

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

Issued by the Chief Inspector

Name of designated centre:	Clarehaven
Name of provider:	Health Service Executive
Address of centre:	St Canices Road, Finglas, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	23 April 2025
Centre ID:	OSV-0007745
Fieldwork ID:	MON-0046692

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
Wednesday 23 April 2025	10:00hrs to 16:30hrs	Niamh Moore

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

The purpose of this unannounced inspection was to review the standards associated with a restrictive practice (the intentional restriction of a person's movement or behaviour) thematic inspection. 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 residents enjoyed a good quality of life in a centre that respected residents' human rights.

The inspector arrived to the centre during the morning time. The inspector rang the bell at the entrance and was provided access to the reception area of the building. The inspector was told that there is reception or porter staff available at all times day and night to allow access to and from the building.

Following an introductory meeting with the clinical nurse manager, who was the senior staff member on duty at that time, the inspector spent time walking through the centre. A member of the senior management joined and met the inspector during the premises walk. Some residents were up and about in the various areas of the centre, while others were spending time in their bedrooms and others were having their care needs attended to by staff. There was a pleasant and calm atmosphere throughout the centre, and there was lovely colourful Easter themed decorations providing a homely environment throughout.

Clarehaven is a nursing home which consists of two single-storey buildings which contain the residential areas for residents, referred to as Clarehaven and Seanchara. The centre provides care for 47 residents, both male and female adults with a range of dependencies and needs. The Clarehaven unit provides accommodation for 23 and Seanchara unit provides accommodation for 24. The dependency levels during this inspection were primarily residents with maximum and high needs.

In both buildings, there were an adequate number of comfortably furnished communal areas, where many residents were observed to socialise with other residents and staff throughout the day. For example, the Clarehaven unit had a large open sitting and dining room and a visitor's room, and the Seanchara unit had two sitting rooms, two dining rooms and a therapy room. There was some wear and tear noted to paintwork and flooring in communal areas. In addition, due to limited storage space in the Clarehaven unit two bathrooms were used to store residents' items such as mobility aids, which meant that residents' access to communal bathrooms was restricted.

Bedroom accommodation comprised of single and multi-occupancy twin bedrooms, a number of which had en-suite facilities. There was also shared toilet, shower and bath facilities. The inspector viewed a sample of bedrooms and saw that they had sufficient storage facilities for residents' personal items. Residents were free to personalise their bedrooms with furniture, artwork, family photos and other items of interest.

Residents of the Seanchara unit had access to many secure courtyards which could be accessed via the dining room and day rooms. The larger secure courtyards had ample seating and nice planting. The majority of these areas had doors which were on a thumb lock to open, however two doors into these areas were locked for fire safety measures. By the end of the inspection, the key was provided and management confirmed they would review why these doors were restricted. The Clarehaven unit had access to the secure courtyard from the reception area and this was unrestricted by the use of the push-button to automatically open the doors.

Throughout the day of the inspection, the atmosphere was calm and residents were observed to be comfortable and relaxed. Some were observed mobilising around the centre and support was provided by staff when required or requested. Care was observed to be delivered in an unhurried manner. Residents were observed in communal areas enjoying a variety of activities, such as mass on television, taking part in art, matching exercises and reading the daily newspapers. In addition, residents were supported by a multidisciplinary team (MDT) such as occupational therapy, physiotherapy and complementary therapies such as aromatherapy, massage and reflexology.

The inspector found that residents were very well cared for by staff and that they were encouraged and supported with choices and preferences. Staff were seen to be supportive of residents' communication needs. Residents told the inspector that they liked living in the centre and that staff were responsive, respectful and friendly. One resident said that staff are very caring and how they liked when they spent time chatting to them. Other comments included "staff are very helpful" and "they get you anything you want".

The inspector observed the lunch-time experience in the Seanchara unit. Residents could choose to dine in one of the dining rooms, a communal area or in their bedrooms as per their preferences. Each table was set with the required condiments for the lunch meal. Residents were offered a choice of main courses such as beef or fish. Residents were observed to be offered assistance by staff of a variety of drinks, support with condiments or sauce added to their meals. There was a sufficient number of staff available to assist at mealtimes and this assistance was provided in a calm, respectful and appropriate manner. Many residents spoken with confirmed they enjoyed the food on offer.

Surveys and residents' meetings were held to seek feedback on the service. Minutes from a recent residents' meeting was on display within communal areas. This showed that residents provided feedback on life in the centre, such as food and activities. There was an action plan in place to respond to areas of improvement identified within the survey. There was access to advocacy services for residents who wished to avail of independent support should they require it. This was advertised on notice/information boards throughout both units. The inspector was also told that one of these services had been invited to the centre and provided the residents' with information on their services.

The following section of this report details the findings in relation to the overall delivery of the service of a restraints perspective, 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 inspector observed practices that supported a commitment to incorporating a restraint-free environment and upholding residents' rights.

The registered provider of Clarehaven and Care Centre is the Health Service Executive. The registered provider appointed a management structure which included the general manager older persons for CHO9, a director of nursing and the person in charge.

A self-assessment questionnaire of the eight themes in the National Standards had been completed and submitted to the Chief Inspector prior to the inspection. The registered provider had self-assessed themselves as compliant in all themes and detailed the provider's response to reduce restrictive practices within the centre.

At the time of inspection, restrictive practices in use included five bedrails, locked doors, three bed wedges, three low-profile beds, 17 sensor alarms, eight pension agent arrangements and four psychotropic medicines. The inspector acknowledged that while the dependency levels of the centre were high, the restraint use within the centre had largely remained the same over the last year, and a revised review of the current use of restraints may be beneficial.

The registered provider had a policy on the management of restrictive practices, including for emergency or unplanned use of restrictive practices. This policy had recently been reviewed and was dated June 2024. However, the inspector found evidence where this policy was not fully upheld in the documentation of two-hourly checks of residents' condition, when bedrails were in use.

The provider had arrangements in place to monitor and oversee the use of restrictive practices in the centre. The use of restraint formed part of the daily handover. A restraint register was in place to record the use of restrictive practices in the centre, and this was updated on a monthly basis by management. However, the inspector found that while the restrictive practice register contained details of environmental restraints, the register did not identify all environmental restraints in the centre, for example; the use of magnetic door locks to courtyard areas. There were also committees such as the restraint free environment committee which met on a quarterly basis.

There was sufficient staffing levels and alternative lesser restrictive equipment, available to support and promote a restraint free environment. For example, residents had bed levers to encourage independence getting in and out of bed.

There was good oversight of staff training in the centre. Staff achieved compliance in safeguarding of vulnerable adults, and dementia care which had a module on responsive behaviour (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or

physical environment). The practice development coordinator also completed sessions with staff on promoting a restraint free environment. In addition, management had attended training on the fundamentals of advocacy and this was in the process of being rolled out to nursing staff.

Prospective residents were comprehensively assessed to ensure that the centre had the capacity to provide them with care in accordance to their needs. Staff demonstrated a good understanding of residents and their preferences and support needs. The inspector reviewed residents' care documentation and saw that relevant behavioural care plans were in place for residents who required additional support.

Risk assessments were completed on the use of restraint and these were reviewed as part of the MDT team to include the medical officer, a nurse manager, staff nurse and an OT. Care plans were then developed in relation to the restraint used. There was evidence that residents were consulted, and when they were unable to express their opinions, their care representatives were updated on the MDT team's decision-making. While management spoken with verbally confirmed that reviews were ongoing, from a sample review of assessments and care plans, these records required further review and updating, to ensure that the reviews evidenced that the use of restrictive practices remained proportionate and deemed to be the least restrictive option.

Overall the inspector found that while there were some areas for improvement, there was a positive culture in Clarehaven, with an emphasis on a restraint free environment to support a good quality of life and overall wellbeing of residents living in the centre.

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.
-----	---