

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

Issued by the Chief Inspector

Name of designated centre:	Thorpe's Nursing Home
Name of provider:	Barnacyle Nursing Home Limited
Address of centre:	Clarina, Limerick
Type of inspection:	Unannounced
Date of inspection:	03 April 2025
Centre ID:	OSV-0000436
Fieldwork ID:	MON-0046784

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 3 April 2025	10:15hrs to 16:45hrs	Leanne Crowe

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 Thorpe's Nursing Home. It was evident that the provider and person in charge were working to reduce the use of restrictive practices within the centre. Additionally, there was an ethos of ensuring that residents' rights were upheld and their preferences and choices were respected by staff.

The inspector arrived to the centre and was met by the person in charge. The front door was secured by an electronic key-coded lock, and a door bell was used to alert staff to visitors. Following an introductory meeting, the inspector walked through the centre, and met with residents in their bedrooms and communal areas. The atmosphere was calm and relaxed as residents prepared for the day ahead. Where residents were unable to verbally express their views, for example, those with a cognitive impairment, the inspector observed how they were supported and cared for by staff throughout the day.

Thorpe's Nursing Home is a single-storey building that can accommodate up to 42 residents in the centre in single and twin bedrooms. The design and layout was appropriate to meet the individual needs of the residents. A looping, rectangular corridor allowed residents to mobilise throughout the centre unimpeded. Communal rooms, such as a dining room, library, oratory and lounge, were located throughout the building. These rooms were nicely decorated and well-laid out. Residents told the inspector that there was unrestricted access to these rooms, and that they could spend time in them as they wished. An internal courtyard was also accessible from a number of different points in the centre. Residents were observed using the communal rooms throughout the day of the inspection to relax, engage in activities or meet with visitors. While call bells were available in each communal room and bedroom, the inspector observed that the position of the bell in one communal room prevented it from being accessible to residents who required it to request assistance from staff. This was raised with the person in charge, who put measures in place to address this issue on the day of the inspection.

A keypad lock was in place on the front door. While residents were supported to go for walks throughout the grounds of the centre, they were not provided with the code and therefore relied on staff to assist them to exit the building.

Residents' bedrooms were comfortable and it was evident that residents were encouraged to personalise their rooms, in line with their own preferences. Many residents' rooms contained ornaments, plants, pictures and soft furnishings. Furniture, such as armchairs, were also observed in some residents' bedrooms. Residents who spoke with the inspector were satisfied with the size and layout of their bedrooms, and felt that they had been supported to personalise it with their belongings.

On the day of the inspection, visitors were observed coming and going freely to the centre. Visitors were welcomed by staff, and were often observed chatting to residents seated in the reception area as they entered or left the centre. Residents told the inspection that there were no restrictions on visiting.

Residents were supported to maintain links with their family, friends and local communities. Some residents informed the inspector about regularly leaving the centre to visit loved ones or to attend local events. On the day of the inspection, a resident was looking forward to attending a large family celebration later that afternoon.

A programme of activities was available to residents, in order to meet their social care needs. An activity co-ordinator was on duty three days per week to carry out this programme, with healthcare assistants allocated to activities for shorter periods on the remaining days. Residents were observed engaging in a number of games during the day of the inspection. A number of residents who spoke with the inspector were satisfied with the activities available to them.

Residents were offered the choice of taking their midday meal in the centre's dining room or in their bedrooms. Residents told the inspector that they were always provided with a number of options for each meal, and were content with the variety of meals offered to them. Drinks and snacks were observed to be available throughout the day.

Residents' privacy and dignity were respected by staff. Staff were observed knocking on residents' bedroom doors and waiting for a response prior to entering the rooms. Staff ensured that doors to bedrooms, toilets or shower rooms were closed before assisting residents with their care needs. Staff were observed providing timely and discreet assistance in order to enable residents to maintain their independence and dignity, such as while mobilising or during mealtimes. It was evident that staff knew residents' needs well and responded to them in a person-centred way, ensuring that each resident's individual needs were met. Residents who spoke with the inspector praised the compassion that staff demonstrate, with one resident saying that "they often do little things to show that they're always thinking of me".

Residents had unrestricted access to information and services available to support them, such as independent advocacy services or decision-making support. On admission, a range of documents were provided to residents, which described key information in relation to the service. Information on the centre's complaints process was also displayed in the centre.

Residents were involved in the day-to-day operation of the centre, and were encouraged to provide feedback in relation to the service. Residents' meetings were held on a monthly basis, which were facilitated by the person in charge. A review of records of these meetings indicated that they were attended by the majority of residents. Any issues or areas of improvement discussed in these meetings were referred to the nursing management team, and action plans were consequently developed. It was evident that areas of improvement were addressed promptly by the person in charge.

Questionnaires seeking feedback on key aspects of the service were distributed to residents and relatives throughout the year. The template of this questionnaire was simplified in order to make it accessible to people with a variety of communication needs. Action plans were developed in response to any areas of improvement that were identified. Residents who spoke with the inspector were aware that they could speak to the person in charge about any concerns they may have, and said that they would feel comfortable to do so.

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

The inspector found that the registered provider supported a commitment to quality improvement with respect to restrictive practices, person-centred care and the promotion of residents' rights.

The person in charge had completed the self-assessment questionnaire prior to this inspection and had assessed the standards relevant to restrictive practices as being substantially compliant in all areas.

On the day of the inspection, restrictive practices in use in the centre included bedrails, low beds, sensor alarms and keypad locks. A record of the restrictive practices in use in the centre was maintained by the person in charge, and updated regularly. The inspector noted that some environmental restrictive practices, such as the use of keypad locks or window restrictors, were not documented in this restrictive practice register. However, the management and staff did understand these to restrict residents' freedoms and there were systems in place to minimise the impact of these.

The registered provider had systems in place to monitor and evaluate the use of restrictive practices. A quality care report was compiled on a monthly basis and included a review of restrictive practices. The use of restrictive practices was also an agenda item within the centre's monthly management meetings.

There was a policy in place regarding the management of restrictive practices, which had been updated in November 2023. While the policy guided staff in the safe implementation of restrictive practices, it was noted that it referred to the convening of 'Residents' Rights Review' meetings. The person in charge confirmed that these had not yet commenced.

The use of restrictive practices in relation to individual residents were informed by appropriate assessments. There was evidence that alternatives were considered or trialled, where appropriate, and that the restrictive measures were subject to regular review. Records of safety checks, completed while restrictive practices were in place, were completed in line with national guidance. Care plans reflected residents' individual preferences and wishes. Evidence of consulting with residents regarding reviews of their care plans was documented.

Care plans for residents who 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) were up-to-date and detailed the specific measures to support residents on an individual and person-centred basis. Staff were knowledgeable of residents' specific care needs.

Staff were facilitated to complete training in positive behavioural support for residents and the use of restrictive practices. Staff who spoke with the inspector demonstrated a good understanding of restrictive practice and managing risk to protect residents

from harm. Staff had attended safeguarding training and staff were able to describe how they would be able to support residents, should they have a concern.

There were sufficient resources in place to support residents' freedom of movement throughout the centre. There was adequate staff, with the appropriate skill-mix, to meet the needs of the 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.

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.

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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