



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Larchfield Park Nursing Home
Name of provider:	Larchfield Park Care Centre Limited
Address of centre:	Monread Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	15 April 2025
Centre ID:	OSV-0000056
Fieldwork ID:	MON-0046547

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
Tuesday 15 April 2025	09:30hrs to 15:30hrs	Geraldine Flannery

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

The inspection of Larchfield Park Nursing Home 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*.

Residents were supported to live a good quality of life in the centre. Restrictive practices in use had been identified and risk assessed. There was a person-centred culture of care and the use of restrictive practices was only to promote the wellbeing, independence and safety of individual residents.

There was a friendly and relaxed atmosphere in the centre and the residents told the inspector that they were happy living there. All of the residents who were spoken with were complimentary of the staff and told the inspector that 'staff were exceptional'.

The design and layout of the centre did not restrict the residents' movement. Residents were seen mobilising independently through the centre and some were seen entering and exiting the building and told the inspector they can come and go as they wish.

The main entrance door in the centre was locked and accessed with a number key code. The inspector saw that where appropriate the key code was available, for residents or visitors without a cognitive impairment to access, while reducing the risk that residents with poor safety awareness could leave the centre.

Residents and their visitors had access to enclosed courtyards, the doors of which were unlocked and accessible at all times.

Residents spoken with at lunch time gave positive feedback about the food served and the choice available at every meal. Residents were allowed ample time to have their meal in a relaxed and unrushed manner.

During the inspection many positive meaningful interactions were observed between staff and residents. Both parties were seen chatting and laughing together, as residents went about their daily routines. Care delivery was observed to be unhurried and staff were seen to be patient and kind.

It was evident that staff had a good knowledge of residents' hobbies and interests. Activities provided were varied, interesting and informed by residents' interests,

preferences and capabilities. The inspector heard how residents enjoyed the various outings scheduled for them including a trip to the library, a visit to the theatre with pizza afterwards and tea or coffee and cake in a local hotel.

Arrangements were in place for residents to give feedback on the service provided to them and to contribute to the organisation of the service. There were a variety of formal and informal methods of communication between the management team and residents, including resident meetings where they discussed a range of items, such as activities, menus and any issues of concern they had.

The complaints procedure and information and contact details for the advocacy services was on display in various prominent places throughout the centre.

The inspector saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors that spoke with the inspector were complimentary regarding the care their relatives received.

Overall, there was a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre. The safety and wellbeing of residents was the primary consideration in all decision-making regarding the use of restrictive practices, and was effectively balanced with the rights of the older adults to dignity, autonomy and freedom.

Oversight and the Quality Improvement arrangements

The provider had a robust governance structure in place to promote and enable a quality service. The person in charge was responsible for the service on a day-to-day basis and was committed to promoting a restraint-free environment.

The management and staff demonstrated commitment to quality improvement and had developed effective systems to ensure that any restrictions to residents were identified and managed in line with the National Restraint policy guidelines. At the time of inspection, there were four bedrails and a small amount of sensor alarms in use.

The person in charge had submitted a self-assessment questionnaire to the Chief Inspector prior to the inspection. The questionnaire detailed the service's responses to restrictive practices within the centre and provided a summary of all the approaches that the service was taking to reduce and eliminate restrictive practices.

There was a restraint policy in place that guided staff regarding the use of restrictive practices. It underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. Other relevant policies that were in place included, safeguarding policy and management of responsive behaviour policy.

A restraint register was used to record and monitor the use of restrictive practices in the centre and was reviewed regularly. A restrictive practice incident register was also maintained to log any adverse event, such as injury. Regular audits on restrictive practices were in place with timely action plans to ensure continuous quality improvement.

Discussions on restraints, less restrictive devices, incidents, feedback and facilitating residents' requests were explored at Health and Safety committee meetings and at daily handover, and influenced restrictive practice in the centre.

Staffing levels and skill-mix were sufficient to meet the needs of residents and staff spoken with stated that they understood their role in facilitating and supporting the psychological and social well-being of residents.

Staff had the required up-to-date knowledge to support effective and safe services to all residents. They were appropriately trained in restrictive practice, safeguarding vulnerable adults and behaviours that challenge, such as how individuals with dementia or other conditions may express discomfort. They understood aspects of the training they had received on restrictive practices, by ensuring that restrictive practices were only used when appropriate.

A robust induction process, including shadowing and mentorship also ensured staff had the required competencies to manage and deliver a high quality service to all residents. Ongoing supervision of staff ensured best practice adherence.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised of the nursing team, general practitioner (GP) and physiotherapist input, if required.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. These included the alternatives trialled prior to the current restraint being used. All restrictions were proportionate to the identified risk. There was a check-list in place where staff would ensure residents were safe and comfortable.

Residents were encouraged to take part in the restrictive practice decision and were informed of the potential risks of using any form of restraint. Consent was sought from the residents and their representative, where appropriate.

Overall, the inspector found that there was effective governance and leadership in the centre that supported a positive approach towards minimising restrictive practices. Regular reviews, informed consent and minimizing restrictions were used to ensure a human rights based-approach to care.

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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