



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

Issued by the Chief Inspector

Name of designated centre:	The Ardmore
Name of provider:	CareChoice Finglas Limited
Address of centre:	Finglas Road, Tolka Valley, Finglas, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	05 February 2026
Centre ID:	OSV-0005307
Fieldwork ID:	MON-0046705

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 5 February 2026	08:30hrs to 16:30hrs	Sheila McKevitt

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

The inspection of The Ardmore was unannounced and carried out as part 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 respect for residents promoted in the centre and person-centred care approaches were also evident. Several residents spoke with the inspector on the day of inspection.

Overall, the inspector found that residents had a good quality of life and were supported by staff to have their rights respected and to be included in decisions about their care. The inspector observed that some residents did not have access to their call bell when they were asleep in their bed; therefore they could not call for assistance.

Following an introductory meeting with the assistant director of nursing to explain the process of the restrictive practice thematic inspection, the inspector and assistant director walked through the centre. The inspector spoke with many residents during this walkaround. One resident told the inspector that "staff were great" and another said they "look after me".

Residents were being assisted with personal care and some were having their breakfast in their bedrooms. The inspector observed that during personal care, the residents' bedroom doors were closed, maintaining their privacy and dignity. Bedroom and bathroom doors had a privacy lock in place. Staff spoken with were aware of why the restrictions for some residents were in place.

Residents knew their way around the centre and the location of their own bedrooms which were seen to provide a comfortable personal space with storage for their clothes and personal possessions. Two long-term residents informed the inspector they would benefit from having more storage, particularly for footwear. Some residents had personalised their bedrooms with pictures and furniture. Signage to orientate and direct residents throughout the centre was clear and well positioned.

There was a secure outdoor area for the residents to use. It was freely accessible to them and was safe and secure.

The residents were seen to be engaged in activities during the inspection. On the morning of inspection some residents were taking part in an arts class. Many of the residents expressed that this was really important to them. In the afternoon there was a music session. Residents spoken with were very happy with the activities provided for them.

Residents spoken with at lunch-time in the dining room gave positive feedback about the food served and the choice at every meal. Meals were pleasantly presented and looked appetising and the daily menu was displayed in the dining room. Three residents told the inspector the food was not good and on review of the recent

residents' survey analysis a number of food-related issues had been brought to the attention of the management team, who were addressing the issues with the catering department.

Mealtimes were seen to be a very social experience for the residents on each of the floors. Some residents were served their lunch in the sitting room where they were seated at individual bedside tables and ate their lunch alone. These residents did not have access to condiments and did not enjoy the same dining experience as residents on the other floors. Residents needing assistance during the meal were given this in respectful and calm manner.

The complaints procedure and details of advocacy services were accessible to residents. Information regarding meal choices and the activity schedules were on display and available to the residents also.

Residents were able to have their say on the service received during regular residents meetings, however residents' rights had not been discussed at the meetings held to date.

Overall, the inspector found that the culture in The Ardmore was one where the well-being of the residents was promoted and where a rights based approach to care delivery was in its infancy.

Oversight and the Quality Improvement arrangements

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy, caring for adults with responsive behaviour policy and a consent policy.

A restraints register had been established to record the use of restrictive practices in the centre and was updated on a weekly basis. There was a restrictive practice audit in place which indicated how compliant the staff were in being guided by the policy and identified when improvements were required, however, the audit tool required review to ensure it covered all areas of restrictive practice and had a time bound action plan.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. There was a restraint risk assessment in use, which included the alternatives trialled, however some residents' assessments did not reflect the alternatives trialled prior to a restraint being used. Residents with restrictions in place were found to have detailed care plans and although the care plans of those with bedrails in place stated they were to be checked every two hours when in use, the inspector observed that these checks were not recorded for all those using bedrails

The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible. The inspector was satisfied that residents were not unduly restricted in their movement around the centre in their specific floor.

Residents had access to a multidisciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised of the physiotherapist, general practitioner, director of nursing and there was evidence that each resident with a restraint in use had been assessed. The restraint consent form reflected all those consulted with prior to the clinical decision being made to use each form of restraint. Consent was sought from the residents if appropriate and their families were also involved in the decision-making process.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, and ongoing training was scheduled to ensure all staff training remained current. However, further training was required in relation to a rights-based approach to care.

A restraint-free environment was being promoted to ensure a good quality of life was experienced by residents. However, further improvements were required to ensure the practice was fully established and to ensure a rights-based approach to care was embedded in the culture and the independence of residents was promoted in accordance with the centre's statement of purpose.

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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