



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

Issued by the Chief Inspector

Name of designated centre:	CareBright Community
Name of provider:	CareBright Company Limited by Guarantee
Address of centre:	Ardykeohane, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	14 November 2024
Centre ID:	OSV-0005636
Fieldwork ID:	MON-0045390

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
Thursday 14 November 2024	10:30hrs to 17:30hrs	Rachel Seoighthe
Thursday 14 November 2024	10:30hrs to 17:30hrs	Leanne Crowe

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

This was an unannounced inspection and was carried out as part of the thematic inspection programme on the use of restrictive practices. The inspectors found that the residents living in CareBright Community experienced a good quality of life and were supported to maintain their independence. The provider promoted a rights-based approach in relation to the care of the residents.

Residents who spoke with the inspectors expressed a high level of satisfaction with the overall service. The residents reported that their freedom was not restricted in any manner, with one resident telling inspectors "I can come and go as I please".

Upon arrival to the centre, the inspectors were met by the person in charge and a person participating in the management of the centre. Following an introductory meeting, the inspectors accompanied the person in charge on a walk throughout the centre. During this walk, the inspectors met with residents as they went about their day. The inspectors spoke with a number of residents during the day of the inspection and sought their feedback in relation to the service. Where residents were unable to verbally express their views, for example, those with a cognitive impairment, inspectors observed how they were supported and cared for by staff throughout the day. The inspectors noted that there was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection.

CareBright Community is comprised of three individual bungalows, situated within secure gardens. Each house can accommodate up to six residents in spacious single bedrooms, each of which open onto a private patio area that overlooks the gardens. These bungalows were designed to promote a 'household' model of care, whereby the layout of the building reflected a traditional house with a domestic-style kitchen that is fully accessible, as well as a homely sitting room and bedrooms. The residents' meals were prepared in these kitchens by staff and residents were supported to participate in the preparation of these meals, if they so wished. Each house had its own front door and garden area. Inspectors noted that on each front door, a sign encouraged people to respect the residents' privacy by ringing the doorbell or knocking prior to entering their home.

A large café, open to the public, is located on the grounds. A room adjacent to the café was used to facilitate a day service for people in the local community. Residents were encouraged and supported to attend the café and activities that are held in the building. On the day of the inspection, a group of local people were seated in the café and were accompanied by a number of residents from the CareBright Community service. A remembrance mass was also held in the adjoining room, which was attended by some residents, staff and people from the local community. Residents were facilitated to maintain links to their community, and were supported to go shopping or to attend events such as a music concert or regular Pilates classes.

Residents' movement throughout the houses and external grounds was promoted by staff. Access to the houses was not restricted and residents were facilitated to move

within the houses and around the grounds. Residents were observed walking throughout the gardens independently or with assistance. The configuration of the gardens facilitated residents' use; they contained pathways, raised flowerbeds and a secure area where three pygmy goats lived.

Residents' bedrooms were spacious, comfortable and were personalised in line with their own preferences. On admission to the centre, each resident was offered the choice of a domestic-style double bed or an adjustable single bed. On the day of the inspection, many residents' beds were dressed with bedlinen that the resident had brought from their home. Residents were also encouraged to bring furniture, ornaments and other items that were meaningful to them. Bedrooms were sufficiently large to accommodate this. Many residents had chosen to bring furniture such as a couch and armchairs. One resident had brought a table that they used for their art work. Photos of residents and their families, trophies of past achievements and other ornaments were displayed in residents' rooms. One resident's family had brought Christmas decorations from home which they intended to display throughout their bedroom. There was sufficient space to store their personal possessions, including large wardrobes and lockable storage.

Each bedroom had fully accessible ensuite facilities that could accommodate any supportive equipment required to carry out activities of daily living.

Throughout the day, staff were observed to be busy attending to the residents care needs. Staff provided this care in an unhurried and patient manner. Residents were complimentary about the staff that cared for them, saying that they were kind, attentive and supported them with their day-to-day routines. Staff respected residents' privacy by knocking on their bedroom doors and waiting for a response before entering.

Residents and staff confirmed that there were no restrictions on visiting. Visitors could spend time with residents in their bedrooms, communal areas, or a dedicated visitor's room in the garden area. The person in charge described how relatives and friends could be supported to stay overnight with residents, on occasion.

The residents living in the centre had access to a range of assistive equipment, such as rollators and walking aids, to promote their mobility. Handrails and grab rails were in place in corridors, toilets and shower rooms throughout each building. Some residents used specialised chairs that had been prescribed by an occupational therapists for clinical reasons, such as promoting residents' comfort or good posture.

Residents had unrestricted access to information and services available to support them. This included information about independent advocacy services, safeguarding procedures and the centre's complaints process. This information was displayed on dedicated noticeboards in each house.

The following section of this report details the findings in relation to the overall delivery of the service, 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

The inspectors found that overall, there was a positive and proactive approach to reducing restrictive practices and promoting a restraint-free environment in CareBright Community.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the service as being compliant with the standards relevant to restrictive practices.

The management team demonstrated a commitment to reducing or eliminating restrictive practices, where possible. The registered provider had a policy 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 use of restrictive practices was generally low, with no bed rails in use. Restrictive practices recorded included the use of low beds, crash mats, chair alarms and a small number of sensor mats. In instances where it was deemed necessary for restrictive measures to be implemented, an appropriate risk assessment was carried out beforehand. Inspectors noted that some of these assessments did not always demonstrate that residents were consulted with, or reflect the level of consultation with residents prior to implementing a restrictive practice.

These assessments were used to inform dedicated care plans which guided staff in the use of the restrictive practices. Records confirmed that the least restrictive options were considered first and there were examples found where low profiling beds were provided to residents as an alternative to bed rails. The provider was aware that alternatives could also be restrictive and would require regular monitoring. There was an established procedure in place to ensure that these measures were reviewed regularly and that the measures remained appropriate and were still needed to meet the assessed needs of each resident.

Some practices within the centre were not recognised as being restrictive. For example, a number of residents were provided with specialised seating to enable postural support, which they used for periods of time throughout the day. Though beneficial, such seating may restrict resident movement. In addition, staff controlled and facilitated access to cigarettes and lighting materials of one resident as a safety precaution, and an environmental restraint was in place in one building during meal times. These measures were implemented to prevent harm, however they were not identified as restrictive practices. Consequently, there was no assessment of risk or care plan to underpin the decision to implement these restrictions, in line with the centre's own restrictive practice policy and the restraint register did not reflect some of the restrictions in place.

There was good knowledge among the management team surrounding residents' care needs and day-to-day operational issues. Staff communicated well and worked

as a team to ensure care was delivered in a person-centred manner, in line with the centre's philosophy of care.

There were sufficient resources in place to support residents' freedom of movement throughout the centre. There were adequate staff, with the appropriate skill-mix, to meet the needs of the residents.

Residents were consulted about their care as well as their personal routines and preferences regarding food and activities. Staff, with support from the residents and their loved ones, had developed life stories for each resident. These provided staff with a detailed insight into each resident's history. The person in charge told inspectors that staff had also developed their own life stories in order to support residents to become familiar with the staff that cared for them.

Staff training records were reviewed and they demonstrated that staff had received appropriate training around the use of restrictive practices. Staff demonstrated a good understanding of restrictive practice and managing risk to protect residents from harm. Records confirmed that staff had attended safeguarding training and staff were able to confidently discuss issues around restrictive practices and on how they would be able to support residents should they have a concern.

Residents were consulted with regarding the operation of the service. Their feedback was sought through residents' meetings, as well as discussions on a one-to-one basis. Records of the residents' meetings demonstrated that residents' loved ones were encouraged to attend in order to enable them to represent their views and best interests.

Complaints were recorded separately to the residents' care plans. The complaints procedure was prominently displayed in the centre. Residents also had access to independent advocacy services.

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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