



**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

Name of designated centre:	Carndonagh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Carndonagh, Donegal
Type of inspection:	Unannounced
Date of inspection:	01May 2025
Centre ID:	OSV-0000616
Fieldwork ID:	MON-0045676

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
01 May 2025	Start:10:00	End:15:40	Nikhil Sureshkumar

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

Overall, the feedback from residents was positive, and many residents expressed contentment with the exceptional care they received in this centre. Residents who spoke with the inspector commented that they were happy living in this centre and that the care provided to them was exceptional.

This was an unannounced inspection, and upon arrival, the inspector met with the clinical nurse managers, and later on, with the person in charge of this centre. The designated centre is located in Carndonagh town and has three units, namely Elm Ward, Oak Ward, and Ard Aoibhinn, which is a dementia-specific unit.

The centre features several communal seating and dining areas designed for residents to engage in meaningful activities during the day. The centre appeared visibly clean and well-maintained. The corridors were clutter-free and had seating arrangements that encouraged relaxation for residents as they navigated the facility. The centre's communal spaces were spacious and well-furnished to promote comfort. The centre had two secure garden areas, which were well-maintained. The residents had access to these gardens, and there were no restrictions in place.

During this inspection, staff were observed to be actively supporting residents with their care needs and interacting with them respectfully. The atmosphere was lively, with frequent visits from family and friends and staff engagement with residents. The inspector observed that there was a palpable sense of joy among residents as they connected with staff members, which was reflective of a supportive environment. For example, staff were readily available for assistance in all units and were found to have been often engaged in friendly banter with residents, which facilitated a sense of community.

The centre had notice boards with essential information, including details about the activities programme, advocacy services, residents' information guide, and the centre's complaint procedures. Additionally, the centre had sufficient signage to support residents and visitors in navigating different areas, such as bedrooms and toilet facilities. The presence of clear signage throughout the facility, particularly in the dementia-specific unit, facilitated orientation for both residents and visitors.

Residents had access to various forms of media, including television, radio, and newspapers. Additionally, residents were actively supported in engaging in meaningful activities within the centre. On the day of the inspection, activities such

as bingo and a music session were on offer. The inspector reviewed the records of activities maintained in the centre and found that residents were provided with a diverse range of programmes, including monthly outings to local hotels and restaurants, as well as visits to day-care centres. Furthermore, there were opportunities for residents to take part in arts and crafts projects for enhancing their experiences in this centre.

Residents' meetings were held regularly in the centre, and the minutes of these meetings were available for the inspector to review. The meeting minutes indicated that residents were involved in the organisation of this centre. For example, some residents expressed a desire for an ice cream van to visit more frequently during the summer months, and some residents expressed a strong interest in increasing summer gardening activities. The meeting minutes indicated that the residents' suggestions were actioned and facilitated to enhance the overall residents' experience.

Residents accommodation comprised of both single and multi-occupancy bedrooms. Residents had access to their wardrobes to store their personal clothes and additional personal storage areas near their beds. There were arrangements to ensure residents' privacy while they stayed in these multi-occupancy rooms. The centre had a sufficient number of communal toilets, accessible to all residents without any restrictions.

The centre had a weekly food menu, which offered a selection of nutritious and wholesome food. On the day of inspection, the lunch time meal included options, such as roast beef or lamb, accompanied by vegetables and a variety of desserts. The inspector observed that staff members took ample time to assist those residents who required assistance with their meals, ensuring that meals were enjoyable at a comfortable pace.

Oversight and the Quality Improvement arrangements

Overall, this was a well-run centre, and residents were made central to the organisation of this centre.

The registered provider of this designated centre is the Health Service Executive (HSE). As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology,

staff training, and finance. The person in charge worked full-time in this centre and had clear deputising arrangements in place. For example, two clinical nurse managers were available to provide management support for residents and staff and deputised for the person in charge during their absence.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents, such as audit programmes. Audits that were reviewed included key areas, such as care planning, review of restrictive practices, falls and medication management. Management and staff meetings were held regularly, and actions were taken to drive quality improvement. Key issues, such as safeguarding issues and the use of restrictive practices, were found to be discussed in these meetings.

The centre had a policy on managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and regarding the use of restrictive practices. There was a low-level use of restrictive practices in this centre, and staff practices indicated that the policy on the use of restrictive practices was implemented. For example, the various records reviewed by the inspector and the observation on the day of inspection indicated that the residents were supported in enjoying a good quality of life by promoting their independence in this centre. Appropriate restraint risk assessments were carried out and documented before the use of restrictive practices, such as bedrails. The residents who had a history of responsive behaviour were found to have their behavioural issues well-managed and supported, ensuring their needs were met appropriately. The staff in this centre were well-established and had a commendable level of knowledge about residents. Additionally, staff were knowledgeable about residents who had specific safeguarding plans and were aware of their responsibility to report any allegations, disclosures, or suspicions of abuse.

There was a sufficient number of staff on duty to meet the needs of residents in a timely manner, and there were appropriate supervision systems in place to support them.

Staff was provided with a suite of training, such as managing responsive behaviours, training in end-of-life care support, and various other training to perform their respective roles effectively. Additionally, a few staff had completed training in the principles of human rights and advocacy, and the inspector was informed that the training programme is a work in progress.

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

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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