



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

Issued by the Chief Inspector

Name of designated centre:	The Residence Maynooth
Name of provider:	Veritdale Limited
Address of centre:	Straffan Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	11 December 2024
Centre ID:	OSV-0000684
Fieldwork ID:	MON-0044198

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 11 December 2024	08:00hrs to 14:00hrs	Sinead Lynch

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

This was an unannounced, focused inspection on the use of restrictive practices in the designated centre. From the observations of the inspector, and discussions with residents, it was clear that residents were very well supported to enjoy a good quality of life in this centre. The culture within the service promoted person-centred care.

The front door was supervised during the day to ensure that residents and visitors could enter and exit easily. While outside these hours there was a nominated person to provide safe access for visitors. Overall, the centre was very well maintained with suitable furnishings, equipment and decorations. Many residents' bedrooms were nicely decorated with personal belongings. The inspection was focused on one area namely, Oak unit. In this area, two residents were facilitated to have computer desks fitted with computers and access to the centre's Wi-Fi. One resident informed the inspector that they 'send emails to friends all around the world'. The centre was found to be clean and tidy in all areas. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

Residents told the inspector that they were consulted with about their daily lives in the centre and about the organisation of the service. Residents felt safe in the centre and their privacy and dignity was respected. Residents told the inspector that they liked living in the centre and that staff were 'always respectful and supportive'. Staff were observed providing timely and discreet assistance, which enabled residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided care in accordance with individual resident's choices and preferences. Staff demonstrated good understanding of safeguarding procedures and responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Residential accommodation was provided in two buildings with a dedicated staffing complement in place for each building. The centre's enclosed garden could be accessed from the ground floor via reception and via other easily accessible doors. There was ample communal space throughout the centre for residents to freely move about. The dining room in the Oak unit had greatly improved since the last inspection. This area provided residents with more space to move freely. Residents were seen leaving this area and walking to the reception area at their own leisure. The exit door from Oak unit now remained opened at all times ensuring residents were not restricted.

The dining room was nicely set for meal times ensuring residents had all the condiments they required. The menu displayed indicated that residents that required modified diets were not restricted with their choices. A small number of residents chose to have meals in their rooms. The inspector observed the staff asking residents their preferences for where they would like to dine, and facilitating their requests.

Arrangements were in place for residents to give feedback on the service provided to them and to contribute to the organisation of the service. Residents had just completed a survey on life in the centre and any recommendations they would make. At the time of inspection, the person in charge was developing an action plan to ensure residents requests were implemented in a timely fashion. Residents told the inspector that the person in charge was always available to them and was always responsive to their needs and requests. In addition to this feedback, there were regular residents' meetings where residents were invited to be open on the service and discuss any concerns or issues they had. These meetings were used to inform quality improvements in the centre. The inspector spoke to residents who confirmed that their specific requests made at residents' meetings were followed up quickly. Families told the inspector that the centre always communicated with them about changes to care and any concerns they had. One visitor said 'these staff are second to none'. They explained that both their parents had resided in the centre and that they 'couldn't praise them enough'.

Residents were supported to access national advocacy services if required. Contact details for this services were displayed around the centre.

Residents were provided with activities of their choice. On the morning of the inspection four residents joined a member of the activity team to have their nails done. There was positive banter between the residents and the staff member. There were other group activities available in the centre which residents were invited to join. There was Mass made available in the centre twice a week, once in each building. Residents were invited to attend both services with the assistance of staff to move between the buildings if they wished to attend.

Staff had completed training in restrictive practice, behaviours that are challenging and a human rights-based approach to care. Staff were knowledgeable and demonstrated their training in the care they delivered daily.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were committed to promoting the quality of residents' lives through their approach in the use of restrictive practices and an emphasis on promoting residents' rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed themselves as compliant. The centre is registered for 122 residents and on the day of inspection there was only one full bed rail in use. There was a restrictive practice register in place which indicated the vast amount of work that the team had placed on reducing restrictive practice in the centre. There had been many residents that were using full bed rails and trials on less restrictive practice had been completed with positive results. There were some residents using half bed rails and sensor mats. A multidisciplinary team approach had taken place to ensure the least restrictive practice was in place. Each resident had an appropriate documented assessment and a person-centred care plan for each restrictive practice in place. The resident or their nominated person, was involved in the development of the care plans.

Care plans for residents who displayed responsive behaviours were up-to-date and detailed the specific requirements to address the residents' needs on an individual and person-centred basis. Staff to whom the inspector spoke with were very knowledgeable about residents' behaviours and how to support the resident.

There was good oversight of quality management in the centre, with evidence of on-going audits and quality improvement plans.

The inspector was satisfied that there were sufficient staffing levels in the centre, with a sufficient skill-mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources.

The training provided to staff in relation to restrictive practice had encouraged them to take a positive risk approach. Staff were clearly aware of what restraints each resident used and required and were observed to seek resident's permission before applying any form of restrictive practice.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. Staff practices were audited and any improvements that were required were implemented in a timely fashion.

Overall, the inspector found that there was a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre and their loved ones. Residents told the inspector that their call bells were answered promptly and they were 'contented and well looked after' in this 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.

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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