



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Foxrock Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Westminster Road, Foxrock, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	16 April 2025
Centre ID:	OSV-0005238
Fieldwork ID:	MON-0046892

## 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 16 April 2025	09:00hrs to 17:00hrs	Lisa Walsh

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

This was an unannounced inspection to monitor the use of restrictive practices in the centre. Residents were supported to live a good quality of life. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individual residents. Management and staff were observed to have a positive approach towards a restraint-free environment and aimed to ensure that they provided a human rights based-approach to care. There was a person-centred culture of care in the service and the inspector observed that residents' rights were upheld. The inspector spoke with the majority of residents on the day of inspection, and 10 residents in more detail. Overall, residents provided positive feedback on their day-to-day lives in the centre.

Foxrock Nursing Home is a custom built facility, located in rural Dublin on the outskirts of Foxrock village. The centre can accommodate up to 40 residents, with 39 residents in the centre on the day of inspection. The centre was homely, clean and comfortably decorated with many homely features.

The inspector observed residents in various areas throughout the centre, for example some residents were in one of the two lounge areas having tea and biscuits following breakfast, some residents were getting their hair done and others were resting in their bedrooms. The atmosphere was relaxed and calm. The design and layout of the centre did not restrict the resident's movement. Residents were seen mobilising independently and with the use of mobility aids around the centre throughout the day.

Residents had access to a variety of communal areas in the centre. There was a sitting room, which was used for lively activities, such as, exercise classes. The piano room, which was a quieter space for residents to enjoy had classical music playing in the background during the morning, while residents rested or read the newspaper. A large bright dining room lead out to a conservatory, which overlooked the well-manicured garden. Residents could freely access the garden through the conservatory and also through the main entrance of the centre, which had a key pad and the code to this displayed next to it. There was also a salon in the centre, which was a hive of activity on the day of inspection, with residents chatting and having a real hair salon experience.

An electronic key pad was in place at the main entrance into the reception area. The key pad code was displayed next to the door for residents. The inspector was informed that residents who were able to use the key-code pad could do so if they wished. The risk of having the door electronically locked was regularly assessed and reviewed. Visitors were observed to be coming and going from the centre on the day of inspection. Visitors spoken with said there were no restrictions on visiting and felt like they were always welcome in the centre.

Residents were accommodated in 32 single occupancy bedrooms and four twin occupancy bedrooms, all of which were en-suite. Bedrooms were decorated in

accordance with individual choice and many residents had brought items from their homes. Each room was clean and appeared clutter-free while continuing to ensure that homely atmosphere was maintained. Residents who were in their bedrooms on the morning of inspection, had their bedroom doors closed to ensure their privacy. Residents' who shared a bedroom had privacy curtains available to use and adequate space for each resident to carry out activities in private and to store their personal belongings. All residents who were up and dressed were in clean attire of their choice. Staff were observed to engage with residents in an empathetic way by asking them about their preferences and communicating in a kind and respectful manner.

Residents told the inspector that they were happy living in the centre. They were also highly complementary of the staff and the care they provided, with one resident saying staff were "A1". Other residents used the terms like "excellent", "staff are very good to me" and "staff know me well" when describing staff in the centre. One resident spoken with expressed that they were unhappy living in the centre, they were being supported by the person in charge to explore alternative accommodation options.

Residents' call-bells were observed to be in reach of residents when they were in their bedrooms. Residents told the inspector that their call-bells were answered promptly, when they needed assistance. Staff were observed providing timely and discreet assistance, which enabled residents to maintain their independence and dignity.

There was a varied menu made available to residents for each meal. Residents were provided with menus in advance of the lunchtime meal to choose from. Residents were also shown plates of food prepared during the meal service and facilitated to change their mind with regards to their lunch order at service time. Residents were overwhelmingly complimentary of the food cooked onsite and the dining experience in the centre, with one resident describing it as "excellent". Meals were served in two settings, in the dining room where the majority of residents had their meals and the piano room. During meal times, a dining table was brought into the piano room where residents who required assistance were supported to have their meals to ensure their privacy and dignity. Some residents ate in their bedroom which was aligned with their will and preference. The mealtime experience was observed to be very sociable and enjoyable, with residents and staff chatting to each other.

Residents had access to activities in the centre. The available activities were displayed on a large notice board near the communal rooms and in various parts of the centre. Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. A new large screen television had been placed in the dining room to give a cinema experience, for sports events and to watch Mass. On the day of inspection, residents were observed taking part in karaoke with staff, enjoying listening to classical music while reading papers and an exercise class. Overall, residents said they were happy with the activities provided. However, one resident expressed their view that the activities available were not meeting their needs.

The centre's complaints policy was made available. The procedure for residents and visitors to make a complaint was displayed around the centre. The policy in place

guided staff on how to deal with any complaints, both verbal and written. The residents that spoke with the inspector said they would talk to any staff member if they had a concern or complaint. Independent advocacy services and their contact details were made available to residents and posters were displayed around the centre. Details on the centre's approach to respecting and upholding residents' rights were also displayed around the centre. Residents meetings were held regularly and this provided residents with the opportunity to have their say on the service provided to them and what changes they would like to see, which was proactively responded to by management.

## Oversight and the Quality Improvement arrangements

The registered provider had a robust governance structure in place to promote and enable a quality service. This was observed to be a good service that promoted a restraint-free environment through effective leadership.

There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this centre. The person in charge was familiar with the guidance and had been working with the management and care team to reduce and eliminate where possible restrictive practices. The person in charge had submitted a self-assessment questionnaire to the Chief Inspector of Social Services prior to the inspection and had developed a targeted improvement plan.

The governance structure in place was clearly defined and had clear lines of accountability for individual roles. There was an auditing schedule in place which informed the quality and safety of the service provided, which included auditing of restrictive practices in use. There was good oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. There were also appropriate risk assessments for bed rails, responsive behaviours, environmental risks and falls with the least restrictive controls in place. The centre had low levels of restrictive practices in place on the day of the inspection.

There were policies and procedures in place, including one to promote a restraint-free environment together with supporting policies for emergency or unplanned use of restrictive practice. A risk register was maintained; staff spoken with were familiar with it and had good oversight of the restrictive practices used by residents.

A sample of assessments and care plans were reviewed and these had detailed person-centred information to inform staff on the care the resident required or requested. These included the alternatives trialled prior to the current restraint being used. Residents with restrictive measures in place had detailed care plans in place to guide staff. Residents and relatives spoken with stated that they were involved in the decision-making process and that there was on-going discussions with them regarding their care. Information leaflets were also provided to residents about restraint to aid their understanding of what these are and to ensure they could give informed consent. Consent forms for residents who had a physical restriction were signed by the resident in conjunction with the nursing staff and the resident's family, if appropriate.

Resources were made available for staff training and for equipment such as low to floor beds and falls prevention mats in bedrooms. Staff had undertaken mandatory training in restrictive practice, human-rights, and training which included the management of 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).

Overall, the inspector identified that management and staff in Foxrock Nursing Home were committed to promoting a restraint-free environment for residents. Residents enjoyed a good quality of life, where they were facilitated to enjoy each day to the maximum of their ability.



## 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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