



**Health  
Information  
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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:	St Doolagh's Park Care and Rehabilitation Centre
Name of provider:	Costern Unlimited Company
Address of centre:	Malahide Road, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0004042
Fieldwork ID:	MON-0040481

## 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
Wednesday 6 September 2023	10:15hrs to 15:20hrs	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. The centre provides specialist care for adults with acquired brain injury (ABI) once they are discharged from hospital and medically stable. It provides long-term care and a secondary slow stream rehabilitation programme. Residents are accommodated in single en-suite bedrooms, on two floors.

This centre has a positive approach towards the human rights based-approach to care. Residents spoken with and their relatives told the inspector that their rights were upheld and that they had freedom, this included to come and go from the centre, once they informed staff of their plans.

The inspector saw that each resident had a risk assessment completed and they, or those who were accompanying them out, signed the resident out with staff prior to leaving and on return to the centre.

The use of restraint in this centre was minimal, particularly taking into account the profile of the residents living in the centre and their high level of dependency. The inspector saw five residents with bedrails in use and two residents with a lap belt in use. There were no residents with wandering bracelets and two residents with harnesses in place had been assessed by the occupational therapist and physiotherapist as requiring them to facilitate correct positioning in their wheelchair. A small number of residents had their cigarettes held by staff.

The records reviewed showed that there was a multi-disciplinary approach taken to making decisions about the use of restraint. The resident and their next-of-kin (at the residents request) were involved in the decision making process. Residents with restraint in use had a restraint assessment and a mental capacity assessment completed, and reviewed each month. These documents clearly outlined the alternatives that had been trialled prior to restraint being used. In addition, each resident had a person centred care plan in place outlining what and how these restraints were to be used, applied and for how long. Records were available which showed that where restraints were in use they were checked and/or released by staff in line with the centre's restraint policy.

The nursing home was accessed by calling the front door bell. During the week, Monday to Friday a receptionist controlled the front door from the reception desk. At weekends, one of the residents worked as a receptionist, she told the inspector she loved her job, especially meeting all the different people.

Visitors and residents could come and go independently on the extremely hot day of inspection, the front door was opened and constantly supervised. Visitors were asked to sign the visitors' book and those spoken with confirmed that there were no visiting restrictions.

Residents and their visitors had access to a safe and secure internal courtyard on the ground floor, the doors of which were open making it accessible to residents at all times. They also had access to two first floor balconies which looked out over the landscaped garden to the front of the centre. The front landscaped garden was positioned opposite the front door with a pedestrian crossing linking them, thus ensuring the safety of residents. Some residents were seen wandering in and out independently and others who required assistance or supervision of staff or relatives to leave were seen to be in receipt of support to do so.

The resident front garden contained lots of shady spots with seating. There was also a polytunnel, where residents grew lots of their own fruit and vegetables.

Some residents showed the inspector around their bedroom and said they were facilitated to personalise their room and many rooms were seen to contain items personal to that individual. They said their bedroom was cleaned every day and complimented the service provided by the household staff, describing these staff as their friends, as many had worked in the centre for a number of years. There was a lockable facility in all bedrooms.

There were no restrictions on when residents could access their bedrooms and some were chilling out in their bedroom doing their own thing, while others were entertaining their visitors. All bedroom and en-suite doors could be locked by the resident, this enabled them to maintain their privacy.

The inspector observed that staff were kind and caring towards residents, greeting them as they passed and stopping to chat with residents as they met them along the corridors. The staff appeared calm and very much focused on their individual needs, they knew the residents well. The inspector noted that whether the resident was non-verbal or verbal the staff stopped in their tracks to communicate with them. The centre had an inclusive, homely, safe and family-like vibe to it.

Residents had access to a well-equipped sensory room and an open-plan kitchen come dining room accessible to residents. They used this with the occupational therapist as part of their rehabilitation programme. They told the inspector they had breakfast clubs and often made their own meals.

Residents had access to activities both inside and outside of the centre. They had a bus which they made good use of going out on trips to places of interest, with different outings planned two to three times a week. If more residents were interested they had the capacity to avail of a second bus. Residents told the inspector that they loved going out and the trips were always to places of their choice, and that they had travelled on day trips to places of interest in and around Dublin city and county and had even gone to a sensory garden in Carlow which they really enjoyed.

Residents were supported to establish links with the local community, for example, they attended the local coffee shops, where the staff knew them and allowed residents time to verbalise their order. The local school had a class choir who came in during religious festive seasons to perform for residents, the residents said they loved this.

Residents were seen to receive visitors throughout the day of inspection and there was a private space for residents to receive guests other than in their own room.

Residents said they had their say and their voice was heard. They told the inspector that they had a meeting every four to six weeks where they discussed life in the centre including the food, activities, planned outings and events. The inspector reviewed minutes of past meetings and saw that there was an agenda which included advocacy and free advocacy services as topics for discussion. The minutes assured the inspector that residents had been informed of the Sage advocacy and the National advocacy services available to them. Information leaflets for both of these services were available to residents on each floor of the nursing home. A notice inside the front door outlined the rights of residents in practice and the inspector was informed that they planned to reiterate these to residents at their next meeting.

The centre had recently updated their complaints policy which was on display throughout the centre. Residents were aware of it, however all residents spoken with stated that they had no complaints about life in the centre and the person-in-charge confirmed they had no open complaints.

## Oversight and the Quality Improvement arrangements

The centre was well-advanced on the road to achieving a restraint-free environment and had put a lot of work into ensuring residents' rights and choices were maximised.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being.

Discussion with the management team confirmed that they were eager to ensure that the centre minimised the use restrictive practices and, where they were used, that their use was proportionate and deemed to be the least restrictive option.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. The person in charge was the restrictive practice lead and a restraints register had been established to record the use of restrictive practices in the centre. The plan was to review this document every three months and for a review of restraint use to be included in the centre's annual review of quality and safety.

The contents of the restraints register and the restraint assessment assured the inspector that alternatives to restraint were trialled prior to any form of restraint being used. It also assured the inspector that the use of restraint in this large centre was gradually being reduced and that the focus was now on ensuring the rights of residents were upheld at all times.

A sample of resident records were reviewed and the inspector saw that resident care plans were developed on the basis of information obtained during their assessment. Care records viewed by the inspector confirmed that resident's views and preferences were incorporated into the care plans and they were easy to follow.

Members of the senior management team had attended a number of educational days on the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles and some staff had attended a webinar on this topic.

Discussion with various members of the staff team confirmed that they had appropriate training on restrictive practice and felt that this training informed their understanding of restrictive practice and how it could impact on the individual. All staff had also completed training on the human rights-based approach to care and the management team were in the process of developing tool-box talks on this topic.

The management team had re-established links with the local community post COVID-19 and ensured that residents were facilitated to live the best life possible

while upholding their rights. For example, residents living in the centre had returned to their disability day service, which they loved going too.



## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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