



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

## Issued by the Chief Inspector

Name of designated centre:	Carrigoran House
Name of provider:	Carrigoran House
Address of centre:	Carrigoran, Newmarket-on-Fergus, Clare
Type of inspection:	Unannounced
Date of inspection:	31 January 2024
Centre ID:	OSV-0000445
Fieldwork ID:	MON-0042680

## 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
Tuesday 30 January 2024	10:00hrs to 16:30hrs	Una Fitzgerald

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. Based on the observations of the inspector, and from speaking with residents, it was clear that all members of the team were committed to providing person-centred care to residents. The feedback from the residents that spoke with the inspector was overwhelmingly positive. Positive comments made to the inspector included "its great here", "a grand spot" and "I love it".

The inspector arrived in the centre mid-morning. The front door of the centre was left open. On entering the premises there was a large open communal area. To the right was a manned reception desk where any visitors can seek assistance and direction. To the left was a large open and inviting communal sitting area. Just beyond this open space is the church. On the morning of inspection, the inspector observed a large gathering of residents and visitors attending morning mass. The atmosphere was calm and relaxed. The reception area was also a point of information with multiple notice boards and information leaflets. This included information on safeguarding services, the complaints procedure, and independent advocacy services.

Carrigoran House is situated in a rural area of County Clare. On the day of inspection, there were 105 residents living in the centre. Residents had unrestricted access to all areas inside the premises other than staff areas and store cupboards. There were a number of access points to the enclosed gardens which contained a variety of seating areas. The gardens were filled with plants and shrubbery. Residents were observed mobilising freely inside and outside the centre during the course of the inspection.

The centre was spread out across two floors with lift access. On the ground floor there was a dementia specific unit. The inspector spent time in the unit interacting with residents and observing resident movement. The atmosphere in the unit was welcoming. The inspector observed that the pace of movement was determined by the residents. The residents were observed to be very content. The design and layout of the unit facilitated residents to walk along corridors in a circular direction. This meant that the residents had a sense of free movement that was barrier free. In addition, the unit had two outdoor areas for resident use that were kept open to enable residents go outside at any time.

At the entrance to the centre there was a smoking area that was in use throughout the day. This area was a meeting point for residents and visitors. The inspector observed that the area had been made inviting by the use of appropriate lighting and the use of outdoor heaters. This ensured that residents who chose to spend time outside remained warm and comfortable.

Many residents had decorated their bedrooms with photos and other items of significance. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well-maintained. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely.

Apart from the large communal area at the entrance to the centre, each unit had a variety of communal areas available for residents to use depending on their choice and

preference including combined sitting and dining rooms, and multiple smaller cosy sitting rooms. The inspector observed these rooms in use by residents on the day of inspection. All areas were sufficiently bright and spacious with comfortable furnishings and domestic features which provided a homely environment for residents.

The inspector found many examples where residents were encouraged and supported to retain their independence. There was a positive approach to risk-taking in the centre, ensuring that residents living in the centre could make informed decisions and choices. For example; residents that wished to self-administer their own medications were fully supported with their decision.

During conversations with residents the inspector observed that multiple residents were wearing a badge with a picture of a leaf. A resident explained to the inspector that the badge identified to all staff that the resident was at high risk of falls and alerted staff that extra monitoring and support was indicated. Multiple residents told the inspector they thought the badge was a very simple and effective system that gave them reassurance.

Carrigoran House is surrounded by open gardens and green fields with multiple tarmac pathways. The management had identified that multiple residents wished to access the surrounding gardens independently. A system known locally as the "pebble system" was implemented. Any resident that wished to go outside could request at reception to carry with them a pendant that had an inbuilt tracker system. In the unlikely event that the resident required assistance, they could press the pendant and staff would be alerted. This system ensured residents could access and enjoy the outdoors independently while also having a sense of security that if help was required staff would be alerted to this requirement.

The inspector observed that there was a variety of stimulation and engaging activities throughout the day that provided opportunities for socialisation and recreation. Residents said they were encouraged and facilitated to attend activities, and that their choice to attend these, was respected. Activities and the importance of social interaction was known to all staff spoken with. The inspector was assured by staff responses to questions asked on what is meant by restrictive practice.

Residents' rights were well respected. Residents were actively involved in the running of the centre and their feedback was reported back through resident meetings. Resident meetings were chaired by a member of staff who reported any issues raised to the management team for follow up. The minutes of the last two residents meeting were made available to the inspector. The documented minutes and associated recorded action plans supported that the voice of the residents were listened to and were possible action was taken. For example; the residents had voiced that the corridor near the church was poorly lit in the evening times. As a result a sensor light was installed to ensure that when a resident was in the area there was sufficient lighting.

Visitors were seen coming and going throughout the day. Residents told the inspector that they could meet with their visitor in the privacy of their own bedrooms, or in communal rooms.

## Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The person in charge had completed the self-assessment questionnaire prior to the inspection and had assessed the standards relevant to restrictive practices as being compliant. The findings of this one day inspection supported the self-assessment.

The provider ensured that arrangements were in place to monitor and evaluate the quality of the service. This included an audit of restrictive practices. The registered provider had a policy in place 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 was centre specific and had been updated in January 2024 by the person in charge.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Post training assessments were completed to ensure that staff clearly understood the content of the training. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of residents' needs and rights. Staff were appropriately supervised by management. Staff had knowledge and understanding of resident's needs and behaviours. This ensured that the staff had the knowledge to implement care practices that are restraint-free or that minimise the use of restrictive practices.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. A number of residents, who were assessed as being at risk of falling, had sensor alarms in place that alerted staff when the resident moved. The alarms when triggered only sounded in a bleep system held by the staff. This system was unobtrusive as it only alerted the staff to check on the resident, and was not restrictive. The inspector spoke with a resident about the alarm who confirmed that they felt the system was a protective measure. The inspector observed that when these alarms rang, staff attended to the residents to provide them with any assistance.

Residents told the inspector they were very satisfied with the length of time it took to have their call bells answered. Residents added that the staff attended to the request at the time as opposed to returning at a later stage. On the day of inspection there were multiple residents that were unable to utilise a call bell. As a result, the person in charge had introduced a system of monitoring for this group of residents. The resident names were highlighted on the handover sheet used by staff. The call bell panel within the resident room had a sticker attached identifying that extra monitoring was required. Staff

were then given responsibility to ensure that this group of residents had additional checks in place.

The provider ensured the centre was resourced with equipment that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to floor beds and low-low beds. The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that residents were not unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

The centre had a record of all restraints in use in the centre. The register identified that there were four residents with bedrails in use. This record was kept under review by the clinical management team and was sufficiently detailed. Each bedrail was identified and an appropriate risk assessment had been completed. There was evidence of consultation with the resident and where possible the resident consented. Risk assessments were reviewed at regular intervals as required. The inspector found that information on the use of bedrails was collected on individual residents.

The inspector found that the documentation and recording of the use of restrictive practices outside of the implementation of bedrails was not readily available. For example; the use of window restrictors and the total number of the non-invasive sensor alarms in use was not known to the management team. The gathering of this information would enable the management have an overview of the use of all types of restrictive practices. This was discussed with the management team on the day of inspection who were in agreement to expand on the restraint register currently in use to capture all types of restrictive practices.

In summary, the inspector identified that there was a positive culture in Carrigoran House, with an emphasis on a restraint-free environment. The provider and staff were taking a positive and proactive approach in reducing and eliminating restrictive practices. Residents told the inspector that they enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The residents reported that they were supported to live as independently as possible without unnecessary restriction.

## 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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