

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

## Issued by the Chief Inspector

Name of designated centre:	St Carthage's House
Name of provider:	St. Carthage's House Company Limited by Guarantee
Address of centre:	Townspark East, Lismore, Waterford
Type of inspection:	Unannounced
Date of inspection:	16 April 2025
Centre ID:	OSV-0000687
Fieldwork ID:	MON-0046471

## 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 environmental<sup>1</sup> 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.

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<sup>1</sup> 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 16 April 2025	10:00hrs to 17:30hrs	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 Carthage's House. 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 12 residents and two 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 Carthage's House. The residents spoken with were highly complimentary of the centre, with one resident describing it as "a home from home", while another informed the inspector, "it couldn't be nicer". When it came to the staff that cared for them, there was high praise, with the staff being described as "marvellous" and "very nice". One resident told the inspector how helpful the staff were by commenting: "anything you ask for is seen to". There was equally high praise for the management team, with one resident referring to the "lovely matron", while another told the inspector they had "fierce confidence in the management" of the centre.

St Carthage's House is a single-storey building in Lismore, County Waterford. The centre is located within walking distance of the local shops and amenities. The centre is registered to offer long-term residential care to 42 residents with low-to-medium dependency care needs who do not require 24-hour nursing care. The model of care facilitates residents to continue independent living with care and support. The centre was designed and laid out to meet the needs of the residents and promoted free movement throughout. The front door is not locked during the day, and residents can come and go as they please.

Internally, the centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. These communal areas include a large day room, a main dining room, a visitor's lounge, an oratory and a smaller sitting room in Oakland.

In terms of outdoor space, there were three well-maintained open courtyard areas with raised planters. Outside the centre was a pleasantly decorated and well-maintained front garden containing flowers, shrubs, seating, and a shrine for quiet reflection and prayer. The inspector observed some damage to the tarmac driveway at the front of the building, which was seen to have potholes and be uneven in certain areas. The provider representative confirmed they were aware of this matter and that damage was a regular occurrence requiring repair after severe weather.

Bedroom accommodation is predominantly set out in three "courts", Oakland, Woodvale and Elm Way. Oakland accommodates 16 residents in 14 single rooms and one twin room. Woodvale accommodates 17 residents in single rooms. An additional single en-suite bedroom was in the central court, just outside Woodvale and adjacent to the oratory. Residents of Oakland and Woodvale share communal toilets and shower facilities within their courts. The inspector observed that the provider was in the process of installing two en-suite bathroom facilities in Woodvale within bedrooms 26 and 27. Elm Way, in contrast, is registered to accommodate eight residents in single-bedroom flats. Each flat has en-suite facilities, including a toilet and wash-hand basin. Six of the eight flats also have en-suite shower facilities, although one was seen to be missing a shower head and hose. These three residents without current shower facilities accessed these facilities in Oakland. One of the flats, Corin Glas, was unoccupied on inspection day, as it was being refurbished to convert the sleeping and living areas to open-plan.

All bedroom accommodation throughout the centre had a television, call bell, wardrobe, seating and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items and ornaments. The size and layout of the bedroom accommodation were appropriate for residents' needs. Residents who spoke with the inspector were happy with their bedrooms and said there was sufficient storage for their clothes and personal belongings.

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 assisting residents in a respectful and unhurried manner. Residents' privacy and dignity were respected, with staff seen knocking on bedroom and bathroom doors to alert the residents to their presence before entering.

Residents watched television, read national and local newspapers or magazines, and chatted with other residents and staff on the inspection day. Some residents spent their time in the visitors' lounge and large dayroom, while others relaxed in their bedrooms aligned with their preference. Residents visited the centre's shop, which operated every Wednesday, and sold food, beverages, toiletries, and other comforts. Residents also came and went from the centre as they wished. Some residents used their cars for transport, with the person in charge confirming that five residents drive.

Varied activities were scheduled in the centre throughout the week, including art classes, live music, bingo, card games, and daily rosary services. The activities schedule was displayed on the notice board in the reception hall. A hairdresser and chiropodist visited the centre regularly, and their details were also displayed. While the inspector did not observe any activities organised by staff on the inspection day, residents told the inspector they loved the live music every Friday, and there was also high praise for bingo and the art classes. The inspector observed that the residents' art was proudly displayed throughout the centre. Some residents informed the inspector that they chose not to participate in group-based activities, preferring their own company.

The inspector observed that some residents had sensory needs impacting their communication. These residents had their communication needs documented in their care plan to guide staff. The inspector also found that staff knew about these residents' communication needs. Where a resident required access to a communication device, such as a whiteboard or an amplifier device, the staff ensured these aids were available to enable the resident's effective communication and inclusion. Additionally, records reviewed found that specialist referrals had been made to ophthalmology and audiology services, as well as charities that supported those who were deaf and hard of hearing.

The inspector 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 care provided, with one visitor telling the inspector the centre was "the cream of the crop" and their loved one and the wider family would be "lost without it". Another visitor informed the inspector that the staff "really cared" and were "very thorough" in caring for their loved one. There were communal and private areas for residents to host visitors in the centre. Residents also spoke about spending time outside the centre with family and friends.

Residents were supported in maintaining connections with their local community. For example, there was an established connection with the local secondary school, where transition year students hosted a movie club for residents once per month and threw the residents an annual Christmas party.

While the majority of residents informed the inspector they had choice and control over their daily routine, three residents informed the inspector they had no choice regarding what time they woke in the mornings and had to wake early, at 07:00am and 07:30am to avail of breakfast. Regarding the waking times, one resident commented that "I find it difficult" while another told the inspector "my working days are over". In contrast, the inspector also spoke with one resident who confirmed they enjoyed a lie-in, on occasion, and had breakfast brought to their bedroom. The inspector discussed the matter with the person in charge, who outlined a medical reason for two of the three residents waking early, and undertook to consult with the residents concerned.

Dinner at 12:15pm was a sociable and relaxed experience, with 30 of the centre's 35 residents eating in the dining room, chatting and joking with one another. The remaining five residents were confirmed as being on outings or at appointments. Meals were freshly prepared onsite in the centre's kitchen and plated in the dining room by the chef from a bain-marie. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and throughout the day. Residents spoke positively to the inspector about the quality and quantity of food at mealtimes. While the mealtime experience was pleasant, relaxed, and sociable, the inspector found that enhanced communication with residents regarding mealtime choice was required. Seven of the eight residents spoken with during dinner stated that they did not receive a choice of main meal. This perspective voiced by the majority of the residents spoken with was at variance with the rolling fortnightly menu seen by the inspector and the inspector's observation that the menu options for the day were displayed outside the dining room to inform residents. This

matter was also brought to the attention of the person in charge, who undertook to review the matter.

A number of residents informed the inspector they were unhappy with the set mealtimes, which were breakfast at 08:15am, soup at 10:00am, dinner at 12:15pm and supper at 4:30pm. Residents also received refreshments of tea, coffee and biscuits at 3:00pm and 9:15pm. A small number of residents were unhappy with the early time of breakfast, and others were unhappy with the length of time between supper and breakfast the next morning. One resident commented, "I do get hungry, but I'm able for a bit of hardship" while another resident commented, "supper is very early". Residents had also raised these matters previously with the provider and management, as discussed below.

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 well attended, with the majority of residents attending. The minutes reviewed found these meetings were an opportunity for residents to receive information on updates in the centre, including staffing, planned outings and events, and to give feedback on matters such as food and mealtimes. Resident questionnaires were analysed in 2024, with 11 residents giving feedback. While the meetings and questionnaires generally showed a high overall satisfaction with the service provided, both identified that some residents were unhappy with the timing of meals and were seeking more flexibility. The management team had committed to reviewing this and records reviewed showed that the breakfast mealtime was proposed to be changed from 08:15am to 08:30am, but no further changes were made due to rostering requirements. These findings were brought to the attention of the provider representative at the end of the inspection, who undertook to review the matter with the person in charge.

## **Oversight and the Quality Improvement arrangements**

The culture, ethos and delivery of services in the centre supported a good quality of life for residents. The approach to restrictive practice was one of positive risk-taking. Residents' rights to liberty and self-determination were protected and promoted. The centre was home to residents who were assessed as low-medium dependency, and physical restrictive practices were not in use. Notwithstanding the positive ethos, some further work was required to ensure that residents maintained choice and control over their daily routine, enhanced communication with residents concerning mealtime choice and a review of the timing of meals, refreshments and snacks to ensure they were provided at all reasonable times.

The person in charge completed the self-assessment questionnaire before the inspection and assessed eight themes relevant to restrictive practices as being compliant. The assessment identified that the only potential restriction in the centre

was related to individual residents who opted to make specific arrangements concerning sharing communal space with other residents. These arrangements had arisen following peer-to-peer aggression, were made in consultation with the residents concerned, and were documented in the residents' safeguarding care plans. This assessment also identified that the management team were striving to ensure that the staff working in the centre had access to training on managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). This training was in the process of being delivered to all staff on the inspection day.

Sufficient resources were available to promote a restraint-free environment, such as the appropriate number and skills mix of staff and a comprehensive programme of recreational activities.

There was good oversight of staff training in the centre. All staff had up-to-date training on safeguarding vulnerable adults from abuse. Training on recognising and responding to challenging behaviour had commenced in April 2025, and documentation reviewed found that all staff would be trained by early May 2025.

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

The centre's complaints procedure was displayed on the notice board in the reception hall. 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 similarly displayed on the notice board.

The provider had management systems to monitor and review care delivery to ensure practices were not restrictive. Restraint and restrictive practices had been discussed at management and staff meetings. The provider also had an audit schedule incorporating the auditing of safeguarding concerns, complaints, information for residents and access to call bells. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The provider had a system for assessing risks, such as falls, and overseeing the implementation of controls to reduce risk and enhance safety, without restricting a resident's rights and choices on how they lived their lives.

On the day of inspection, there were a small number of residents who had expressed responsive behaviours previously. The inspector found that residents predisposed to episodes of responsive behaviours had a behaviour support care plan and other documentation to guide staff. The documentation reviewed was person-centred and described the behaviours, potential triggers for such behaviours, and de-escalation techniques to alleviate the resident's distress and guide staff in safe care delivery. This guidance allowed staff to provide person-centred care to the person and avoid an escalation, which may require restrictive practice.



In summary, while some areas for improvement were identified, the inspector found a strong commitment among management and staff towards maintaining a restraint-free environment and promoting residents' rights and wellbeing while 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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