



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

## Issued by the Chief Inspector

Name of designated centre:	Birr Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Sandymount, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	10 January 2025
Centre ID:	OSV-0000522
Fieldwork ID:	MON-0045921

## 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
Friday 10 January 2025	08:50hrs to 15:55hrs	Sean Ryan

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. The findings of this inspection were that the service promoted a culture where a rights-based approach to care underpinned the delivery of a service to residents that was person-centred. A restraint-free service and environment was promoted and encouraged, enabling residents' independence and autonomy.

The inspector arrived to the centre during the morning and was met by an assistant director of nursing. The inspector walked through the centre and met with residents in their bedrooms and communal areas. Following this, an introductory meeting was held with management staff when they arrived on duty.

The inspector spoke with 13 residents to gain an insight into the residents' lived experience in the centre. The overall feedback from residents was that they were happy living in the centre. They explained how they were supported to exercise choice in many aspects of their daily life. Residents informed the inspector they had choice and control over their daily routine, including what time they woke, what they ate, how they spent their day, and what time they chose to retire in the evening. Some residents were in the process of getting up, others were relaxing and listening to the radio or TV in their bedroom, while others were walking through the corridors to "stretch their legs after a restful sleep".

The residents spoken with were complimentary of the centre, describing it as a safe and caring place to live. Other residents reported that the centre provided them with everything they needed to live comfortably. When it came to the staff that cared for them, the feedback was that the staff "couldn't do enough for you" and that they were polite and respectful.

The inspector observed that residents were up and dressed in their preferred attire and appeared relaxed and well cared for. Staff were observed responding to residents call bells and providing assistance in a prompt, respectful and unhurried manner. Residents' privacy and dignity were respected, with staff asking residents for permission to enter their bedroom. Privacy screens were drawn in multi-occupancy bedrooms to ensure resident's privacy was maintained during morning care.

Birr Community Nursing Unit is located on the outskirts of the town of Birr. The centre provides care for both male and female adults with a range of dependencies and needs. It is a single-storey facility that provides accommodation for up to 74 residents in both single and multi-occupancy bedrooms. The centre is divided into three self-contained units, namely Camcor, Sandymount and Laurel.

The centre was designed and laid out to meet the needs of the residents, and promoted free movement throughout. Appropriate handrails and grab rails were available in the bathrooms and along the corridors to maintain residents' safety. Consideration had been given to supporting residents to orientate themselves within

their environment. Directional signage was prominently displayed in all units and bedrooms were clearly numbered.

The inspector noted that the main entrance to the three units, accessed from the reception, was locked for safety and security reasons. This restriction was risk assessed, and reviewed within the centre's risk register. Access to each of the three unit via a link corridors was unrestricted for residents.

Residents had a choice of communal spaces. Each unit had space that provided dining and day room facilities for residents. Additional spacious communal rooms were provided off the link corridors, between each of the three units. Residents were observed to be content and relaxed in these areas throughout the inspection. Further communal space, including an oratory and large dining room, was located on the main corridor that linked the units.

The centre provided external enclosed garden areas for residents to use. Residents could access the garden areas independently through doors along a main corridor. The gardens had level walkways, comfortable seating, and raised planters with seasonal plants. There was a designated outdoor smoking area for residents who chose to smoke in the garden.

Residents had the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents' meetings. Residents told the inspector that these meetings were an opportunity for them to receive information on updates in the centre, including staffing, laundry, planned outings and events, and to give feedback on matters such as food and the dining experience. Residents could also exercise their civil rights and were facilitated to vote in the recent general and local elections.

Residents told the inspector that they did not feel restricted in any way and described how staff were attentive, supportive and made every effort to promote their independence. Residents detailed the services that were accessible to them, including a medical practitioner and other health care professionals such as physiotherapists, dietitians and speech and language therapists.

Residents were supported to pursue interests that involved an element of positive risk-taking. For example, residents were encouraged to go on outings with their family and friends, while other residents went home to spend the Christmas period with their family.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The inspector observed that there were 29 residents using some form of bedrails in the centre. In general, there was evidence of a multi-disciplinary team approach to the assessment of risk in relation to the use of bedrails with the exception of some residents who did not have a comprehensive assessment of risk completed prior to implementing the use of bedrails. The majority of residents confirmed that they were involved in the initial assessment process, and their preferences were always taken into consideration during assessment.

Residents had a care plan in place which clearly outlined the rationale for use of any restrictive practices, and included any alternatives trialled. There were also care plans in place for residents that experienced responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans provided guidance to staff on how to support the residents to manage their responsive behaviours. Residents spoken with stated that while they were initially involved in the decision-making process regarding the use of restrictive practices such as bedrails, they were not always consulted during the review of their care plans.

Residents living in the centre had access to a range of assistive equipment such as powered wheelchairs, rollators, and walking aids, to enable them to be as independent as possible. Some residents used specialised chairs that had been prescribed by an occupational therapists for clinical reasons, and were not restrictive.

The centre's complaints procedures were displayed in communal areas and within the passenger lifts. Residents and families reported feeling comfortable raising a complaint with any staff member. Residents also had access to independent advocacy services, and notices for these services were displayed throughout the centre.

Visitors were seen coming and going throughout the day. Visitors expressed their satisfaction with the quality of the service provided to their relatives, and confirmed that there were no visiting restrictions in place. Visitors told the inspector that they were made welcome.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was a positive approach to reducing restrictive practices and promoting a restraint-free environment in this centre. There was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights.

The person in charge had completed a self-assessment questionnaire prior to the inspection and submitted it to the office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being Compliant. This inspection found that the provider was substantially compliant due to incomplete risk assessments for the use of restrictive practice and inadequate oversight of the effectiveness of staff training. A quality improvement plan was in progress to ensure that an on-going programme of training and education was in place for staff and that restrictive practice issues would be included in the induction of all new staff.

The management team confirmed that the centre promoted a restraint-free environment, in accordance with national policy and best practice. There were governance structures in place to support oversight in relation to restrictive practices. The person in charge, supported by an assistant director of nursing and clinical nurse managers, collated and monitored information in relation to restrictive practices. Information regarding the use of restrictive practices in each of the three units was analysed to identify areas for quality improvement. For example, audits had identified a higher incidents of bedrail usage in one unit. A plan was in progress to allocate additional alternative equipment such as low beds to the unit to reduce the use of bedrails. This action was in progress, and under review to assess its effectiveness.

The registered provider had a policy for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. The policy had been reviewed in November 2024 and contained detailed information on the types of restrictive practices that included physical, environmental and restrictions of resident's rights.

Staff were facilitated to attend training relevant to their role such as safeguarding vulnerable people, restrictive practices, positive risk-taking and supporting residents with complex behaviours. Staff were generally knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern. However, the effectiveness of the training had not been assessed to ensure staff were fully aware of the centre's policy and procedure with regard to the various types of restraints, informed consent, and the assessment and management of restrictive practices. The person-in-charge confirmed that additional training had been scheduled for staff to ensure that restrictive practices were only used in line with policies, procedures and guidance.

The provider had management systems to monitor and review the use of restrictive practices. The management team monitored key performance indicators weekly, including restrictive practices. A restraint register was in place to record the incidence of restrictive practices in the centre. A multi-disciplinary team committee had been established to monitor and review the incidence of restrictive practices in the centre. This review included an assessment of the use of physical and environmental restraints in the centre, and the allocation of resources to reduce the incidence of restrictive practices.

The inspector reviewed the assessment tools used to underpin the decision to implement the use of bedrails. This assessment examined the residents physical and psychological care needs and the potential risks to be considered prior to implementing the use of mechanical restraint such as bedrails. The inspector found that the decision to initiate the use of bedrails for a number of residents had progressed in the absence of a completed assessment of risk. Furthermore, some completed risk assessments had not been reviewed or updated for a period of seven months, contrary to the provider's policy and procedure. This practice did not ensure that some restrictive practices remained proportionate to the identified risk, or if a least restrictive option had been considered.

While care plans generally identified the restraint in use, the rationale for the restraint was not always detailed within the care plan, the frequency that the restraint should be checked, or evidence of consultation with the resident concerned. Therefore, the inspector found that resident care plans were not fully based on an ongoing comprehensive assessment of their needs which was implemented, evaluated and reviewed, and outlined the supports required to maximise their safety and quality of life.

Adequate resources were available to promote a restraint-free environment, such as the appropriate number and skills mix of staff.

Residents were facilitated to communicate concerns and complaints. A complaints procedure was on display. The procedure advised residents of the personnel responsible for the management of complaints, and associated time-lines for resolution of the complaint.

Overall, the inspector found that while there were some areas of the service that did not fully meet the National Standards with regard to restrictive practices, there was a positive culture in Birr Community Nursing Unit that supported an initiative to create a restraint-free environment. Residents enjoyed a good quality of life in a centre that promoted their overall wellbeing and independence.



## 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.

<b>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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### 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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