



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

## Issued by the Chief Inspector

Name of designated centre:	Maryborough Nursing Home
Name of provider:	Maryborough Nursing Home Limited
Address of centre:	Maryborough Hill, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	05 March 2025
Centre ID:	OSV-0004451
Fieldwork ID:	MON-0045149

## 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
Wednesday 5 March 2025	09:30hrs to 17:00hrs	Mary O'Mahony

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

This inspection of Maryborough Nursing Home was unannounced and carried out as part of the programme of thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the National Standards for Residential Care Settings for Older People in Ireland. From observations made by the inspector it was evident that there was an ethos of respect for residents promoted in the centre, and person-centred care approaches were observed throughout the day. Overall, the inspector found that residents had a good quality of life and were supported by staff to remain independent and to have their rights respected and acknowledged. The impact of this ensured good outcomes for residents.

Maryborough Nursing Home is a designated centre for older people, registered to accommodate 36 residents. There were three vacancies on the day of this inspection and the three, prospective, residents had already been accessed, as suitable for admission. The centre is situated on the outskirts of Douglas Village and was first established in 1989. On entry to the centre, the inspector's first impressions were that, it was well-maintained, comfortable and warm. There was a fresh, clean smell permeating around the home and resources had been invested in, installing new flooring in some areas, framed scenic posters of familiar places, suitable signage and re-painting, both internally and externally. The flooring upgrade and painting, was a work in progress and was being addressed in a phased manner. The walls of the external patios were decorated with colourful murals and the substantial garden furniture was being prepared, and cleaned, for the spring and summer months ahead. There was a busy, convivial atmosphere in the centre and visitors were seen coming and going throughout the day. They informed the inspector that communication was very good and they were confident that their family members were safe and their freedoms were not restricted in Maryborough.

The inspector spoke with residents in their bedrooms, in the spacious sitting room and dining room and in the furnished entrance foyer. The inspection commenced with an introductory meeting, attended by one director, who was the general manager, and the person in charge. Following this, the inspector was accompanied on a walk around the centre. The inspector observed that a number of residents were mobilising independently, getting up, some were eating, and other residents were chatting to their visitors and engaging in activity. Breakfast and lunch was served to residents in the sitting room or in the dining room, and there were a small number who had requested to dine in their bedroom. Meals times were seen to be sociable events, with choice on offer at each meal. Snacks and drinks were served between meals, including "hot-cross buns", which were brought in by the activity coordinator. It was apparent that residents had a great rapport with this staff member, who explained the origin of the hot cross buns and discussed these traditions, with an interested and engaged group of residents.

Residents' accommodation was laid out on one level. Bedroom accommodation in the main, consisted of single en suite bedrooms, with one twin room. The bedrooms were divided into five corridors, named for previous residents, Fitzmaurice, Fitzgerald, Hand, O'Brien and Clogan corridors. Residents told the inspector that they were

happy with their rooms, especially having toilet and shower facilities en suite, or in close proximity. There was an assisted bath in one bathroom, which afforded residents' choice of preferred personal care. Rooms were spacious and individualised, with photographs, crocheted quilts, DVDs, jigsaw tables, flowers and mementos, providing glimpses into residents' previous activities and family life. In each bedroom, the weekly activity list, clocks, radios and TVs, orientated residents to the day and time, supporting their cognitive well being.

There was easy access to the colourfully decorated patios from a number of hallways. Residents said they were looking forward to the warmer weather, and spoke about the enjoyable summer parties, barbeques and music events, held outside last spring and summer. A walking club had been established, by the three activity personnel, which meant that residents had frequent outings and daily walks. In addition, a physiotherapist was engaged, to attend twice a week for mobility and balance exercises. In the morning, the inspector spent some time in the sitting room, where mass was playing on the TV. In addition, the inspector saw that another group of residents attended a service in the library, led by their own religious minister. In the afternoon there was personal one-to-one time, and arts and crafts, led by the enthusiastic activity co-ordinator. The activity staff member was seen to ensure that all residents had personal social time during the day, even those who were sitting in their bedrooms, or in the smaller sitting areas. Afterwards residents were seen to use a song book, to sing along with their favourite songs. Residents reminisced about their memories of the songs, and how they had a long happy association with the music. One resident, who had been the owner of a dance studio in their youth, sang a favourite song and all other residents joined in. In addition, another resident was celebrating their birthday, and family were seen to bring in presents in the morning. Staff had provided balloons, and a cake was ready for tea time. An external musician was due to come in after evening tea for the celebration, and the inspector was informed that activities were available daily, until 9pm.

Residents had access to mobile phones, "tablets", DVD players, computers and radio, daily newspapers and personal TVs. Mobile phones were seen to be used by residents and they were observed to be 'charging' for residents' use. One person, who was adept at using the computer, had been given the task of researching the new microphone and sound system for the centre. The resident discussed this with the inspector and spoke positively about how their previous life skills were put to good use, and how they enjoyed living in the enabling environment, created by staff.

Efforts were made to ensure privacy while personal care was being administered and signage was seen on bedroom doors, when care activity was being carried out. In addition, staff were seen to knock on bedroom doors prior to entry, and were heard to explain interventions to residents. The inspector saw that residents were free to access all areas within the building. Codes for key fob access were made available on the wall near relevant doors, for those residents who could use them.

Residents spoke positively about recent outings facilitated by the community Gardaí, who made their community bus available, whenever this was required. The person in charge and the general manager praised the Gardaí, and said they were very patient and aware of the needs of residents during the outings. Currently, staff were looking

into the availability of a suitable church for an external mass, as this had been requested by residents. In this way, residents were supported to maintain personal relationships in the community. They visited scenic areas, local shops, places of interest and coffee shops, with the assistance of staff and the activity personnel. Residents said how much they enjoyed going out, as it gave them a sense of "independence" and "connection".

Residents were seen to be familiar with staff, who all wore name badges, which they found very helpful. They described staff as "kind", and "very good". Throughout the day, all staff were seen to interact with residents in a kind and respectful manner, and residents confirmed that they had established good relationships. The person in charge told the inspector that these relationships were enhanced by the fact that there was a stable and dedicated staff group in place, many of whom had worked in the centre for a number of years. Senior staff were seen around the centre keeping in touch with residents, supervising staff and meeting relatives. Staff were heard engaging in social conversation, speaking about community events, the recent GAA and rugby matches, residents' families and life in the centre. Residents said that they were looking forward to the "big rugby match" coming up at the weekend, and they discussed recent world affairs, in particular American developments. The inspector found that there was a real sense of understanding and support for residents' rights, as well as inclusion in decisions about the centre. This was evidenced by information seen in care plans, minutes of the monthly residents' meetings and conversation with residents, staff and relatives.

The inspector observed that notices were displayed, encouraging residents to make their concerns known, and advising them about the advocacy services available. Residents were found to be familiar with the process of making a complaint and they told the inspector that they had been reminded at the monthly meetings, to make a complaint if they were unhappy about any aspect of care. Relatives also confirmed that there was good communication and that there was no problem visiting. Residents told the inspector that they felt safe and happy. They said they were glad of the support they received from staff and felt that their freedom was not restricted. Residents loved seeing the hairdresser coming in, as well as medical staff, external musicians, the Gardaí, the art therapist and the physiotherapist. They felt they had increased sociability because of this. Small group activities such as bingo, and art and crafts were very popular. Each activity, such as the art work and crafts, were seen to be targeted to meet residents' needs and capabilities. The person in charge stated that they were considering doing an exhibition of one resident's art work, as they were a prolific and talented painter.

There were three staff assigned to the activities programmes. A monthly programme was seen in each resident's bedroom, as well as copies of the most recent newsletter. Large displays of recent photographs confirmed that this was a busy, active group of residents, who were facilitated to enjoy life and participate in meaningful, relevant and enjoyable events of their choice. Relatives and residents praised all aspects of the care and said all the team were approachable. One man told the inspector that having travelled the world throughout his life, he "had finally found his little piece of heaven in Maryborough".

## Oversight and the Quality Improvement arrangements

Maryborough Nursing home was a designated centre that promoted a restraint-free environment, through effective and knowledgeable management. The management team, consisting of the person in charge, and the clinical nurse manager (CNM), were supported by the group's operation manager. They demonstrated a commitment to quality improvement in respect of restrictive practice and constantly reviewed and audited practice, to ensure that best-practice guidelines were being followed. There was a proactive approach towards positive risk-taking in the home, where residents were supported to remain as active, and independent, as possible.

The person in charge had completed the self-assessment questionnaire on restrictive practice prior to the inspection, and had returned the completed questionnaire to the Chief Inspector. They had assessed their centre against the national standards, relevant to restrictive practice, and had evaluated the centre as compliant, in this area. Following this inspection, the inspector also found that the centre was compliant, in respect of the standards inspected against to evaluate the use and management of restrictive practice.

A range of audits had been developed to support oversight of restrictive practice which included, restraint, monthly medication audits, that included psychotropic prescriptions, privacy and dignity, and activities. When areas for improvement were identified these were actioned and key issues, such as assessments, care planning, restrictive practice and the physical environment, were constantly reviewed. Clinical governance meetings were facilitated on a monthly basis. Restraint review was a set agenda item for these meetings, which incorporated the restraint committee.

The roster seen confirmed the staffing levels, discussed with the person in charge, on the day of inspection and residents told the inspector that they were well supported by staff. Staff were required to attend training, such as safeguarding, restrictive practice, human rights, positive risk taking and responsive behaviour in dementia care. The training underpinned the ethos of the centre, which prioritised choice and autonomy for residents. Conversations with a number of staff, and practice observed on the day of inspection, indicated that they were aware of the alternatives to restraint, they were aware of the policy on the use of restraint, and they had an understanding of the issues underlying behaviours associated with dementia. They explained, to the inspector, how residents would be facilitated to go out for a walk, to engage in some meaningful activity, go to the library, or to the privacy of their room, to enable choice each day. Complaints, even though they were rare, were seen to be recorded, and learning was disseminated to staff, to ensure learning and improved practice occurred.

Residents were assessed prior to admission, to ensure that their needs could be met. A sample of these assessments, and the care plans in place on the computerised system, were seen to contain information to guide staff on providing personalised care. Care plan records confirmed that residents' views, and those of their families, were included in any new decisions and they were involved in each care plan update.

The person in charge confirmed that residents had been made aware of the advocacy service and a number had availed of these services, when they required independent advice. This access supported residents' right to independent, external services, as set out in the regulations, to ensure their wishes were adhered to and their human rights were respected.

Residents had access to assistive equipment such as wheelchairs, electric wheelchairs and walking frames, to enable them to be as independent as possible. Many aspects of the physical environment enabled independence, For example, good lighting and handrails on corridors facilitated easier and safer mobility. Residents had their walking aids within easy reach. Each toilet and shower area had appropriate assistive rails in place for residents' safety and independence,

There was a restraint policy in place, and practices observed in the centre, reflected the key elements of this policy, which was based on the national policy on the use of restrictive practices. A weekly and daily log was maintained on the care monitor system, for the use of any restrictive practice. Staff documented the hourly checks of residents, when low-low beds, "fall-mats" or specialised chairs, were in use. Members of the management team spoke with the inspector about the processes in place to monitor the safe use of restrictive practices. There were no bedrails required, for any resident, on the day of inspection. Four sensor mats (devices which alarmed on movement), to alert staff in a timely manner to a fall risk, were in use, and five specialised chairs, which had been assessed as suitable by the occupational therapist (OT), were available to meet the needs of certain residents. There was evidence seen that restrictive practice care plans were reviewed regularly, with a focus on ensuring the use of the least restrictive alternative. Multi-disciplinary team (MDT) input was included in this assessment. A signed, consent form, giving permission, and an explanation, for the use of any form of restraint was available, within care plans. To support and implement best practice, training was ongoing, resulting in an improved quality of life for residents.

The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources, equipment or technology.

Overall, the inspector found that there was a positive, enabling culture in Maryborough nursing Home, which promoted the overall wellbeing of residents and a person-centred, rights-based, approach to care.



## 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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