

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

Issued by the Chief Inspector

Name of designated centre:	Mount Tabor Nursing Home and Care Centre
Name of provider:	Dublin Central Mission CLG
Address of centre:	Mount Tabor, Sandymount Green, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	09 April 2025
Centre ID:	OSV-0000071
Fieldwork ID:	MON-0046690

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards **for Residential Care Settings for Older People in Ireland**. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental¹ in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

Physical restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

¹ Chemical restraint does not form part of this thematic inspection programme.

About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

This unannounced inspection was carried out during the following times:

Date	Times of Inspection	Inspector of Social Services
Wednesday 9 April 2025	08:45hrs to 15:20hrs	Niamh Moore

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

The purpose of this unannounced inspection was to review the standards associated with a restrictive practice (the intentional restriction of a person's movement or behaviour) thematic inspection. The inspector spoke with several residents in the communal areas and individual residents' bedrooms. There was a calm environment within the centre and the inspector observed that residents' rights were upheld in all interactions. Residents spoken with reported that they could choose how they spend their days and reported they were happy with the care and that the staff were "great".

The inspector arrived to the centre on the morning of the inspection and observed that there was a bell at the front door, the inspector rang the bell and was provided access to the reception area of the building. The reception staff member on duty at the reception desk greeted the inspector. The inspector was told that there is reception staff available Monday to Friday from 9am to 5pm. Outside these hours, staff on duty had to attend to the bell and also attend the reception area to allow residents or visitors out of the building.

Following an introductory meeting with the person in charge, the inspector spent time walking through the centre. Mount Tabor Nursing Home and Care Centre is a designated centre for older people situated in Sandymount, Dublin 4 on the grounds of the Methodist Church. Overall the centre was bright, clean and well-maintained with new flooring in places such as the activity room which also had a mural painted on the wall by one of the residents since the last inspection. In addition, the centre was home to two birds called Jack and Jill. The inspector was told that residents took part in naming the birds where suggestions went into a hat and the chosen names were picked out. The birds were also located right outside the dining room and it was a nice greeting to hear them chirping while residents entered the dining room space at lunch-time.

The centre provides accommodation for 46 residents in three separate units referred to as Martello, Seafort and Gilford. The Martello unit was dementia-friendly and there was open access into this unit from the other areas of the centre, however to exit the unit there was a keypad. The key code was on display for residents and visitors to enable them free access. The inspector also saw that this was recorded and acknowledged in care plans for residents who were independent.

Residents' bedrooms were in 40 single and three twin bedrooms with en-suites. The inspector viewed some bedrooms and saw that rooms were decorated accordance to individual choice, with personal items such as family pictures, flowers, ornaments and personal mementoes such as balloons from recent celebrations.

There was two well-maintained internal courtyards within the centre with ample seating for residents' use, one of these areas had received funding and had been completed last September. This area had nice seating and planting. The inspector saw that planting formed part of the activity provision where residents were

supported to take part in planting. Residents told the inspector how they enjoyed spending time in these spaces in times of good weather. Residents were seen to use the outdoor spaces during the inspection, and had been provided with sunhats and sunscreen to enjoy the sunny day.

Residents living in the centre had access to a range of assistive equipment such as mobile call-bells, powered wheelchairs and walking aids. The inspector saw that some residents used specialised chairs, which had been prescribed by occupational therapists, for clinical and comfort reasons, and they were not restrictive. One resident spoken with, stated they felt supported with the equipment and their new power wheelchair enabled them to be as independent as possible.

There was a positive approach to positive risk taking in the centre to ensure that residents could still partake in meaningful activities. For example, residents who were deemed safe to do so continued to go out into the community unaccompanied and some residents went on holidays with family.

There were information boards available throughout the centre. These boards displayed useful information to residents such as the complaints policy, the statement of purpose, the annual report for 2024, advocacy details and the wifi code. Residents had access to activities in the centre. The activity schedule outlined activities available Monday to Sunday. On the day of the inspection, Mass was offered and there was Easter crafts occurring in the afternoon. Other activities on offer were varied including exercises, sing-along songs, reminiscence, bingo and the magic table. Surveys and residents' meetings were held to seek feedback on the service. The inspector saw evidence that there were lower satisfaction levels received on activities and recent meetings were held in relation to this with a planned timetable to include trips out which showed that residents' feedback was listened to.

During the lunch-time service, the atmosphere was relaxed and support with meals was seen to be delivered in an unhurried manner. Tables were nicely laid with wipeable table clothes, fake flowers and individual condiments for residents' use. Menus were on display on individual dining room tables and the inspector observed there was choice at mealtimes such as chicken or beef for the main meal. Meals that were served to residents appeared to be appetising and well-presented, including for those on modified diets. The inspector observed that the majority of residents attended the main dining room for the lunch-time service, one resident had a family join them for lunch and this was provided in one of the communal areas. Residents spoken with were complimentary regarding the food provided with comments such as "the soup was beautiful".

Overall, the inspector found that the centre had a positive approach to restrictive practices and was working towards implementing a human rights-based approach to care.

Oversight and the Quality Improvement arrangements

The inspector found this was a good service which promoted residents' well-being and rights, with a commitment towards reducing restraint use and incorporating a restraint-free environment.

The registered provider of Mount Tabor Nursing Home and Care Centre is Dublin Central Mission CLG. There are 13 company directors. The registered provider appointed a management structure which included a Chief Executive Officer and a new role of Head of Older Person's services which was recently developed and provided management support to the person in charge.

A member of the registered provider's quality team had completed the self-assessment questionnaire (SAQ) of the eight themes in the National Standards, and this was submitted to the Chief Inspector prior to the inspection. The registered provider had self-assessed themselves as compliant in six themes and substantially compliant in two themes. The inspector was told there had been no quality improvement plan developed in regard to this.

At the time of inspection, restrictive practices in use included environmental restrictive practices such as locked doors, bed wedges, low-profile beds, wandering alarms and sensor alarms. The inspector found that the provider had focused on reducing restrictive practices, with a trend seen in the reduction in the use of restrictive practices occurring. For example, it was reported in December 2024 that there were three bedrails in place and on the day of the inspection were no bedrails.

There were adequate numbers of staff with appropriate skills to meet the needs of residents on the day of the inspection. The inspector viewed a sample of staff induction booklets and topics included a restraint-free environment and the restraint policy to ensure new staff were guided on these policies. The inspector spoke to a student on placement who confirmed they had received a sufficient induction.

Staff had been provided with training on safeguarding and care staff had training to manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was no formal training provided on the use of restrictive practices. The centre's SAQ referred to facilitating training on topics such as positive-behaviour support and dementia care with a future planned date for the weeks following this inspection.

The provider had systems in place to monitor the use of restrictive practices. A restraint register was maintained and restraint use data was gathered through key performance indicators which were discussed by management at clinical governance and committee meetings. However, restrictive practices were not an agenda item at any staff meetings. Restrictive practices were also audited on a quarterly basis. Where relevant, action plans were also developed to respond to audit findings.

There was a use of restrictive/ restraint practices policy in place dated October 2024 which guided on the management of restraint use within the centre, including for emergency or unplanned use of restrictive practices.

The registered provider's statement of purpose evidenced the specific care needs that the centre can cater for, in addition prospective residents had pre-assessments completed to ensure that the centre could meet the assessed needs. The use of restrictive practices was discussed at this pre-assessment.

Where a resident lacked capacity, the multidisciplinary team (MDT) assessed the suitability of any restrictive practice. The MDT comprised of the person in charge, assistant director of nursing and the general practitioner. The implementation of the restrictive practice was also discussed with family members. The inspector viewed a sample of assessments and care plans and these were seen to be person-centred to inform staff on the residents' assessed and preferred care needs. While most restrictive practice care plans evidenced continued assessments, one of four reviewed did not provide evidence that the restrictive practice was kept under regular review with the purpose of reducing or eliminating where possible. For example, the risk assessment for the device was dated January 2024 and had not been reviewed since. Behavioural support plans were in place to guide staff to implement appropriate actions and de-escalation techniques to deliver person-centred care and limit the requirement and use of restrictive practices. For example, 'PINCH ME' assessments were used as a tool to determine the possible cause of behaviours such as infection or dehydration.

Overall, the inspector identified that progress was made on promoting a restraint-free environment. It was clear that residents enjoyed a good quality of life to the best of their abilities.

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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