



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

Issued by the Chief Inspector

Name of designated centre:	Carlingford Nursing Home
Name of provider:	Cooley Nursing Home Limited
Address of centre:	Old Dundalk Road, Carlingford, Louth
Type of inspection:	Unannounced
Date of inspection:	21 January 2025
Centre ID:	OSV-0000121
Fieldwork ID:	MON-0045021

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
Tuesday 4 February 2025	10:00hrs to 16:30hrs	Geraldine Flannery

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

The inspection of Carlingford Nursing Home was unannounced and carried out as part of the thematic inspections programme, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

Findings of this inspection were that management and staff had a clear commitment to providing good quality of life in the centre, where residents' rights and independence were promoted and respected. There was a person-centred culture of care in the centre and the use of restrictive practices had been kept to a minimum.

There was a friendly and relaxed atmosphere in the centre and the residents told the inspector that they were happy living there. Residents and staff were seen spending time chatting and laughing together, as residents went about their daily routines.

The centre was seen to be clean, bright and tastefully decorated throughout. The design and layout of the centre did not restrict the residents' movement. There were signs to orientate and direct residents throughout the centre.

Communication screens were a new addition in the centre. They were located at the reception and in communal areas. The inspector heard how residents appreciated this valuable technology as it promoted independence and empowered residents by providing up-to-date information about local matters, including daily menu choices and information on the progress on the new planned extension of the centre.

Residents and their visitors had access to the enclosed garden, the doors of which were unlocked and accessible at all times. Some residents were seen coming in and out independently, one resident said how they 'enjoyed getting out into the fresh air'.

Some doors in the centre were locked and accessed with a number key code. The inspector saw that where appropriate the key code was available, in an accessible format for residents or visitors to access, while reducing the risk that residents with poor safety awareness could leave the centre.

Residents confirmed to the inspector that they felt safe in the centre and their privacy and dignity was respected. Staff were observed providing assistance in a manner that enabled residents to maintain their independence and dignity. Care delivery was observed to be unhurried throughout the day and staff were seen to be patient and kind.

Mealtime in the dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were complimentary of the food and the choice of food available. Food appeared appetising and was well-presented. Residents were allowed ample time to have their meal in a relaxed and unrushed manner. Staff discreetly assisted the residents during the meal times.

The inspector observed that residents were supported to enjoy a good quality life in the centre. Activity staff were on site to organize and encourage resident participation in events. Residents had access to newspapers, television and radio. An activities schedule was on display and the inspector observed that residents could choose to partake in board games, bingo and flower arranging classes. Flower arrangements made by residents were on display in various locations throughout the centre, including on each table in the dining room.

Residents told the inspector how they enjoyed the various outings scheduled for them including, a trip to a local school. The inspector heard how children entertained the residents with music and dance performances while the residents enjoyed light refreshments.

At Christmas residents received greeting cards from children in the locality. One resident told the inspector that 'it brightened my day' to receive such a thoughtful gift. A 'pen-pal' initiative was in the process of being set up with local schools so the residents could write back to the children telling them a little about themselves and their interests, if they wished.

Residents told the inspector that they felt they were listened to. They had resident meetings where they discussed a range of items, including activities, menus and any issues of concern they had. Information on advocacy and how to make a complaint was on display throughout the centre.

The inspector saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors that spoke with the inspector were complimentary regarding the care their relatives received.

Overall, this centre had a positive approach towards minimising restrictive practices and implementing a human rights based-approach to care.

Oversight and the Quality Improvement arrangements

The provider had a robust governance structure in place to promote and enable a quality service. The person in charge was responsible for the service on a day-to-day basis and was supported in their role by the deputy person in charge.

The provider supported the service in promoting a restraint-free environment, including facilitating ongoing professional training, providing resources and staff development.

The management and staff spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and when in use, it was for the shortest amount of time. At the time of inspection, there were two bedrails, one lap-belt and a small amount of sensor alarms in use.

A self-assessment questionnaire had been completed prior to the inspection and submitted to the Chief Inspector of Social Services. This questionnaire detailed the service's responses to restrictive practices within the centre and provided a summary of all the approaches that the service was taking to reduce and eliminate restrictive practices.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy and management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) policy.

Staff training was closely monitored to ensure all staff completed training requirements including restrictive practices training, safeguarding and challenging behaviour support training. This ensured staff had the most up-to-date knowledge to support effective practices.

The physical environment was set out to maximise residents' independence with regards to flooring and lighting along corridors. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised of the nursing team, physiotherapist, occupational therapist (OT) and general practitioner (GP), when required.

Residents' care plan documentation contained person-centered information regarding each resident's individual preferences and usual routines were clearly described to direct staff on how they could best provide care for each resident.

The management and staff demonstrated commitment to quality improvement and had developed effective systems to ensure that any restrictions to residents were identified and managed in line with the National Restraint policy guidelines.

There was evidence of ongoing monitoring of residents' safety and quality of life. Discussions on restraints, less restrictive devices, incidents, feedback and facilitating residents' requests were explored at MDT meetings and at daily handovers, and influenced restrictive practice in the centre.

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. A restraint-free environment was being promoted to ensure a good quality of life was experienced by residents.

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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