



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

## Issued by the Chief Inspector

Name of designated centre:	Dunlavin Nursing Home
Name of provider:	Dunlavin Nursing Home Limited
Address of centre:	Dunlavin, Wicklow
Type of inspection:	Unannounced
Date of inspection:	03 April 2025
Centre ID:	OSV-0005381
Fieldwork ID:	MON-0045581

## 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
Thursday 3 April 2025	09:30hrs to 14:30hrs	Sinead Lynch

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

The inspection of Dunlavin Nursing Home was unannounced and carried out as part of the thematic inspections programme, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

This centre has a positive, human-rights based approach to care. Residents spoken with told the inspector that their rights were upheld and that they had freedom, this included to come and go from the centre.

From what the inspector observed and through conversations with residents, it was evident that residents were happy with the service provided. Residents reported they felt safe in the centre and did not feel that any restrictions had been placed on them.

Residents' daily routines were flexible and were determined by them individually on a daily basis. For example, residents told the inspector that they had choice and control over how they spent their day and always had a choice of meals and activities they could attend.

The use of restraint in this centre was minimal. There were eight residents with both bedrails and ten sensor mats in use. One resident had their cigarette lighter held by staff while another had their alcohol held by staff. The centre was currently not a pension-agent for any resident.

The nursing home was accessed by calling the front door bell. A receptionist or a member of staff controlled the front door from the reception desk. Visitors and residents could come and go through the front door. Visitors were asked to sign the visitors' book and those spoken with confirmed that there were no visiting restrictions. Residents and their visitors had access to the safe and secure internal gardens. The doors to the gardens were open, making them accessible at all times.

All doors, including bedroom, communal and en-suite bathroom doors could be locked. Residents spoken with said they were facilitated to maintain their privacy.

Residents had the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents' meetings. Residents told the inspector that these meetings were an opportunity for them to receive information on updates in the centre and to give feedback on matters that were important to them. Minutes of these meetings were observed and over 30 residents had attended the latest meeting in March 2025.

The inspector saw many positive, meaningful interactions between staff and residents, and it was evident that staff had a good knowledge of residents' hobbies

and interests. There was a weekly activity schedule advertised in the centre to inform residents of what was on offer, which was based on their interests, preferences and capabilities. Residents told the inspector that there was always something to do and that they enjoyed attending activities.

During the lunchtime service, the atmosphere was relaxed, and support with meals was delivered in an unhurried manner. Each dining room had been nicely decorated with new oil tablecloths and plants. There was a homely feel to the dining rooms and residents informed the inspector that they were very happy to attend such a 'pleasant room for their meals'. Residents also told the inspector that they were offered a choice at mealtimes and were complimentary regarding the food provided. Meals served to residents appeared to be appetising and well presented.

The complaints procedure was on display in various prominent places throughout the centre. Residents also had access to independent advocacy services, and notices for these services were displayed throughout the centre.

Overall, the inspector found that the centre had a positive approach to restrictive practices and was working towards implementing a human rights-based approach to care.

## Oversight and the Quality Improvement arrangements

Overall, the governance structure and management systems in place ensured that there was good oversight of the restrictive practices in use within the centre. The management team was promoting a restraint free environment and upholding residents' rights.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and how assessment and care planning were used to safeguard and maximise residents' wellbeing.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. There was a restrictive practice committee in the centre to guide staff and practices that were in place. A restraint register was in place to record the use of restrictive practices, and was updated each month. The contents of the most up-to-date restrictive practice register were used to review residents' restrictive practice documents. The inspector found that each resident with restraints in use had a restraint risk assessment and person-centred care plan.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. The inspector found that, overall, the care plans were person-centred and they were developed in consultation with the resident and, where appropriate, the residents' representative.

Staff were appropriately trained in restrictive practice, safeguarding vulnerable adults and behaviours that challenge. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving knowledge and practices.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low-low beds, instead of having bedrails raised. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

Overall, the inspector found that there was effective governance in the centre that supported a positive approach towards minimising restrictive practices.

## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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