



**Health  
Information  
and Quality  
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:	Kinvara House Nursing Home
Name of provider:	Kinvara House Limited
Address of centre:	3 - 4 Esplanade, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 February 2025
Centre ID:	OSV-0000054
Fieldwork ID:	MON-0042015

## 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.

---

<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 19 February 2025	09:20hrs to 17:00hrs	Aislinn Kenny
Wednesday 19 February 2025	09:20hrs to 17:00hrs	Maureen Kennedy

## 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. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*. The inspectors found that residents living in this centre were well cared for and supported to live a good quality of life by a dedicated team of staff that knew them well. Feedback from residents was that it was a nice, homely place to live where they were free to move about and were well cared for. From the observations of the inspectors, and discussion with residents, it was clear that residents were well supported to enjoy a very good quality of life in this centre. The culture within the service promoted person-centred care and independence.

Kinvara House is located in two Georgian buildings overlooking Bray seafront. The centre is made up of two parts consisting of the original Georgian building which is over four floors and a newer building that is connected to the original building over two floors and known as the Wing. All areas were accessible by passenger lift or staircase. The main front door operated on a key-pad preventing vulnerable residents from leaving the centre. The front door was supervised by staff during the day to ensure that residents and visitors could enter and exit easily. Another key-pad access door was located in the basement of the centre. There was no live restraint register available in the centre.

Residents' bedrooms were located in the original building and in the Wing, all of which had an en-suite with toilet and wash hand basin and some with shower facilities. There were reclining assisted baths located in two of the bathrooms in the centre; these were well-maintained and many residents told the inspectors they enjoyed taking a bath and said they felt they were relaxing in a spa.

The residents were complimentary of the centre, describing it as homely and a caring place to live. Many residents commented on the location and spoke about how much they enjoyed observing the landscape and the seaside. They told inspectors that the staff who cared for them were kind and understanding.

Staff were observed responding to residents' call-bells and providing assistance in a prompt, respectful and unhurried manner. Residents' privacy and dignity were respected, with staff asking residents for permission to enter their bedroom.

Overall, the centre was well-maintained with suitable furnishings and equipment and was nicely decorated in a homely manner. Many residents' bedrooms were nicely decorated with personal belongings such as photographs, furniture and artwork. There was artwork on display throughout the corridors and communal areas.

The centre provided enclosed garden areas for residents to use. Residents could access the garden areas independently through doors along a main corridor from both the original house and the Wing. The garden had a level patio area, comfortable seating and was nicely decorated with fairy lights and various shrubbery.

Residents were supported to pursue interests that involved an element of positive risk-taking. For example, residents were encouraged to go on outings with their family and friends and were accompanied by staff to various cafes and restaurants in the local area on a weekly basis. This was promoted by staff in the centre and weekly/daily outings were included in the activities schedule. Residents told inspectors they loved going out in the local community and said that it helped them to remain connected to the community.

Art therapy took place in the centre on a weekly basis. Residents had undertaken a group project and had created a wooden dolls house that they were furnishing and decorating. Residents' artwork from the art therapy was seen on display in the dining room also.

Residents living in the centre had access to a range of assistive equipment such as powered wheelchairs, rollators, and walking aids, to enable them to be as independent as possible. Interactive tablets were available for residents' use to enable them to keep in contact with loved ones. Physiotherapy was available for all residents three times per week and the physiotherapist was observed on the day engaging with residents on a one-to-one and group basis.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

## Oversight and the Quality Improvement arrangements

Overall, the inspectors found that there was minimal restraint use in the centre and there was a positive approach promoting a restraint-free environment in general within the centre. Management in the centre showed a commitment to quality improvement with respect to person-centred care, and promoting residents' rights. However, there was no restraints register available for review to demonstrate oversight and that all restrictive practices that were in place were recorded and reviewed regularly. Furthermore, improvement was required to ensure the documentation and records of restrictive practices in use in the centre were robust, accurate and reviewed on a regular basis.

This inspection found that the provider was substantially compliant due to the unavailability of records to demonstrate that bedrails in use were reviewed regularly. The centre had two bedrails in use in the centre on the day of inspection. One other bedrail had been discontinued the previous year. While there were initial bedrail assessments in place for two residents it was not seen that these were regularly reviewed and there was no record of a bedrail assessment available for the other resident. In the absence of a restraint register, improvements were required for the oversight of restrictive practices in the centre to ensure that all supporting documentation was in place.

The registered provider had a policy for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. The policy contained information on the types of restrictive practices that included physical, environmental and restrictions of resident's rights.

Residents had a care plan in place which, for most residents, outlined the rationale for use of any restrictive practices, and included any alternatives trialled. A sample of care plans reviewed by the inspectors were found to be overall person-centred.

Staff were generally knowledgeable about restrictive practices and the actions they would take if they had a safeguarding concern.

Staff had access to equipment and resources which ensured that care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low-low beds and sensor mats as an alternative to bed rails. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised. There were group and one-to-one activities provided for residents.

Residents meetings took place in the centre and there was evidence that feedback from residents was incorporated into practice. A seasonal newsletter showcased the activities that had taken place and displayed photographs of residents enjoying their time in the centre.

Overall, the inspectors found that while there were some areas of the service that did not fully meet the National Standards with regard to restrictive practices, there was a positive culture and demonstrated commitment to meeting the needs of the residents that supported an initiative to create a restraint-free environment. Residents enjoyed a good quality of life in a centre that promoted their overall wellbeing and independence.

## 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.
-----	---