



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

Issued by the Chief Inspector

Name of designated centre:	Killarney Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Rock Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	06 February 2025
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0046330

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 6 February 2025	10:00hrs to 16:30hrs	Ella Ferriter

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

This was an unannounced, focused inspection on the use of restrictive practices in the centre. Overall, the inspector found that residents had a good quality of life in Killarney Nursing Home and were encouraged and supported by staff and management to be autonomous and independent.

Killarney Nursing Home is a designated centre for older people which provides long term care for both male and female adults, with a range of dependencies and needs. The centre is situated in the town of Killarney, in County Kerry. It is a purpose built three storey facility, two of these floors being allocated to residents and the basement housed the centres laundry facilities and storage. The centre is registered to provide care to 56 residents and it was at full occupancy, on the day of this inspection.

Bedroom accommodation in the centre consists of 51 single and two twin rooms, all with en-suite facilities. The inspector saw that bedrooms were personalised and homely with soft furnishings, family pictures and memorabilia. Residents gave positive feedback about the privacy and comfort afforded to them in their bedrooms. One resident's bedroom was seen to be decorated with multiple balloons and banners for their birthday. A birthday party was held on the evening of the inspection for this resident, with their family.

The inspector observed great efforts had been made to create an environment that was comfortable, homely and relaxed for the residents. The building was warm, bright, clean and well ventilated throughout. It was evident that the physical environment was set out to maximise independence, with regards to appropriate lighting and handrails along corridors, to assist residents to mobilise independently. Many residents were observed to move freely around the centre throughout the day.

The reception area was bright and nicely decorated with wallpaper, leather couches and pictures along the walls. Residents were seen to sit in this area and relax throughout the day and told the inspector they liked relaxing here and watching people come and go. At the main entrance to centre, the door was locked for safety and security reasons. However, this restriction was risk assessed, and reviewed within the centre's risk register.

The inspector saw that there was sufficient communal space in the centre to offer residents choice. This included a large sitting room and dining room on the ground floor which were both seen to be busy throughout the day. On the first floor there was a smaller dining room and a small sitting room. A hairdressing room was available for residents, which depicted a salon in the community. The inspector was informed that the hairdresser attended the centre every Monday. There was also a smoking facility within the building which was in use by three residents. The inspector noted that for these residents the smoking facilities were not restricted and there were appropriate risk assessments in place to ensure residents safety. An oratory was available for residents to practice their religion.

Residents living in Killarney Nursing Home were complimentary about the quality of care they received from staff, who they described as wonderful, caring, patient and kind. A number of residents were unable to have a conversation due to a cognitive impairment however, they were observed to be content and comfortable in their surroundings.

Residents told the inspector that the management and staff valued their feedback and made them feel included in the decision about how the service is run, and how the quality of the service could be improved. Residents mentioned that should they have a problem they were confident that management and staff would resolve it. The inspector read the notes of formal residents' meetings, which residents were supported by staff to attend. They made suggestion about menu choices, outings they wanted to go on and their suggestions with regards to activities. Residents had recently requested an additional bingo session on a Sunday with prizes and this had been arranged by staff.

The inspector spent time throughout the day in the various communal areas of the centre, observing staff and residents and saw many positive interactions. It was evident that staff respected residents and gave them choices during the day with regards to what time they would like to get up and where they would like to be served their meals. However, from discussions with staff and residents it was evident that there was limited access to the large sitting room in the evening, due to a reduction in staffing levels after supper time. Staff practices were to assist residents to the first or second floor after their meal, unless they were independent with their care requirements. This had not been recognised as a restrictive practice.

Residents had unrestricted access, via unlocked doors, to a two enclosed garden areas. The inspector saw that these areas were well maintained and had seating, planting and a water feature. Residents were observed using these independently throughout the day and doors to both remained unlocked. Smoking facilities were also situated in one of these garden areas.

The inspector had the opportunity to meet with three visitors on the day. One visitor stated that the quality of life of their family member had improved greatly since they came to the centre and felt this was due to the care they had received. Another visitor stated that they were very happy that their family member was taken on days out into town with the staff and commented that as they did not live locally, staff made an extra effort to keep them informed about daily activities that their relative partook in.

The inspector saw that residents had access to an activities programme seven days per week. The staff member, who led on the activities on the day of this inspection was observed to have excellent knowledge of each resident. For example; each resident was identified by name and the level of participation was adapted to meet their ability. On the day of the inspection residents were observed partaking in mass, a quiz, singing and crosswords. The main sitting room on the ground floor, was observed to be a hive of activity throughout the day. The room had been recently decorated in red for Valentine's Day which was approaching the following week. Residents told the inspector there was a party planned for the day, which they were looking forward to. Residents said they particular enjoyed the bingo twice weekly and the live music every Friday evening.

The next 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

There was effective governance and leadership evident in Killarney Nursing Home. Management and staff working in the centre demonstrated a commitment to quality improvement with respect to the reduction of restrictive practices, person centred care and the promotion of residents' rights.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed seven of the eight standards relevant to restrictive practices as being compliant and one being substantial complaint.

The registered provider of Killarney Nursing Home is Mowlam Healthcare Unlimited Company. The company comprises of four directors, who are also involved in the operation of other designated centres in the country. There was a clearly defined management structure in place that identified lines of accountability at individual, team and service levels, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. The registered provider had prepared and maintained a statement of purpose and function that clearly outlined the service it aimed to provide. The statement of purpose and function was up to date.

There was good oversight of training by the management team. Staff had received adequate training pertinent to their role in areas such as the safeguarding vulnerable adults, behaviours that challenge restrictive practice, dementia awareness and the promotion of human rights. The inspector was satisfied that there were enough staff members working, on the day of the inspection, and a sufficient skill mix, to ensure that care was provided to residents, in a manner that promoted their dignity and autonomy. However, the inspector was not assured that there were appropriate staffing resources in the evening and at night to ensure that residents were afforded choice with regards to where they would like to spend their evening.

The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint. The centre had a policy on restraint, which was aligned to current practice. The centre maintained a record of restrictive practices in use in the centre. This was reviewed weekly by nursing management and updated accordingly. On the day of inspection, two of the 56 residents living in the centre were using bedrails, which were considered restrictive. There were also six pieces of sensor equipment in use. There was an effective mechanism in place for the management of restrictive practice that monitored, recorded and reviewed the use of same. Audits were undertaken on the use of restrictive practice by the managers, to monitor trends

and areas for improvement. Restrictive practice was used as a last resort and for the least amount of time. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate equipment.

Pre-admission assessments were conducted by the person in charge to ensure the service could meet the needs of people. Following admission, care plans were developed to guide staff on the care to be provided. Care plans for residents who exhibited responsive behaviours were in place for ten residents living in the centre. The inspector reviewed a sample of these and found that they were updated four monthly and some contained person centred information. However, two were not up-to-date and did not capture all of the residents' needs, as it did not identify all the triggers and methods of deescalating behaviours. There was good access to general practitioners and old age psychiatry services, to promote good outcomes for residents.

Residents were provided with opportunities to express their feedback about the quality of the service, during monthly resident forum meetings. There was evidence that residents feedback was acted upon to improve the service they received in areas such as menu choices and the activities programme. A full review of the centres menu had taken place in response to surveys and feedback from residents in 2024. On the day of the inspection three residents told the inspector that following this they were more satisfied with the food choices available and the quality of food.

Staff and managers at the centre possessed a good understanding and knowledge of residents' rights. Residents were made aware of their rights at residents meetings and there were posters on display in the centre to provide information about making a complaint and the availability of advocacy services. Additionally, managers arranged for an independent advocacy agency to visit the centre to speak with residents' about their rights and how to contact an advocate to support them.

The person in charge maintained a complaints register for the service. The inspector reviewed a sample of complaints and found there were examples of good practice where complaints raised by residents were resolved in a timely manner. For example; some residents were not satisfied with the laundry services and enhanced arrangements were implemented. Residents were provided with feedback on the decisions made and the outcome of their complaint. Where residents were not happy with the outcome of a decision, they were provided with information on how to raise their concerns further.

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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