

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

Issued by the Chief Inspector

Name of designated centre:	Arus Carolan Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Castle Street, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	01 April 2025
Centre ID:	OSV-0000656
Fieldwork ID:	MON-0044715

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 1 April 2025	10:00hrs to 16:00hrs	Catherine Rose Connolly Gargan

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

This was an unannounced inspection that focused on the use of and management of restrictive practices in Arus Carolan Nursing Unit. As part of this inspection process, the provider completed a pre-inspection self-assessment questionnaire. The provider's self-assessment concurred with the inspector's findings that there was a positive and proactive approach to minimising restrictive practices and promoting a restriction-free environment for residents living in the designated centre. While residents' rights were respected by staff, a review was necessary regarding the one-to-one staffing arrangements in place for two residents to ensure these residents' positive risk-taking, independence and autonomy were optimised.

There was a relaxed atmosphere in this centre, and residents were being well-supported by staff to lead fulfilling and meaningful lives. The inspector observed that staff cared for residents in an unhurried way and that the residents and staff enjoyed and were comfortable in each other's company. These observations concurred with the residents' expressed high levels of satisfaction with the service and their quality of life in this centre. Residents who spoke with the inspector said 'I love it here', 'trust the staff here with my life', 'feel so lucky to be living here', 'always get the best of care', 'I would score this place 110 out of 100' and 'I am free to come and go as I want'.

Arus Carolan Nursing Unit is located on a side street within walking distance of Mohill town centre in Co Leitrim. The designated centre is registered to accommodate a maximum of 34 residents and on the day of this inspection, there were 33 residents living in the centre.

The centre premises has recently being extensively refurbished to a high standard and provided the residents with a lovely comfortable and accessible living environment. Residents' accommodation was provided at ground floor level throughout. Residents' bedroom accommodation consisted of six twin and 22 single bedrooms. Each two of four of the twin bedrooms shared a shower and toilet facility. Two single bedrooms had an ensuite toilet and wash basin available, and the residents living in the other 20 bedrooms had access to toilet and shower facilities that were conveniently located to their bedrooms.

The communal areas were decorated with traditional and domestic memorabilia that were familiar to the residents. The residents were involved in the redecoration, and were encouraged and supported to make decisions about the colour schemes and furnishings. The clinical nurse manager 2, who was deputising for the person in charge on the day of this inspection discussed plans developed in consultation with the residents to further enhance the décor.

The residents' artwork and paintings were framed and displayed along the walls in the communal areas. The inspector observed that the corridors were signposted to support residents with accessing their environment with ease. Each resident's bedroom door was styled to replicate a domestic front door. The inspector observed that although the single bedrooms were compact, the layout and space available met each resident's needs. Each resident had sufficient storage space for their clothing

and personal possessions and their bedrooms were personalised with their family photographs and other personal items. Residents in the single bedrooms were using an integrated bed-table and locker unit. Residents using these units told the inspector that they were 'handy', 'can get my things out of them' and 'I have my locker to hand when I am sitting in my chair'.

The communal showers and toilets were conveniently located, and the doors had a large photograph of the utilities available on them to support residents' independence with identifying these facilities. Grab rails in contrasting colours to the utilities were in place on both sides of the toilets and in showers. This promoted residents' independence and safety. Residents in four of the twin bedrooms shared an adjoining toilet and shower. Turn-thumb privacy locks were fitted on the doors to ensure residents could use these facilities in private, as they wished.

Comfortable seating areas were available in the reception area and in an alcove area off a corridor further into the unit. The background walls in this alcoved area were painted to replicate a café, and the small circular tables and chairs available in this area were used by residents to spend quiet time or to meet with their visitors. This shopping street theme was also carried into the smaller outdoor courtyard where shop-fronts from the local town that were familiar to residents were replicated. A large mural painted on one wall, comfortable outdoor seating and raised flower beds also made this courtyard an interesting and therapeutic area for residents to spend time in, as they wished.

The doors to the two outdoor courtyards were unlocked and during the day, some residents liked to sit out in the larger courtyard on seating that was sheltered with a large perspex roofed construction. The availability of this sheltered area in this courtyard meant that residents were not deterred from accessing the outdoors by the weather. This larger outdoor area was also interesting and contained models of farm animal, flowerbeds and a working water fountain. The inspector observed that the residents had unrestricted access from the communal dining and sitting rooms to the two outdoor courtyards.

The menu on the day was displayed in the dining room and available on each table for the residents' information. The food choices available were also discussed with each resident by the staff. The chef told the inspector that as part of the quality improvement plan, a picture menu was being prepared to assist residents with their menu choices. The dining room was bright, colourful and there was adequate space between the tables for residents to sit comfortably or to move around the room. Staff were attentive to residents' needs for assistance and they discretely supported individual residents as needed. Three modified tables were available to support and facilitate residents in large wheelchairs to sit in at a table for their meals. The inspector observed that background music in the dining room during mealtimes added positively to the ambience for the residents. Some residents like to sit together during mealtimes with other residents they knew or had developed friendships with since coming to live in the centre, and this was facilitated by staff.

A varied social activity programme was facilitated by an activity coordinator. The programme available was tailored to meet the residents' varying interests and

capacities. The provider employed an activity coordinator seven days each week to ensure the residents were provided with opportunities each day to participate in meaningful social activities that interested them and were in line with their capacities. The social activity programme was facilitated in the sitting room. A small number of residents preferred to spend time in their bedrooms and their wishes were respected. Staff were observed regularly visiting these residents in their bedrooms and ensured that their social activity interests were met. Staff were also observed to be attentive to the needs for one-to-one support for residents who were not able to participate in the more active group activities taking place in the sitting room. Residents were supported to integrate in the local community. The centre had access to a wheelchair-accessible bus, and residents told the inspector about their outdoor trips in the bus and the upcoming trips planned. One resident enjoyed meeting people from the community in the day service facility on one day each week and walks down to the shops in the town with staff.

Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspectors observed that staff were immediately responsive to residents' cues for additional support and reassurance. Two residents were being supported by designated one-to-one staff at the time of this inspection. The inspector observed that the focus on the constant presence of staff with the residents may impact on residents' confidence regarding their positive risk-taking and independence.

Residents told the inspectors that they felt very safe and secure in the centre. They said staff always respected their wishes and preferences and always asked for their consent before they carried out any care tasks. This feedback concurred with the inspector's observations.

Oversight and the Quality Improvement arrangements

Overall, this unannounced inspection found that management and staff in Arus Carolan Nursing Unit were aiming to minimise restrictive practices and to promote a restriction-free environment for residents living in the designated centre. The centre's governance and management structure was clearly defined. The provider and local management team maintained oversight of the service to ensure residents' rights were respected and that their needs were effectively met. While residents were central to the service provided and, ensuring their rights were respected was important to the management and staff, this inspection identified areas where improvement opportunities were available.

The local management team had effective systems in place to ensure they maintained oversight of restrictive practices in the centre and the service provided to residents. The provider had a system in place for monitoring restrictive practices in use with regular audits on restrictive practices. This facilitated the person in charge to closely and effectively monitor the restrictive practices in the centre. While a number of quality improvement initiatives and practices reflected a focus on minimising restrictions on residents resulting in a reduction in the number of full-length restrictive bedrails in use.

A restrictive practice committee was established and met on a quarterly basis to oversee and drive quality improvements. The committee reviewed and audited practices and developed quality improvement plans. For example, an audit of physical restraints was completed every three months and progress with completion of the actions identified for improvement was discussed at regular local management and staff meetings. However, the records of these meetings did not clearly set out the actions or the timeframes for their implementation. Therefore, this posed difficulties with tracking quality improvement actions to completion. Furthermore, development of the environmental audit tool to regularly review the centre's environment for restrictions on residents' access and self-determination would be of value in capturing and addressing any restrictions to residents in their environment, in line with the National Restraint policy guidelines.

The person in charge ensured that all staff had attended up-to-date training on appropriate and safe use of restrictive equipment and practices. Two restrictive practice link nurses were available to support staff with their practices. Three times daily quality and safety talks were also convened with staff to review and discuss restrictive practices, assisted decision-making, safeguarding and supporting residents with responsive behaviours. While most staff who spoke with the inspector were well informed and knowledgeable regarding restrictive practices, not all staff caring for residents demonstrated adequate knowledge regarding minimising restrictive practices and with promoting residents' rights and positive risk-taking.

A register of restrictive practices was maintained to record all restrictive practices currently in use in the centre. There was evidence that the register was reviewed on a weekly basis. According to the restraint register there were four residents using full-

length bedrails. Four residents requested bedrails to support their feelings of security and repositioning, and suitable modified length non-restrictive bedrails were provided to meet these residents' wishes. Practices were in place to ensure the length of time restrictions were in place was minimised. Sensor mats were in use in 18 residents' beds during the night and seven residents' chairs during the day. This equipment sounded an audible alarm when residents got out of bed or stood up from their chairs. Nine residents had sensor mats placed on the floor by their beds that sounded an audible alarm when residents stood on them. Use of this equipment was risk assessed for individual residents and residents consented to use of restrictive equipment. However, the consent document did not clearly reference the restrictive equipment that was being used. Furthermore, there was limited information available that the service had ensured the sound of the sensor alarm equipment did not restrict residents' movements as they wished, and that alternative less invasive systems were considered. This was not in line with the recommendations of the National Restraint guidelines.

The provider had ensured up-to-date policies and guidance were available on safeguarding residents from abuse, supporting and caring for residents with responsive behaviours and dementia and the National Restraint policy to support staff with providing person-centred care to residents that maximised their safety, independence, choice and autonomy. However, the centre's policy to support staff with effectively managing one residents' responsive behaviours was not being implemented. For example, this resident's behaviour support care plan was not reviewed and updated with the most effective strategies used by staff to de-escalate their increasing episodes of responsive behaviours.

A pre-admission assessment on prospective residents was completed by the person in charge or clinical nurse manager 2 to ensure that the service could effectively meet their needs. With the exception of behaviour support care plans, residents' care plan documentation was completed to a high standard. The information in residents' bedrail and other restrictive equipment care plans was person-centered, and their preferences and usual routines were clearly described to guide staff on how they must care for residents using restrictive equipment.

There were adequate numbers of staff available, and arrangements were in place to ensure they were appropriately supervised according to their roles. There was no evidence of restrictive practices being used as a result of shortages of staffing resources. However, a number of staff positions were vacant and were being backfilled by agency staff including to provide one-to-one staffing to meet two residents' needs. This arrangement did not ensure continuity of staff for residents. Furthermore, agency staff had not been facilitated to attend restrictive practice training or training to support them with managing residents' responsive behaviours.

The complaints policy was up-to-date and displayed for residents' information. The complaints process was discussed at the monthly residents' committee meetings to ensure residents were encouraged to express any dissatisfaction they experienced with the service. A member of staff from an advocacy service was available to support residents and availability of this service was discussed with residents at all

their 'Circle of Friends' meetings. The advocacy service was not assisting any residents with their decision-making at the time of this inspection.

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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