

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

Issued by the Chief Inspector

Name of designated centre:	Roselodge Nursing Home
Name of provider:	Killucan Nursing Centre Limited
Address of centre:	Killucan, Westmeath
Type of inspection:	Unannounced
Date of inspection:	03 April 2025
Centre ID:	OSV-0000088
Fieldwork ID:	MON-0043360

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
Thursday 3 April 2025	10:00hrs to 16:00hrs	Celine Neary

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

This inspection of Roselodge 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.

Findings of this inspection were that management and staff had a clear commitment to providing good quality of life in the centre, where residents' rights and independence were promoted and respected. There was a person-centred culture of care in the centre and the use of restrictive practices had been kept to a minimum.

There was a homely and relaxed atmosphere in this centre and residents told the inspector that they were happy living there. The inspector observed that the rights of residents were respected and promoted and residents and family were included in decisions regarding their care and welfare.

On arrival the inspector was met by the person in charge and following an introductory meeting the inspector commenced a walk around of the centre. The design and layout of the designated centre promoted free movement around all areas of the centre. Handrails were found to be in place along all corridors and there was clear signage in place to direct residents to key communal areas of the centre. Many bedrooms had been personalised and were light, bright, spacious and homely. Resident accommodation and living spaces were laid out and improvements had been made since the last inspection. Several bedrooms had new flooring and new storage units in place which were completed to a high standard. Improvements had also been implemented to improve the signal and coverage of Wifi internet throughout the home. The centre was exceptionally clean and there was a pleasant floral scent in many areas of the home.

The inspector gathered feedback from residents during the inspection, which was largely positive and complimentary of the care provided. Residents' told the inspector "I get very good care here", "Staff are very kind", "I'm happy here and I feel safe" and "The food is lovely".

There was a clear focus on empowering residents to make informed choices about their care and their lives. Resident meetings were held on a monthly basis and residents were encouraged to attend and discuss issues of importance to them. Records of these meetings were maintained by centre staff and discussed with residents who did not attend so that they would be informed of information about the centre. Activities, events and outings were a standard agenda items discussed at resident meetings. Arrangements for how residents could access advocacy was advertised throughout the centre.

The inspector found that residents were encouraged to maintain their links with the community. Many residents who lived in the centre were from the local community and were supported to attend the local church and amenities such as cafes, shops or public houses.

There was a well-established activity programme based on resident's interests and hobbies. A weekly activity schedule was advertised in the centre to inform residents of what was on offer. Residents told the inspector that there is always something to do and that they enjoy attending activities with the other residents. There were numerous activities provided on the day of the inspection which included ball games, exercises and hoop throwing.

Residents had free movement throughout the centre, and appropriate measures were in place to restrict resident access to store rooms, sluice rooms, laundry and kitchen areas. Residents could access their courtyard garden freely, which was tastefully decorated with a water feature, plants, shrubs and a chicken coup. The inspector observed residents and visitors enjoying the sunshine in the courtyard garden on the day of the inspection. The garden was well maintained with appropriate seating and areas of interest.

The dining room was observed to be spacious with comfortable seating available for residents. Each table was set with the required condiments for the lunch meal. Residents were observed to be offered a variety of drinks by staff. The residents had ordered what they wanted for their lunch earlier in the day but the staff reminded residents of the choice available before serving. Staff informed the inspector that sometimes residents change their minds, so it is nice to remind them. Staff were available to assist residents when required or requested. Those residents that required assistance were provided with it in a discreet and dignified manner.

Residents spoke very highly about the centre and the staff. They informed the inspector that they "get to do their own thing" and that "staff take time to chat". Residents appeared very much involved in the care that was delivered to them. It was evident to the inspector on the day that management was committed to providing an unrestricted service to residents and supported the choice and wellbeing of residents using their service.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were committed to promoting the quality of residents' lives through a careful approach in the use of restrictive practices and an emphasis on promoting residents' rights.

The centre was committed to achieving a restraint free environment in order to maximise resident's rights and choices. There were policies and procedures in place to guide staff regarding the introduction of restrictive practices when required, and in general, there was effective oversight of restrictive practices. The inspector reviewed a number of residents' care plans and found that care plans provided sufficient details and where restraints were in place, they had been appropriately assessed with residents or their nominated support person.

Prior to the inspection the person in charge completed a self-assessment questionnaire which examined the centre's responses to restrictive practices currently in use. This questionnaire focused on the centre's leadership, governance and management, use of information, use of resources and how the workforce was deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained, and on how assessment and care planning were used to safeguard and maximise residents' well-being.

On the day of the inspection four of 47 residents in the centre used bedrails, and one resident had a bed sensor alarm in place. Each resident had a risk assessment completed prior to their use. Less restrictive equipment was made available for residents who required them such as low-low beds and residents were supported to live as least a restrictive life as possible.

Roselodge Nursing Home is operated by Killucan Nursing Centre Limited who is the registered provider. There is an established governance and management structure in place in the centre. The person in charge works full-time and is supported with operational issues by the registered provider representative. They are also supported by a team of nurses, healthcare assistants and catering and domestic staff in providing appropriate care to residents.

The physical environment was set out to maximise residents' independence with regards to flooring and lighting along corridors. Residents had the correct assistive equipment, such as walking aids and wheelchairs, to enable them to be as independent as possible.

A review of records confirmed that there were systems in place to monitor the use of restrictive practices and that they were kept to a minimum. In instances where restrictive practices were being used, the management team ensured that these practices were proportionate and deemed to be the least restrictive option. An appropriate risk assessment was in place to ensure that any restrictive practice was necessary to promote resident welfare. Consent was always sought for the introduction of restrictive devices and they were reviewed at regular intervals.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy and management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) policy.

Staff had completed restrictive practice training, and in their conversations with the inspector, they demonstrated awareness of what restrictive practice was and the negative impact on the residents. The management informed the inspector that they believed it was paramount to the residents' health and wellbeing that staff were educated and trained in other relevant courses to ensure they were aware of the importance of residents' rights to a restraint-free environment and welcomed residents' rights to choice. Staff training was closely monitored to ensure all staff completed training requirements including restrictive practices training, safeguarding and challenging behaviour support training. This ensured staff had the most up-to-date knowledge to support effective practices. Staff had been provided with training to entice this practice, such as 'Guidance on a Human Rights-based Approach in Health and Social Care Services', which is based upon the FREDA principles.

There were arrangements in place for residents to give feedback and to participate in the organisation of the centre. There were questionnaires distributed to identify any area the centre could improve on. These questionnaires were valuable to the management team in working to provide a resident-led service. There were also regular residents' meetings.

There were notice boards in the centre. These notice boards informed the residents about the services available to them. Such services included 'The decision support services and external advocacy services. Contact details were displayed for each of these services and an explanation of the service they provided. Information regarding the complaints process within the centre was also on display.

The nursing management team spoke to the inspector about the process for admitting new residents to the centre. They were clear that all prospective residents were comprehensively assessed to ensure that the centre had the capacity to provide them with care in accordance with their needs. The management team was also very clear that bedrails would not be used at the request of residents' family or representatives. The inspector was satisfied that there were enough staff members in the centre, with a sufficient skill-mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources.

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.

Overall, the inspector found that 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. A restraint-free environment was being promoted to ensure a good quality of life was experienced by residents.

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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