assessments were completed and alternatives were trialled before the use of restrictive practices, such as bedrails. Staff practices indicated that the policy on the use of restrictive practices was fully implemented.

Residents were provided with support for the safekeeping of their personal finances, ensuring their autonomy and access to funds. There were no restrictions imposed on their ability to access their personal monies, allowing them to manage their finances according to their individual preferences and needs. Furthermore, safeguarding measures, such as safekeeping of monies in a dedicated safe locker, and the auditing of these personal monies were in place to protect residents from financial abuse.

Residents' meetings were carried out regularly, and meeting minutes indicated that residents had shared their experiences and opinions. These included proposals for upcoming activities and various party themes. Additionally, there was a review of past social events and activities, allowing residents and staff to reflect on what worked well and what could be improved. Suggestions made during these discussions were noted and actioned. The meeting also discussed the plans to

recruit additional staff aimed at enhancing the activities programme. Additionally, the inspector noted that the residents appreciated a recent informative visit from an independent advocacy service. Suggestions residents made during these meetings were found to be subsequently actioned, which demonstrated the provider's commitment to continuous improvement.

A quality improvement plan had been established to promote continuous enhancement of services provided within the centre. For instance, the provider was found to be currently working on improving access to hand hygiene facilities. In addition, residents were afforded access to a computer and internet services within the centre as part of their quality improvement programme. Furthermore, the provider was found to be in the process of implementing additional training for all staff members on the core principles of human rights and advocacy.



## 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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