

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

Issued by the Chief Inspector

Name of designated centre:	Anam Cara Housing with Care
Name of provider:	Fold Housing Association Ireland Company Limited by Guarantee
Address of centre:	Anam Cara, St Canice's Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	08 April 2025
Centre ID:	OSV-0000749
Fieldwork ID:	MON-0046682

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
Tuesday 8 April 2025	09:30hrs to 13:30hrs	Sheila McKeivitt

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. Management and staff were found to have a positive approach towards a human rights based-approach to care. The inspector observed residents' rights to be upheld. Residents who spoke with the inspector said they could live their life as they wished and they were 'empowered' to make their own decisions.

The inspector spoke with residents in their bedrooms, day rooms and dining rooms. The atmosphere was relaxed and care was delivered in an unhurried and unobtrusive manner. Staff actively engaged with residents, asking them their preferences and engaging in a kind manner. Bedrooms were decorated in accordance with people's choice and many of the residents had brought personal items from their homes.

There was a choice of meals made available to residents at each meal. Residents were observed to pick and choose as they wished from the menu. The inspector observed residents having breakfast in one dining room table, some residents were enjoying cereal while others were having boiled eggs. Residents told the inspector that the food was good and they always got a choice. There were trolleys around the centre with fresh drinks and clean glasses for residents to access easily. Residents who chose to stay in their bedroom had their fresh water replenished daily and had access to a fridge in their bedroom where they could keep their own drinks.

Anam Cara Housing with Care was accessed by calling a front door bell which staff controlled. Visitors came and went via the front door. Residents spoken with confirmed that there were no visiting restrictions. Residents and their visitors had access to the enclosed gardens, the doors of which were accessible at all times. Residents on the first floor could exit and enter the front door independently, those living on the ground floor dementia unit required the assistance of staff.

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Residents had access to a schedule of activities which ran seven days a week. Mass was screened on the television every morning and once every month the local parish priest came into the centre to celebrate Mass. Residents went out to the local parks, coffee shops, church and one resident told the inspector they were looking forward to the upcoming concert they were scheduled to attend.

Residents living on the first floor were independent. They explained to the inspector that they had freedom to come and go as they pleased, once they informed staff. All residents maintained their own general practitioner (GP) in the community and some told the inspector how they still went to their own hairdresser, although the hairdressing facilities provided in house were also very good.

All residents had access to a television in their bedroom. Some residents made the choice to remain in their bedrooms listening to their radio and this decision was respected by staff. Staff were observed to regularly check on these residents and ensure they were safe and comfortable.

The centre's complaints policy was on display on each floor. This 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. Advocacy services and their contact details were also on display and therefore available to residents.

Residents relayed that meetings were held regularly and they had the opportunity to raise issues and discuss matters concerning the centre and how it was run, including the activities programme and the menu options. Residents were also requested to complete an annual satisfaction survey, the results of which were extremely positive.

Oversight and the Quality Improvement arrangements

This was a good service that promoted a restraint-free environment through effective leadership. The provider had a robust governance structure in place to promote and enable a quality service which included the person-in-charge, a team of social care workers and a quality and risk manager.

Information relating to restrictive practice was compiled in a register and reviewed every month; staff spoken with were familiar with it and had good oversight of the restrictive practices in place for residents. This report provided oversight of restrictive practices, where information was analysed to enable practice reviews accordingly. A restrictive practice committee had been established and they met every quarter. This provided additional opportunities to discuss restrictive practices and share ideas regarding promoting a restraint-free environment. The centre had minimal restrictive practices in place on the day of the inspection, the only restraint in use were two lap belts used by wheelchair users on transfer only.

There were several policies in place including one to promote a restraint-free environment together with supporting policies for emergency or unplanned use of restrictive practice to guide practice.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. For example, the two residents with seat belts in use had been reviewed by an occupational therapist (OT) and their general practitioner. Residents had also been consulted with and their next-of-kin (when applicable) regarding all aspects of care including restrictive practice.

Staff had up-to-date training on safeguarding vulnerable adults, behaviours that challenge and restrictive practice. The induction process for new staff included information on restrictive practice and promotion of a restraint-free environment as well as training on a rights-based approach to care and assisted decision-making.

A sample of assessments and care plans were reviewed and these had detailed person-centred information to direct individualised care. Following assessments and care planning, the MDT input was sought to support the assessments and decision-making process to enable the best outcomes for residents. Records reviewed showed that seat belts were released at intervals when in use.

Residents' restraint related documents were audited on a quarterly basis and the last audit reflected a result of 89% compliance. The action plans had been addressed in full by the person-in-charge.

Residents living in this centre were admitted from the local community and assured the inspector that they remained embedded in the community due to the fact that they had freedom to live their lives as they so wished. One resident said the only difference was that they now felt safe at night and had slept well every night since

they moved in; they continued to say that they even slept through the recent storm, that's how peaceful a place it is to live in.

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.

Appendix 1

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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