



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

Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Nursing Home
Name of provider:	Aras Mhuire Nursing Home Company
Address of centre:	Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	23 January 2025
Centre ID:	OSV-0000190
Fieldwork ID:	MON-0045965

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:

	Times of Inspection	Inspector of Social Services
January 23 rd 2025	09:30 hrs to 15:45hrs	Ella Ferriter

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

This was an unannounced inspection, which focused on the use of restrictive practices in the designated centre. The findings of this inspection were that Aras Mhuire Nursing Home promoted a culture where residents' rights were promoted and respected and the delivery of care was person centred. A restraint-free service and environment was encouraged and maintained, which enabled residents' independence and autonomy.

Aras Mhuire Nursing Home is a designated centre for older people situated in the town of Listowel, in North Kerry. 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 40 residents, in 28 single and 6 twin bedrooms. There were 36 residents living in the centre on the day of this inspection. On arrival to the centre, the inspector entered a large bright welcoming conservatory. This room had recently been redecorated with comfortable seating, new paint and curtains. The centre's pet budgie Isaac also lived in this area and was seen to be visited throughout the day, by residents and their family members.

The inspector observed that the centre was designed and laid out to meet the needs of the residents, and promoted free movement throughout. Consideration had been given to supporting residents to orientate themselves in the home and directional signage was prominently displayed throughout the centre. The internal décor of the centre had been enhanced since the previous inspection, which made it much more warm and homely. The walls of the corridors had been painted a sage green and new pictures hung on the walls. Flooring had been replaced on some corridors and bedrooms and new curtains had been hung. Residents' bedrooms were seen to be personalised, many of which had furniture and pictures from home as well as refrigerators. Some residents had chosen to bring in their own beds and this had been facilitated and encouraged.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The inspector observed that there were no residents' allocated bedrails, sensor mats, wander guards or lap belts on the day of this inspection. All doors in the centre to the external gardens remained unlocked throughout the day. At the main entrance to centre, accessed from the conservatory, the door was locked for safety and security reasons. However, this restriction was risk assessed, and reviewed within the centre's risk register. The key code was also on display for residents to use independently. Residents living in the centre had access to a range of assistive equipment such as low beds, powered wheelchairs and walking aids, to enable them to be as independent as possible. Some residents used specialised chairs that had been prescribed by an occupational therapist for clinical reasons, and these were not restrictive.

The inspector spoke with 12 residents during the day to gain an insight into their lives in the centre. The overall feedback from residents was overwhelmingly positive and they told the inspector that they enjoyed their life in Aras Mhuire Nursing Home. They

explained how they were supported by the team to exercise choice in many aspects of their daily life, such as what time they got up in the morning, how they spent their day, what they ate, and what time they chose to retire to bed in the evening.

The inspector observed that residents were dressed in their preferred attire and appeared relaxed and well cared for. Staff were observed throughout the day responding to residents call bells and providing assistance in a respectful and unhurried manner. It was evident that residents' privacy and dignity were respected, as staff asked residents for permission to enter their bedroom and knocked on doors before entering. Communal rooms were supervised at all times throughout the day.

The centre had two enclosed garden areas for residents to use. The inspector was informed that there were plans in place for development of a sensory garden, in the larger of the two gardens. A resident living in the centre was leading on this project and had recently fundraised in the community for this garden project, engaging with local businesses and garden experts. It was anticipated that this would be completed by the summer and available for residents use. Residents had been informed via residents meetings about the plans and feedback was positive about this addition to the centre.

It was evident that residents were supported to pursue interests that involved an element of positive risk-taking. For example, residents were encouraged to go into town and visit the bank, the post office, and local coffee shops. One resident had travelled with a staff member on the train to Dublin, the month prior to this inspection. The centre had a mini bus available and a member of staff was allocated to take residents out three days per week. On the day of the inspection the inspector saw a resident leaving to visit their friend in another local nursing home, which they told the inspector on their return that they really enjoyed.

The provider ensured that residents had access to a varied recreational programme. There were two activities staff allocated, seven days per week, which facilitated evening activities. From a review of records the inspector saw that activities such as exercises, reminiscence, games and art classes took place. On the day of this inspection a four piece ballad band played for over three hours and the inspector was informed they came monthly. Over 20 residents attended this session in the main sitting room where they were observed to be singing along, making requests and tapping their feet. Staff engaged with this session by dancing with residents, ensuring they were comfortable and serving drinks and snacks.

Visitors were seen coming and going throughout the day. Visitors expressed their immense satisfaction with the care provided to their relatives, and confirmed that there were no visiting restrictions in place. Visitors told the inspector that they were always made welcome and that there were excellent communications systems in place by the management team. One visitor told the inspector she was so delighted that her mother was so happy in the centre and described the centre as a "home away from home".

It was evident that the centre was embedded in the local Listowel Community. For example, people from the active retirement group attended the centre once a week to

run bingo for the residents and local musicians attended every Friday. The community also partook in local fundraising for the centre throughout the year, such as music nights and a yearly Rose of Tralee event in the local hotel.

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

Overall, the inspection found that there was a positive approach in maintaining and promoting a restraint-free environment in Aras Mhuire Nursing Home. Effective governance and leadership in the centre supported a commitment to the delivery of quality care with an emphasis on person-centred care, and the promotion 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 eight standards relevant to restrictive practices as being compliant. The inspector concurred with this assessment.

The registered provider of the centre is Aras Mhuire Nursing Home Limited, which is a voluntary body. There are ten directors of the limited company, which comprises of people from the local North Kerry Community, who are on the board in a voluntary capacity. The mission statement and corporate values in which the provider aspired to, as described in their statement of purpose was to "create a home environment where residents can remain active in their social, religious and recreational activities and remain connected to family, friends and the community".

There were effective governance structures in place to support oversight in relation to the operations of the service. These included monthly board meetings, audits, and the collection of key performance indicators along with staff and residents meetings.

The inspector was satisfied that there were enough staff members in the centre, 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. A review of staffing levels at night was taking place on the day of this inspection. A comprehensive induction programme was implemented for new staff, which included formalised clinical supervision by management. This was to ensure that staff were knowledgeable with regards to the promotion of autonomy, positive risk taking and that they had knowledge of each resident and their personal preferences.

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 recently updated and it 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 and all mandatory training for staff was up to date. Training included safeguarding vulnerable people, restrictive practices, a human rights based approach to care and supporting residents with complex behaviours. Staff spoken were knowledgeable about restrictive practices and the actions they would take if they had a safeguarding concern.

The person in charge spoke to the inspector about the process for admitting new people to the centre. It was 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. In addition, all residents and their families or representatives were advised on admission that the centre had a policy of being restraint-free. This meant that the use of bedrails was discouraged and less restrictive or safer alternatives were favoured. The management team was also very clear that bedrails would not be used on the request of residents' family or representatives.

The inspector reviewed a sample of residents' healthcare records and care plan documentation. Each resident had a communication and autonomy care plan in place and a detailed "key to me" completed, which was a support tool to enable the delivery of person-centred care. Residents with a history of responsive behaviours also had detailed behavioural support plans in place, which included information for staff on how interventions can prevent or reduce behaviours and how they can best support residents. There was good access to general practitioners and old age psychiatry services, to promote good outcomes for residents.

Residents were facilitated to communicate concerns and complaints. A complaints procedure was on display in the centre. The procedure advised residents of the personnel responsible for the management of complaints, and associated time-lines for resolution of the complaint. Complaints received were analysed and used to inform continuous quality improvement in the centre. A resident's survey was undertaken in 2024, which was overwhelmingly positive. Information was gathered with regards to whether residents felt respected in the centre, that their privacy was maintained and how they were treated by staff. Advocacy services were utilised for residents and information on accessing these services was on display and communicated at residents meetings.

In summary, findings of this inspection were that residents enjoyed a good quality of life in Aras Mhuire Nursing Home. It was evident that their independence and overall wellbeing was promoted and their rights were at the centre of care delivery.

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.

Appendix 1

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	
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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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