



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

## Issued by the Chief Inspector

Name of designated centre:	Cara Care Centre
Name of provider:	Orbitview Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	10 April 2025
Centre ID:	OSV-0000735
Fieldwork ID:	MON-0046691

## 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 10 April 2025	09:45hrs to 15:45hrs	Karen McMahon

## 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 Cara Care Centre, Santry, Dublin 9. Through discussions with residents and staff, and from the observations of the inspector on the day, it was evident that a restraint-free environment was promoted and that management and staff aimed to ensure that they provided a human rights based-approach to care.

On arrival the inspector was greeted by the person in charge and following an introductory meeting, the inspector was escorted through the premises.

Cara care centre is registered to accommodate 102 residents with 86 residents living in the centre on the day of inspection, two of whom were out on leave on that day. The centre is laid out over five floors and also has a basement level. Two lifts and three stairwells connected the floors. The basement did not contain any resident accommodation but contained a number of ancillary rooms including the laundry and staff changing areas.

The ground floor consists of 10 single bedrooms, a newly renovated family room, coffee dock and dining room. The first floor contains 13 single bedrooms and five twin occupancy bedrooms and this is mirrored through the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> floors. All bedrooms had en-suite facilities and there was also access to shared toilet facilities on all floors.

Bedrooms had sufficient storage facilities for residents' personal items and a lockable space. Bedrooms were observed to be spacious and provided sufficient floor space for residents to carry out their activities and mobilise unhindered. Each resident were free to personalise their bedrooms with furniture, artwork and other items of interest. However, the inspector observed that residents in shared accommodation only had access to one TV in their room, restricting their right to choose what they would like to watch.

Each floor contained a dining room and other communal spaces throughout the first to fourth floor included sitting rooms, visitor/family rooms, an oratory which had recently been relocated from the ground floor to the fourth floor, activity room, hairdressing salon and physiotherapy room. All of these spaces were observed to be available to all residents at all time of the day or night and had no restrictions in place.

Residents had access to a safe enclosed garden space, accessible through an automatic door on the ground floor. The garden had clean well maintained pathways, Japanese garden style features and suitable outdoor seating. However, one area of the garden was seen to be poorly maintained and a large green corrugated garden shed for storage was located here. This area was not visually pleasing to residents residing in the rooms looking out at this area and was not a suitable space for residents to enjoy. Management in the centre committed to reviewing this on the day of inspection.

Residents were facilitated to take their meals in either the dining room or bedroom, whichever was their preferred choice. There was a varied menu made available to residents for each meal. Residents were provided with choice in advance of the lunch time meal. The inspector observed that their preference was respected and their expressed choice was provided to them. Meal times were a relaxing and enjoyable experience for residents who engaged in conversation with other residents and staff.

The inspector observed that there were no restrictions on the use of the lifts in the centre. Residents could travel unrestricted between the ground and fourth floor. However, there was a restriction in place for accessing the basement level, for safety reasons. The stairwells were also protected by a keycode lock. Staff in the centre told the inspector this was for safety reasons as it was risk assessed as a high falls risk for those with mobility issues. There was a butterfly print located on the wall next to the entry point for the stairwell, which displayed the entry code for those residents who could utilise this and make an informed decision regarding using the stairs.

Residents spoken with on the day of inspection told the inspector that the lift was their preferred method to mobilise between the floors. One resident told the inspector that while their bedroom is on the fourth floor, they regularly move between the floors to sit in the coffee dock on the ground floor and to chat with their friend, who also lives here on another floor. They told the inspector how they enjoy being able to mobilise around the centre and never feel restricted from going anywhere.

There were two activity co-ordinators on duty on the day of the inspection. However, the inspector observed little in social activities taking place throughout the day of inspection. Many residents were observed to be lying on their beds or sitting in front of the TV with no social interaction. In the afternoon the inspector was informed that a group of residents went bowling. The inspector observed a group of four residents sitting in the sitting room on the second floor with music videos playing, with a staff member sitting at the back of the room. The volume of the music was very loud and was audible from the lift. No other activities were observed taking place throughout the centre. While each floor had a large white board displaying relevant information for residents there was no information regarding the activities that were scheduled or their time and place.

There was access to advocacy services for residents who wished to avail of independent support should they require it. Information posters and leaflets were displayed at various areas of the centre. Information posters in the lifts also informed residents, staff and visitors about important issues including raising safeguarding concerns and making a complaint.

All residents who spoke with the inspector were complimentary about the care they receive living in the centre. No one voiced concerns regarding restrictions in the centre or their choice or rights not being respected.

## Oversight and the Quality Improvement arrangements

The inspector found that staff and management of the centre were committed to promoting and achieving a restraint free environment to ensure and maximise residents' rights and choices. The registered provider had a robust governance structure in place to promote and enable a quality service.

A self-assessment questionnaire had been completed by the management team prior to the inspection and submitted to the Chief Inspector of Social Services. The questionnaire detailed the service's response to restrictive practises within the centre and provided a summary of all the approaches that the service was taking to reduce and eliminate restrictive practises.

A restrictive practise policy gave clear guidance on how restrictive practise was to be managed. The policy included guidance regarding emergency or unplanned use of restrictive practice.

A restraint register was in place to record the use of restrictive practices in the centre and this was updated on a regular basis by management. This was used for ongoing monitoring and trending of restrictive practises. From a review of the register and a review of the quarterly notifications of the centres' use of restraint, submitted to the Chief Inspector in line with regulatory requirements, the inspector observed that while there had been no significant increase in the use of restraint in the centre neither had there been a significant reduction in the restraints in use in the previous 12 months. There was no evidence of a detailed quality improvement plan in place to address this being available on the day of inspection.

Staff had up-to-date training on safeguarding vulnerable adults, behaviours that challenge, restrictive practice and human rights-based approach to care. Staff spoken with on the day of inspection were knowledgeable on what was restrictive practise and the relevant procedures that were in place around its use. Staff were observed to allow residents to freely mobilise around the centre and did not try to restrict their movement in any way. Staff were observed to gently interact with those who had a cognitive impairment and assist them to where they were trying to go.

Samples of restrictive practise audits were provided to the inspector. The results were in line with the findings from this inspection, and indicated that while there was an overall good compliance, there was still some areas requiring review for sustained quality improvement. While it was noted that some audits showed improvements with compliance, the overall result was not always sustained. For example, the audit result for June 2024 showed an improved compliance rate of 73%, however, this fell to 64% in September 2024 and then improved to 75% in December 2024.

The inspector reviewed a sample of resident care records. These contained risk assessments and comprehensive person centred care records where restrictive practises were utilised. The rationale for the use of restrictive practise was recorded in the relevant consent and clinical decision making forms. Records indicated that a least restrictive practice was trialled before the use of more restrictive practises such as bedrails.

Recent changes to communal areas had taken place in the centre including the relocation of the oratory/reflection space from the ground floor to the 4<sup>th</sup> floor, and repurposing of the previous oratory to a family room. There was also a coffee dock added to the ground floor, where there were tea and coffee making facilities for residents and their visitors. However, there was no signage around the centre or in the passenger lifts to inform residents regarding the location of these communal spaces to encourage residents to utilise these facilities.

Overall, the inspector identified that progress had been made in Cara Care Centre, on promoting a restraint free environment. While opportunities for improvement were identified during the inspection, it was clear that residents enjoyed a good quality of life to the best of their abilities.

## 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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