



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Na Rí Nursing Home
Name of provider:	Daveen Heyworth and Derek Paterson Partnership
Address of centre:	Holycross, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	01 April 2025
Centre ID:	OSV-0000405
Fieldwork ID:	MON-0046526

## 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
Tuesday 1 April 2025	09:00hrs to 16:30hrs	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 where a rights-based approach to care underpinned the delivery of a service to residents, that was person-centred. A restraint-free service and environment was promoted and encouraged, that enabled residents' independence and autonomy.

The inspector arrived to the centre during the morning and was met by the person in charge. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas. The person in charge informed residents' of the inspector's presence and invited those who wished to speak with the inspector to do so.

The atmosphere in the centre was peaceful and relaxed, and care was observed to be delivered in an unhurried manner. Many of the residents were up from bed and were observed in a variety of communal areas enjoying the company of one another. Some residents chose to remain in their bedroom listening to the radio and reading the daily newspaper. Staff were seen to engage with residents, asking them their choice with regard to their breakfast, and their preference with regard to attending the communal dayroom, or remaining in their bedroom. Residents told the inspector that staff were respectful of their choices.

The inspector spoke with 10 residents to gain an insight into the residents' lived experience in the centre. The overall feedback from residents was that they were happy living in the centre and that they were supported to exercise choice in many aspects of their daily life. Residents informed the inspector they had choice and control over their daily routine, including the time they got up from bed, what they ate, and how they spent their day. One resident told the inspector that they enjoyed staying up late to watch movies. They described how staff respected their choice and were always available when they wished to retire to bed.

Ard Na Rí Nursing Home provided care for both male and female adults with a range of dependencies and needs. The centre is situated two kilometres from the town of Bruff, Co. Limerick. It is a two-storey facility that can accommodate 32 residents in single bedroom accommodation.

The provider had taken steps to create a homely and welcoming environment for residents. The centre was decorated with paintings and pictures on the walls. Communal areas were particularly homely in appearance, featuring comfortable seating, soft furnishings, and warm décor. Residents had access to an enclosed garden that was appropriately maintained and well-furnished. It included even footpaths to support safe mobility for residents, along with comfortable seating areas where residents could relax and enjoys views of the surrounding green landscapes.

As the centre was situated adjacent to a main road, there was a key-code lock used to open the main entrance door. This key-code to exit the building was not provided to residents. Management informed the inspector that doors were locked for

resident's safety and not to restrict their movement. There were significant building works taking place on the site of the designated centre. However, these areas were securely enclosed and appropriately separated from the operational part of the centre. Residents reported that the works did not restrict their movement within the centre or impact on their daily life.

Residents were complimentary of their accommodation and were facilitated to personalise their room with their own belongings. Some residents had fresh flowers in their room. Other residents decorated their bedroom walls with photographs of family and friends. Residents told the inspector that this made the centre feel homely. Residents said that their bedrooms were a comfortable size and layout and contained ample storage space for their belongings. Residents described how their bedroom and en-suite did not restrict their movement as the rooms were of an appropriate size to support their independence and use of mobility aids.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The inspector observed that there were ten residents using bedrails in the centre. The provider had a variety of alternative devices and equipment to support an initiative to reduce the use of bedrails. This included low beds, mats to reduce injury should a resident fall from their bed, and sensor alarms. The provider also ensured that residents were not restricted within their environment. Residents were free to access all areas of the centre, with the exception of clinical, storage and ancillary rooms.

Some residents spoken with stated that they were involved in the decision-making process, discussions regarding their care, and had consented to the use of bedrails. They described how staff informed them of the potential risks associated with their use, and the actions that would be implemented to reduce the potential risks impacting on them. The inspector observed that residents and their family were provided with an information leaflet regarding the safe use of bedrails. This leaflet detailed the assessment process, informed consent, the risk of using bedrails and the alternatives to bedrails available to residents.

Residents spoke positively about their experience of living in the centre and complimented the staff who they described as respectful and supportive. Some residents told the inspector that this was their first experience of living in residential care. Residents described how all the staff made them feel welcome and took the time to get to know their preferences and daily routine. They added that they never felt like they had to adjust their routine to fit the daily schedule of the centre. Instead, they were able to maintain their usual way of comfortable living with the support of staff. Residents spoke about how they were facilitated to vote in the local and general elections and were encouraged to go on outings with family and friends.

Residents were seen to be familiar with staff and addressed them by their first names. Residents told the inspector that staff respected their privacy and personal space through knocking on their bedroom doors and waiting for a response before entering. Staff were observed attending to residents care needs throughout the day. Staff were seen to ensure that that bedroom and bathroom doors were closed before assisting residents with their care needs.

Residents told the inspector how staff were prompt to answer their call bell if they needed assistance to the toilet. Residents also told the inspector that staff understood their needs and limitations, ensuring that important items such as call bells, water, and television remotes were always within easy reach. They also appreciated how staff recognised the importance of maintaining residents' independence and comfort.

An activity notice board informed residents of the schedule for the day, and appropriate signage informed the location of resident bedrooms, supporting and facilitating independence. One resident described that while there was directional signage present in the lobby area of each floor, additional signage along corridors could further support residents to navigate their environment. The resident mentioned that they planned to bring this up at the next resident committee meeting.

Information pertaining to services available to support residents were prominently displayed throughout the centre in an accessible format. This included information about access to independent advocacy services and the complaints procedure.

It was evident that residents were consulted about their care on a daily basis, such as where they would like to spend their time, the quality of food and activities. Residents were provided with opportunities to provide feedback on the quality of the service at scheduled resident meetings. This ensured that residents' rights were upheld, such as having the right to freedom of expression.

Residents' told the inspector that their concerns and complaints were listened to and acted on in a timely manner. Residents also had access to an advocate. Residents who could not express their own opinions were represented by a family member or a care representative and outcomes reached represented their best interest.

Communication aids, telephones, radios, newspapers, and Wi-Fi were available to residents. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The inspector spoke with staff and observed that staff understood their role and responsibilities regarding social engagement with residents.

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, the inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights.

The person in charge had completed a self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being Compliant.

The registered provider had a policy in place for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. Staff were provided with access to the document, and cited the policy as the principal guiding document to underpin the assessment and management of restrictive practices in the centre.

There was effective governance and oversight in relation to restrictive practices. The person in charge collated and monitored information in relation to restrictive practices on a weekly basis. Staff documented two-hourly checks of residents' condition when bedrails were in use. The person in charge had identified that this aspect of record-keeping was not consistently maintained to ensure restrictive practices were monitored when in use. However, a quality improvement plan was in place to ensure that residents were safe during periods when restrictive practices were in use.

The provider had arrangements in place to monitor and oversee the use of restrictive practices in the centre. Restrictive practices were monitored in the centre's key performance indicators, and the centre's restrictive practice register. The register contained details of physical restraints such as lapbelts, bed bumpers and bedrails. Details of residents who were provided with alarms to promote their safety were also recorded in the register. Environmental restrictions such as window restrictors were also included in the register.

There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits. Restrictive practice audits were completed frequently and two audits had been completed in 2025 with associated quality improvement action plans developed and implemented.

A risk register was maintained and detailed the various risks associated with the use of restrictive practices such as bedrails. Actions were identified to manage the potential risk to residents. However, some actions were not implemented. This included the requirement to complete individual resident risk assessments every four months with regard to the use of bedrails. This was to ensure the use of restrictive practice remained appropriate and proportionate to the needs of the residents.

The inspector reviewed the care plans for residents who were assessed as requiring the use of bed rails. Assessments did not always evidence that staff had trialled

alternative less restrictive methods prior to implementing the use of bedrails. The inspector identified that resident records did not contain an up-to-date assessment of resident's needs or risks. For example, an assessment of risk in relation to the use of bedrails for one resident had not been completed since April 2024. Therefore, the inspector found that resident care plans were not fully based on an ongoing comprehensive assessment of their needs.

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 beds, instead of having bed rails raised. The physical environment was set out to maximise resident's independence with regards to flooring, lighting, signage, and handrails along corridors. The inspector observed that no resident was restricted in their movement or choices, due to a lack of resources or equipment.

Staff were facilitated to attend training relevant to their role such as safeguarding vulnerable people, restrictive practices, supporting residents with complex behaviours, and positive behavioural support. Staff were generally knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern. However, the effectiveness of the training had not been assessed to ensure staff were fully aware of the centre's policy and procedure with regard to the various types of restraints, informed consent, and the assessment and management of restrictive practices. For example, discussions with some staff indicated that residents' consent to the use of restrictive practices was not always prioritised, and there was sometimes a greater focus on obtaining consent from family members on their behalf. There were adequate staffing resources to meet the needs of the resident's.

Complaints were recorded separately to the residents' care plans. The complaints procedure was on display and detailed the personnel responsible for the management of complaints. There was a notice advising residents of the contact details of independent advocacy services should they require assistance with making a complaint.

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 Ard Na Rí 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.

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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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