

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

Issued by the Chief Inspector

Name of designated centre:	St Columba's Hospital
Name of provider:	Health Service Executive
Address of centre:	Cloughabrody, Thomastown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	14 April 2025
Centre ID:	OSV-0000552
Fieldwork ID:	MON-0045587

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
Monday 14 April 2025	09:15hrs to 17:25hrs	Aisling Coffey

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

This was an unannounced inspection to monitor restrictive practices in the designated centre. From the inspector's observations and what residents told the inspector, it was evident that residents were supported to have a good quality of life in St Columba's Hospital. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted a person-centred approach to care and attention, where the rights and diversity of each resident were respected.

The inspector spoke with 10 residents and three visitors to gain an insight into the residents' lived experience in the centre. The overall feedback from residents was that they were happy living in St Columba's Hospital. The residents spoken with were complimentary of the centre, with one resident remarking, "I love it, you couldn't fault it". When it came to the staff that cared for them, there was high praise with the staff being described as "friendly", "nice" and "great". One resident informed the inspector how hard-working the staff were, commenting that "they're always washing and cleaning" and joking, "if you stood long enough, they'd wash you".

St Columba's Hospital was originally built in the mid-1800s and accommodates up to 45 residents across four units. St Michael's Glen and St Patrick's Villas are located on the ground floor. St Mary's Garden, a dementia-specific unit, occupies the ground floor at the rear of the centre. Mount Brandon is located on the first floor and is accessed via stairs or a passenger lift. While the provider has upgraded and renovated the premises over time, significant wear and tear was noted in resident sleeping areas and communal areas, with damaged walls and flooring seen by the inspector in multiple locations.

Bedroom accommodation for the majority of residents consists of multi-occupancy open-plan bay areas. Residents had personalised their bedspaces with photographs, artwork, religious items and ornaments. Notwithstanding the efforts made by the provider to make the bay areas homely, their current layout impacted residents' privacy and dignity. While staff were seen to close privacy curtains while attending to residents, conversations and personal care at the bedside could be overheard by other residents, staff, and visitors. The inspector observed that a bedroom that opened into the day room in St Mary's Garden had frosted glass designed to provide privacy. However, this frosted glass was damaged in three locations, meaning the resident could be visible in their bedroom from the dayroom, impacting their privacy and dignity. One resident informed the inspector that they had found sleeping difficult in the bay areas when they were initially admitted to the centre, due to noise and light.

While there were three en-suite bathrooms in the centre, the remaining 42 residents across all four units accessed shared toilet and shower facilities at the end of their ward areas. The provider had commenced construction on a new facility adjacent to the current centre, providing single en-suite bedroom accommodation for residents.

The centre was designed and laid out to promote free movement throughout. Appropriate handrails and grab rails were available in the bathrooms and along the corridors to maintain residents' safety. The inspector noted that some entrance doors, such as the front door and access to the first floor, were locked for safety and security reasons. These restrictions were risk-assessed, reviewed within the centre's risk register and notified to the Office of the Chief Inspector.

Residents had a choice of communal spaces, including open-plan dining and sitting areas in each unit. In terms of outdoor space, residents of St Patrick's Villas and St Michael's Glen had access to an enclosed courtyard. The courtyard outside St Patrick's Villas had been decorated and had garden furniture available for residents; however, it was not inviting. In contrast, the residents of St Mary's Gardens had access to a pleasant and well-maintained enclosed garden, with raised planters and decorative features for residents to enjoy, such as a water feature and wind chimes. For residents on the first floor, staff accompanied residents for walks within the grounds.

Residents informed the inspector they had choice and control over their daily routine, including what time they woke, what they ate, how they spent their day and what time they chose to retire in the evening.

The inspector observed that residents were up and dressed in their preferred attire and appeared relaxed and well cared for on the morning of the inspection. Staff were observed attentively assisting residents in a prompt, respectful and unhurried manner. Residents were seen to be relaxed in the company of staff members, and lots of friendly banter between residents and staff was heard.

Some residents in the centre had additional communication needs, such as sensory needs, or they did not speak English as their first language. These residents had their communication needs documented in their care plan, and the inspector found that staff were aware of these residents' communication needs. The inspector saw records of referrals to speech and language therapy services for support and guidance to facilitate residents' communication. Where a resident required access to a communication device, such as hearing aids, the staff ensured these aids were available and fully charged, to enable the resident's effective communication and inclusion.

In circumstances where a resident did not speak English, some of the centre's staff spoke the language involved. Staff also used a picture recognition system to enquire about six specific needs: food, drinks, toilet use, showering, sleep, or if the resident was experiencing pain. The provider had also purchased an electronic translation device to support communication. While staff were seen to use this device, it was heard to be inaccurate and unreliable and did not support two-way communication. While acknowledging that the provider had made efforts to support communication in these circumstances, these efforts were not fully effective in enabling a resident who did not speak English to communicate their needs freely. The inspector observed a resident attempting to communicate in their native language and experiencing agitation and upset at not being understood. The inspector confirmed that the provider had not adhered to their communication policy and offered access to professional translation services to facilitate the assessment and care planning

process and to support the development of further communication tools to facilitate communication and inclusion.

The provider had 3.6 whole-time equivalent activity staff working in the centre. Activities took place over seven days and throughout the centre. Residents told the inspector they loved the music and dancing shows that took place, while bingo and arts and crafts were also highly praised by those residents spoken with. On the morning of the inspection, the inspector observed one-to-one manicures in St Patrick's Villas and a reminiscence life-story exercise enjoyed by seven residents on Mount Brandon before lunch. In the afternoon, the inspector observed six residents flower arranging in St Patrick Villas and two residents drawing with a staff member in St Mary's Gardens. While a range of activities were observed on the ground and first floors, there were insufficient meaningful activities for residents of St Mary's Gardens, the dementia-specific unit. The inspector observed lengthy periods where these residents sat in the communal area with the television on but without other meaningful activation.

Some residents chose not to participate in group-based activities and relaxed at their bedsides, watching television, reading, using the internet services or chatting with staff, as per their preferences.

Lunchtime at 1:00pm was a relaxed and unhurried experience. Meals appeared nutritious and appetising. There was a choice of main course and dessert, with menu choices displayed in the dining rooms. Drinks were available at mealtimes and throughout the day. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner. While such assistance was provided, there were also kind and cheerful conversation exchanges between staff and residents regarding the residents' interests. Some residents were facilitated to eat at their bedsides, aligned with their preferences. There was positive feedback on the food, with residents describing it as "wonderful", "perfect" and "very good".

The inspector also observed that visitors were welcomed throughout the day. Residents and visitors confirmed there were no restrictions on visiting. Visitors spoken with were highly complimentary of the centre, the staff and the care provided to their loved ones. There were communal and private areas for residents to host visitors in the centre.

Residents were supported in maintaining connections with their local community. Local schools visited the centre regularly, and some of the centre's residents attended the local day centre, located on the grounds, to maintain connections with their friends.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' meetings were an opportunity for residents to receive information and give feedback on activities, food, the environment, care practices and safeguarding residents from abuse. There was a time-bound action plan after each residents' meeting.

Resident questionnaires were undertaken twice per year. Questionnaires were seen to have been analysed and similarly had an action plan. While they generally showed a high level of overall satisfaction with the service provided, some residents had identified that they would like to be able to go on more outings. In response to this feedback, the person in charge had secured a bus to facilitate such outings each Wednesday. Photographs reviewed found outings had been facilitated to Tramore, and there was a forthcoming outing planned to a local pet farm.

The person in charge had also developed a monthly newsletter to keep residents and their loved ones up-to-date with current events. From reviewing the newsletter, recent highlights enjoyed by residents were the St Patrick's Day events, which saw the town's wheelbarrow parade pass through the centre's grounds, as well as Irish dancing, a harp performance and dog therapy.

The centre's complaints procedures, including photographs and contact information for the complaints officer, were displayed on multiple notice boards throughout the centre. The person in charge had analysed complaints received to identify quality improvements. Residents and families reported feeling comfortable raising a complaint with any staff member. Residents also had access to independent advocacy services, and advertisements for these services were displayed prominently throughout the centre. Records reviewed found that residents had been referred to advocacy services.

Oversight and the Quality Improvement arrangements

The inspector found that the staff and management of the centre were highly committed to improving the quality of residents' lives through a considered and careful approach towards the use of restrictive practices and an emphasis on promoting residents' rights and choices. Notwithstanding this commitment, some further improvements were needed. Work was required to ensure that communication and inclusion were facilitated when a resident did not speak English. A review of the activities provision was necessary to ensure meaningful activities for the residents residing in St Mary's Gardens. Some improvements were needed in documentation relating to the use of restraint and guiding the care of those with responsive behaviours. Additionally the premises were found to impact negatively on residents' privacy and dignity.

The person in charge completed the self-assessment questionnaire before the inspection and assessed three themes relevant to restrictive practices as compliant and five of the themes as being substantially compliant. This assessment identified the leadership, governance and management arrangements in place to support a rights-focused service, but acknowledged that the design and layout of the premises had a detrimental impact on residents' privacy and dignity.

The person in charge had developed a pictorial, easy-to-read brochure for residents and relatives, providing information on restrictive practices and the use of restraints, such as bedrails. Similar easy-to-read material was available throughout the centre on topics such as the complaints process, will-making, falls reduction, the Assisted Decision Making Act, advocacy, and safeguarding vulnerable adults from abuse.

Sufficient resources were available to promote a restraint-free environment, such as the appropriate number and skills mix of staff and various alternative, less restrictive equipment, such as low-profile beds as an alternative to bedrails.

There was robust oversight of staff training in the centre. All staff had up-to-date training on safeguarding vulnerable adults from abuse, positive behaviour training and restrictive practice / human rights-based approach training. The provider also had trainers on the staff team who facilitated such training and the resources of a dementia champion to guide staff. Two staff members were engaging in postgraduate education in the area of dementia.

The inspector reviewed a sample of resident care records. There were comprehensive multidisciplinary risk assessments for restrictive practices, such as bed rails in place. There were documented arrangements in place for the oversight of safety and risk while the restraints were in use, and the inspector saw that safety check records were consistently recorded at intervals in accordance with the provider's policy.

While acknowledging this good practice, improvements were required to ensure that the centre's usage of restraint was always in accordance with national policy, published by the Department of Health and the centre's restraint policy. These policies required that consideration of all alternative interventions must be explored and deemed inappropriate before a decision on an episode of restraint may be taken. In a review of residents' records, there were two examples where there was no documented evidence that alternatives had been trialled before the restrictive device was used.

On the day of inspection, there were a small number of residents who expressed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The inspector found that residents predisposed to episodes of responsive behaviours had a behaviour support care plan and other documentation to guide staff.

While acknowledging this good practice, further guidance was required to ensure that where a resident displayed responsive behaviours that posed a risk to the resident concerned or to other persons, the behaviour was managed and responded to, insofar as possible, in a manner that is not restrictive and promotes safe care delivery. For example, staff completed behaviour observation charts, such as antecedent, behaviour, and consequence (ABC) charts, designed to gain an understanding of responsive behaviour; however further guidance was required in the completion of these charts, as they did not detail the de-escalation techniques used to resolve the situation and reduce the resident's distress.

Additionally, the inspector reviewed records, which found that a resident with responsive behaviours had injured staff on multiple occasions during attempts to provide personal care. A staff member spoken with told the inspector that three staff were now required to provide this resident with personal care. However, the resident's care plans did not detail a stepped approach to personal care, to ensure that the least restrictive response was used when supporting the resident in these complex circumstances, and to ensure the safety of all parties.

The provider had management systems to monitor and review the use of restrictive practices. A restraint register was in place to record the volume of restrictive practices in the centre. Restraint and restrictive practices were discussed at management and staff meetings. The provider had also established a restrictive practice committee that convened every three months. This committee was working on updating policies and procedures, supporting regulatory compliance, exploring staff training requirements and examining the documentation relating to restrictive practices. The person in charge outlined plans to establish a human rights committee. The provider had an audit schedule incorporating the auditing of physical restraint and other restrictive practices. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The management team also monitored quality care metrics monthly, including the need for responsive behaviour support.

There were up-to-date policies and procedures guiding staff on using restraint and managing responsive behaviours. All staff whom the inspector spoke with were aware of practices that may be restrictive.

In summary, while some areas for improvement were identified, a positive culture in St Columba's Hospital supported the creation of a restraint-free environment. There was strong oversight by management of identified restrictive interventions. The inspector also found a strong commitment among management and staff towards promoting residents' rights and wellbeing and respecting each resident's inherent worth and dignity.

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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