

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

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Hospital
Name of provider:	Health Service Executive
Address of centre:	Woodstock Street, Athy, Kildare
Type of inspection:	Unannounced
Date of inspection:	02 April 2025
Centre ID:	OSV-0000520
Fieldwork ID:	MON-0046794

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
Wednesday 2 April 2025	08:10hrs to 16:00hrs	Aislinn Kenny

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

The inspection of St Vincent's Hospital was unannounced and carried out as part of the thematic inspections programme, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*. Findings of this inspection were that management and staff had a clear commitment to providing good quality of life in the centre, where residents' rights were promoted and respected.

St Vincent's Hospital is a designated centre for older people situated in the town of Athy, Co. Kildare. The centre provides care for both male and female adults with a range of dependencies and needs. It is a large facility that provides accommodation for up to 82 residents who are cared for in pre-cast buildings which are attached to the old hospital building by link corridors. These buildings comprise of single, twin, and triple-bedded rooms, some of which have en-suite facilities. All accommodation is on the ground floor level, with direct access from each unit to the original hospital building and to the grounds. The gardens are spacious and well-maintained, with seating for residents and their visitors. Other areas include day rooms, kitchenettes, treatment rooms and activities room. On arrival to the centre, the inspector walked around the building with the person in charge. The centre was seen to be generally clean throughout. The design and layout of the centre while large, facilitated residents to access courtyard garden areas and the main activities area. There were signs in place to orientate and direct residents throughout the centre and residents were seen moving freely, or supported by staff, throughout the centre on the day of the inspection. This inspection focused on two units in the centre, Our Lady's Ward and Holy Family Ward.

The use of restrictive practices had been kept to a minimum. There was a friendly and relaxed atmosphere in the centre and the residents told the inspector that they were happy living there. Residents and staff were seen spending time chatting and laughing together.

Residents and their visitors had access to the enclosed gardens, the doors of which were unlocked and accessible. Some residents were seen coming in and out independently, one resident said that they 'enjoyed getting out into the fresh air and could come and go as they pleased at any time'.

Residents living in the centre had access to a range of assistive equipment such as low-low beds, powered wheelchairs and walking aids, to enable them to be as independent as possible. Some residents used specialised chairs that had been prescribed by an occupational therapist (OT) for clinical reasons.

Staff were observed throughout the day responding to residents' call-bells and providing assistance in a respectful and unhurried manner. The layout of the multi-occupancy bedrooms ensured that residents' privacy was respected. Communal rooms were supervised at all times throughout the day and the inspector observed a variety of activities taking place in the dedicated activities room. Residents who

preferred to stay in their bedrooms were watching TV or reading newspapers as per their choice.

An activities schedule was on display and there were varied activities available for residents. The inspector observed a word play game and residents getting ready for choir practice. Residents were encouraged to contribute to the local community by participating in local initiatives such as a carol service, they visited the library once per month and had frequent visits to a local garden centre. Activities staff showed the inspector a mobile shop 'Siopa Failte' that was available for residents to buy items such as confectionery, hair accessories, personal care items and small items of jewellery if they wished. Mass took place in the centre on a weekly basis and was live streamed from a local church on a daily basis as per the residents' preference.

Residents reported they felt safe in the centre and did not feel that they were restricted. Residents told the inspector that they chose how to spend their day, such as what time to get up and return to bed and what activities they wished to participate in.

Oversight and the Quality Improvement arrangements

Overall, the inspection found that there was a positive approach in maintaining and promoting a restraint-free environment in St Vincent's Hospital. Effective governance and leadership in the centre supported a commitment to the delivery of quality care with an emphasis on person-centred care, and the promotion of residents' rights.

A self-assessment questionnaire had been completed prior to the inspection and submitted to the Chief Inspector of Social Services. This questionnaire detailed the service's responses to restrictive practices within the centre and provided a summary of the approach that the service was taking to reduce and eliminate restrictive practices.

The centre had relevant policies in place to protect residents' rights such as a restraints policy and safeguarding policy. The restraints policy was in the process of being reviewed and updated.

A resident's forum took place on a quarterly basis with residents' rights and choices discussed. Residents were encouraged to provide input and feedback on the service and discuss issues relevant to them.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments. The MDT comprised of the nursing team, physiotherapist, occupational therapist (OT) and general practitioner (GP), Clinical Nurse Specialist (CNS) when required.

There were a small number of bedrails in place in both units. Bedrail information leaflets were available for residents and their relatives. Bedrail assessments were in place and the restraint risk assessments included the alternatives trialled prior to restraint being used. Residents with restrictions in place were found to have care plans which reflected a person-centred approach to restraint use and most were in place with residents' consent. The inspector saw evidence of safety checks being carried out as per the centre's policy.

Staff training was monitored to ensure all staff completed training requirements including safeguarding and MAPA (Managing actual and potential aggression) training. There were some gaps noted in dementia training and a plan was in place for this to be rolled out for all staff. Some staff had completed rights-based approach training and this required further review to ensure all staff had the most up-to-date knowledge to support effective practices.

There was a restrictive practice committee set up, with the clinical nurse specialist appointed as the restrictive practice lead. There were representatives such as clinical nurse managers and staff nurses on this committee. Meeting minutes reviewed indicated that various topics relating to the area of restrictive practices were discussed and actioned by the committee.

A restraints register had been established to record the use of restrictive practices and it was updated on a nightly basis. There was a restrictive practice audit in place

which indicated how compliant the staff were with the policy and identified what improvements were required. The action plans had a responsible person identified and were time-bound.

Overall, the findings of this inspection were that the provider was committed to achieving a restraint free environment to maximise resident's rights and choice.

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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