



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

Issued by the Chief Inspector

Name of designated centre:	Alzheimer's Care Centre
Name of provider:	Sparantus Limited
Address of centre:	Highfield Healthcare, Swords Road, Whitehall, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	07 January 2025
Centre ID:	OSV-0000113
Fieldwork ID:	MON-0045435

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 7 January 2025	08:30hrs to 16:00hrs	Niamh Moore

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

The purpose of this unannounced inspection was to review the standards associated with a restrictive practice thematic inspection. The inspector spoke with several residents in the communal areas and individual residents' bedrooms. Overall, residents spoke positively about their experience of living within Alzheimer's Care Centre, stating that they felt safe and well cared for by staff. One resident said that they had a very nice Christmas within the centre.

The inspector arrived to the centre on the morning of the inspection and observed that there was automatic doors which opened and provided access to the reception area of the building. The administrative staff member on duty at the reception desk greeted the inspector.

Following an introductory meeting with the assistant director of nursing, who was acting as the person in charge during this time, the inspector spent time walking through the centre. The centre is a three-storey building which contained four units referred to as Grattan, Coghill/Daneswell, Delville/Lindsay and Drishogue. These units were stand-alone which contained residents' bedrooms, communal areas and dining facilities. There was also additional communal facilities such as a café and chapel available external to the individual units. The centre is registered to accommodate 91 residents, with 77 residents onsite during this inspection.

Residents' accommodation is comprised of single bedrooms. All units with the exception of the Grattan unit, had en-suite bedrooms. Bedrooms viewed by the inspector were nicely decorated with personal belongings such as photographs, artwork and soft furnishings.

Throughout the day, the inspector observed that the atmosphere in the communal areas was relaxed and inviting, with age-appropriate music playing in the backgrounds. During the morning time, the inspector observed many residents to be up and about in the various communal and dining areas of the centre with some residents having breakfast. Other residents remained in their bedroom while some were being assisted with their personal care.

All areas of the centre were spacious with comfortable furnishings. The centre was observed to be clean and tidy. Residents were seen to have unrestricted access to the communal areas within their units and, were observed mobilising either independently or with mobility aids, others were supported with the help of staff members. There were new initiatives such as drink stations in each unit, including in one unit, access to a kettle and items to allow residents to make their own hot drinks such as coffee, were available in an activity room. Residents reported to enjoy this new addition.

The main doors into each unit were locked. Three units had swipe card access and one unit had a key-pad. The key-pad code was displayed in a colourful butterfly sticker beside each door. For the other three units, a swipe card was provided to residents where this was deemed appropriate.

Two units had access to an outdoor courtyard and one unit had a balcony available. These doors were open, allowing for free access to residents. Management told the inspector, that on the unit on the first floor which had no direct outdoor access, residents were supported to attend another unit or go to the ground floor to spend time in the garden. Gardens were seen to have flowers in plant pots which had been planted by residents. There was also photographs on display in corridors of this activity.

During the lunch-time service, the atmosphere was relaxed and support with meals was seen to be delivered in an unhurried manner. Residents told the inspector that they were offered a choice at mealtimes and were complimentary regarding the food provided. Meals that were served to residents appeared to be appetising and well-presented, including for those on modified diets. While the inspector was verbally informed that residents were asked their menu choices and preferences the day prior, the inspector noted that on the day of the inspection, there was no menu displaying the choices available for each meal in any of the four units. Two units displayed incorrect menus and two units contained no menus. This meant that residents did not have visibility of their meal options and many spoken with could not tell the inspector what they had ordered.

The inspector saw that visitors were coming and going freely to the centre during the day, and there were no restrictions in place. Residents had access to television, radio and newspapers which residents were observed using throughout the day of the inspection. Advocacy details, the complaints policy and information on human rights and restrictive practices were on display within the centre.

Residents were supervised in all communal rooms during the inspection, and residents were encouraged to engage in meaningful activities. One resident told the inspector that they had just returned to their unit following a game of bingo which they had enjoyed. Activities available included mass, music, art, and sensory activities through the use of a tovertafel table (a device that projects light games on a table top, stimulating brain activity and social interaction). Social outings were encouraged and residents were supported on a one-to-one basis where one resident was accompanied to swimming within the community. Management spoke to the inspector regarding occasions where residents' life choices were accepted by staff. For example, a resident was supported to use a taxi on their own, attending a day centre or going to local restaurants in the community on their own. From the documentation reviewed, including residents' care plans, and from speaking with staff and residents, it was evident that residents were supported in maintaining control of their own lives.

Overall, the inspector found that the centre had a positive approach to restrictive practices and was working towards implementing a human rights-based approach to care.

Oversight and the Quality Improvement arrangements

Overall, the governance structure and management systems in place ensured that there was good oversight of the restrictive practices in use within the centre. The management team were promoting a restraint free environment, and upholding residents' rights.

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 themselves as fully compliant with all the themes of the *National Standards for Residential Care Settings for Older People in Ireland*. The inspector was informed by the person in charge that there had been a quality improvement plan developed to ensure full compliance had been achieved prior to the completion of this questionnaire. This plan focused on areas such as staff training, and regular staff meetings on restraint use. This quality improvement plan was ongoing and it was evident that this had had a positive impact on the lives of residents.

The inspector was informed that management and staff focused on creating a restraint free environment, while maintaining resident safety. At the time of inspection, environmental restrictive practices in use included locked doors, bed wedges, low low beds, alarm mats, wanderguard bracelets, holding of cigarettes and lighters, and the administration of psychotropic medications. The provider had completed a trending analysis on their use of restrictive practices since October 2023 and evidenced their commitment to review, and where appropriate, reduced restraint use.

Staff received formal training in restrictive practices and dementia care. There were high levels of staff attendance at both, with further dates planned for February 2025. Part of the quality improvement plan on restrictive practices, included an initiative to introduce MAPA training for the staff of the Grattan unit, and this was planned for the month of this inspection.

There was a restraint policy in place that guided staff in the use of restrictive practices. The person in charge chaired a restrictive practice committee, who met every three months to review the use of restrictive practices in the centre. At the time of the inspection members of the committee were reviewing the restrictive practice policy, which was in draft format, to ensure it contained current and up-to-date information.

There was an amended pre-admission assessment, which incorporated restrictive practices used in the residents' previous environment, to ensure that the centre could meet the residents' needs after admission. The centre used the 'key to me' assessment to gain information about the resident, and had recently introduced another document called 'life story' which provided further detail to staff on the resident's life history.

Behavioural support plans were in place to guide staff to implement appropriate actions and supports to deliver safe person-centred care. In addition, the 'PINCH ME' assessment was used as a tool to determine the possible cause of behaviours such as infection or dehydration.

The provider had arrangements in place to monitor and oversee the use of restrictive practices in the centre. Restrictive practices were a standing agenda item on the weekly clinical hub meetings. Restrictive practice usage was recorded in a restrictive practice register. This register was formally reviewed on a quarterly basis with the multidisciplinary team (MDT). The MDT comprised the person in charge, clinical nurse managers, occupational therapy, and physiotherapy. This MDT team included the review of individual assessments of restrictive practices. Where a resident lacked capacity, the MDT assessed the suitability of any restrictive practice.

Care plans were found to be person-centred and documentation reviewed showed that there was consultation and discussion regarding people's care including restrictive practice. For example, a resident with capacity did not consent to the recommendation of a restrictive practice and this preference was upheld. Restrictive practice audits were completed and, where required, action plans had been developed following each audit.

There were sufficient resources in place to enable staff to respond in an unhurried, person-centred manner and to ensure that resident's individual needs were met. Equipment was available to ensure that care could be provided in the least restrictive manner. For example, where necessary and appropriate, residents had access to low low beds and crash mattresses, instead of having bedrails.

Overall, the inspector found that there was effective governance in the centre that supported a positive approach towards minimising restrictive practices.

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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