



**Health  
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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:	Lexington House
Name of provider:	GN Lexington Property Ltd
Address of centre:	Monastery Road, Clondalkin, Dublin 22
Type of inspection:	Unannounced
Date of inspection:	27 March 2025
Centre ID:	OSV-0007910
Fieldwork ID:	MON-0046725

## 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 27 March 2025	09:45hrs to 16:15hrs	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 Lexington House, Clondalkin. 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. During the inspection the inspector found that there was an ethos in the centre of upholding residents' rights, ensuring residents' preferences and choices were respected and ensuring residents' voices were heard.

Lexington House is registered to accommodate 92 residents with 86 residents living in the centre on the day of inspection. The centre is a purpose built designated centre. It is laid out over three floors, plus a basement level, which were connected by lifts and stairs. The basement level did not contain any resident accommodation but contained a number of ancillary rooms and the kitchen. Access to the basement area was through a service lift that was not accessible to residents for safety reasons.

The ground floor contained 34 single bedrooms and two twin bedrooms. The first floor contained 35 single bedrooms and two twin bedrooms and the second floor contained 13 single bedrooms and one twin bedroom. All bedrooms had en-suite facilities which included a toilet, wash hand basin and shower. Bedrooms were decorated in accordance with individual choice and many residents had bought items from their homes.

Bedrooms had sufficient storage facilities for residents' personal items and a lockable space. Bedrooms were observed to be spacious and provided adequate floor space for residents to carry out their activities and mobilise unhindered. En-suite bathrooms and communal bathrooms were observed to be spacious so that residents' could receive support with personal care if required.

Each floor had a selection of communal spaces that residents had unrestricted access to throughout the day and night. There was a dining room that residents could take their meals in, if they choose. The dining rooms were all observed to be well laid out, with neatly arranged table settings and with appropriate space to mobilise, without restriction, between tables.

Other communal spaces included sitting rooms, activity rooms and visitor's rooms. All of these spaces were observed to be suited to the purpose of their use and the inspector observed residents availing of and enjoying the facilities throughout the day of the inspection. A lift and stairs connected all floors. There was a keypad lock in use on both the stairs and the lift. Management in the centre told the inspector that they did not advocate the use of stairs for safety reasons, as many of their residents had mobility issues. There was a butterfly code located at the access point of each lift, so that residents who could cognitively understand the use of this could freely access the lifts. However, for those residents who could not understand this method, they had to wait for staff to assist them.

Each floor had access to an outdoor space. On the ground floor there was a large, well maintained, enclosed garden space, with appropriate outdoor furniture and level

pathways for residents to walk around, free of hazards. Both the first and second floor had large outdoor safe terraced spaces, again with appropriate outdoor furniture. The terrace on the second floor was decorated with window boxes and planters with colourful plants, which were recently planted by the residents. Staff told the inspector there were plans to replicate this on the 1<sup>st</sup> floor terrace.

On the day of the inspection, the inspector observed that residents could freely access the terraced spaces on the 1<sup>st</sup> and 2<sup>nd</sup> floor, during the daylight hours. A pushbutton was located next to the door outside in the event that the doors locked behind the residents. However, access to the enclosed garden space on the ground floor was restricted by a keypad lock at all times. Furthermore, while there was no push button on the outside, as found on the other external spaces, there was a call bell or keypad lock, that residents were required to use to gain access back into the centre. While a code was displayed on a butterfly on the internal doors, it was not displayed at the keypad lock externally. Management informed the inspector this was due to an assessed safety risk to prevent the possibility of intruders entering the building. These systems posed a significant restriction to the residents living in the centre and access to the outdoor space.

Management in the centre addressed this on the day of inspection by adding a butterfly code next to the external entrance and putting a procedure in place where the code would be displayed during the daylight hours, when the space was in most use, and removed at night. They further committed to reviewing the whole system with a view to removing the keypad lock during the daylight hours and facilitating unrestricted access to this space for residents.

Four activity co-ordinators were on-duty, on the day of inspection. There was one activity co-ordinator assigned to each floor, while the fourth activity co-ordinator was assigned to 1:1 activity. The allocation of a 1:1 activity coordinator, facilitated the social needs of those residents who chose to remain in their rooms or who did not like to, or lacked the assessed capacity, to participate in group activities. There were various activities seen to be taking place throughout the day of inspection, including reminiscence, quiz and bingo. The inspector observed that residents were facilitated to move around the different floors of the centre to attend the activity of their choice. A large whiteboard on each floor clearly displayed the daily activities and their location, as well as any planned upcoming outings, celebrations or live music sessions.

Staff were observed to engage with residents with empathy, by asking them about their preferences and communicating in a kind manner. The inspector noted that residents who were seen to walk around the centre were not restricted or redirected from doing this by staff, and staff only stopped to have a chat with these residents or to see if they needed help or direction somewhere.

There was a focus on empowering residents to voice their concerns and to participate in the running of the centre. Residents meetings were held monthly in the centre and the inspector could see, through review of the records made available, that there was a good attendance by residents at these meetings. It was very evident from the

records and from speaking to residents, throughout the inspection, that their feedback and issues brought up at these forums were always actioned and respected.

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 on each floor.

The inspector spoke with 9 residents and 2 visitors during the inspection. Both the residents and visitors spoken with had only positive praise for the staff and the management working in the centre. Words such as kind, caring, compassionate and thoughtful were regularly used to describe the management, clinical and ancillary staff working in the centre. Residents told the inspector they felt safe and well cared for, and said that their choice and preferences were always respected. Residents spoken with said they didn't feel anyway restricted living in the centre.

## Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through a reduction in the use of restrictive practises and promoting residents rights. A self-assessment questionnaire had been completed by the management team prior to the inspection and submitted to the Chief inspector of Social Services. This questionnaire detailed the service's responses 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 review of the training matrix identified that all staff had completed in person training on restrictive practises and managing behaviours that challenge (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The course content, which was made available to the inspector on the day of the inspection, contained up to date evidence based practise and was relevant to the work environment for staff participating in the course. Staff members were knowledgeable about restrictive practises. Staff had also completed on line training regarding a human rights based approach to health and social care, and safeguarding of vulnerable adults.

There was good governance and leadership, evident in the centre. Management and staff demonstrated commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights. The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. There was good oversight and review of restrictive practises. The registered provider had an up-to-date policy in place. Review of records of clinical and management meetings evidenced that restraints were regularly discussed at meeting forums.

A restraint register was in place to record the use of restrictive practises in the centre and this was updated on a regular basis by management. This was used for the ongoing monitoring and trending of restrictive practises. From the records provided to the inspector it was clear that the level of restrictive practises used in the centre was progressively reducing. There was currently, one bedrail in use in the centre and five sensor alarms, which were only used when the residents concerned were in bed. Discussions with staff indicated that staff understood that these alarms were in place to alert them to the resident requesting assistance, such as, with hygiene or requiring a drink or something to eat. No staff indicated that these alarms were to stop the resident getting out of bed against their wishes.

The person in charge clearly articulated that there was a comprehensive process which included assessment, risk assessment, discussion and education and the trialling of various alternatives before implementing restrictive practises in the centre. This was evidenced by a review of documentation, relating to current restrictive practises in the centre, and discussion with residents who had a restrictive practise in place.

Regular audits were also carried out to ensure that any restraints that were in use, were used in line the registered provider's policy on restraint. The audits were carried out over two sections, and assessed to ensure that; correct consultation and procedures took place, discussions were held with the resident and where appropriate their nominated representative, informed consent was obtained where the resident had capacity to consent, less restrictive alternatives trialled and that care plans were in place to direct the appropriate person-centred care around the practice. The audits reviewed by the inspector reflected an improved level of compliance with the use of restraints in the centre.

The incidents and complaint logs were reviewed. No incidents had occurred in relation to the use of restrictive practice in the centre. Furthermore, there were no complaints received in relation to any restrictive practices in use or restrictions in the centre.

While the registered provider had good oversight systems in place and was committed to working towards a restraint free environment, they had not recognised environmental restraints in use in the centre, including the use of keypad locks to access the lifts, stairs and garden, as a restrictive practice. This meant that these practices were not reviewed, registered in the restraint register or assessed through audits and thus were not included in a quality improvement plan aimed at achieving a restraint free environment.

The inspector reviewed a sample of care plans of residents with a restrictive practice in place. While the care plans related to the relevant restraint practice in use, the care plans were generic and did not always reflect the registered provider's own policy on the use of restraint. For example; the restraint policy stated that when a restrictive practice was in use, residents were to be given an opportunity for motion and exercise for a period of not less than ten minutes during each two hour period, and further stated, that this was to be recorded in each residents restraint review and release form. This was not reflected in the care plans reviewed on the day of inspection.

Overall, the inspector identified that progress was made in Lexington House, on promoting a restraint-free environment. While opportunities for improvements were identified during the inspection, it was clear that residents enjoyed a good quality of life to the best of their abilities, and that both management and the registered provider were committed to quality improvements in the centre. In the day following the inspection, the person in charge and registered provider submitted a quality improvement plan to the Chief Inspector of Social Services, committing to continue to strive for a restraint free environment, following discussions and reflection after the inspection. This plan included improvements to the oversight systems and care plans, as well as controlled trials of removing the current keypad systems in place.

## 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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