



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Trim
Name of provider:	CareChoice Trim Limited
Address of centre:	Knightsbridge Village, Longwood Road, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	05 December 2024
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0044178

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 5 December 2024	08:00hrs to 14:30hrs	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. Improvements in restrictive practices would enhance the quality of life and autonomy of residents living in the centre. The culture within the service promoted person-centred care.

On arrival to the centre residents were observed in communal areas and some residents remained in their bedrooms. Staff were assisting residents with personal hygiene needs throughout the morning. Staff were observed to be interacting with residents in a respectful manner by knocking on the bedroom doors before entering or calling out to a resident to inform them of who they were before they entered.

There was an enclosed courtyard made available to residents and their visitors with paving in place and adequate seating. There were multiple doors leading to this area that provided residents with many unrestricted access points.

Residents were observed to enjoy activities in the centre. Residents were encouraged to join these activities and to also give their say on what activities they would like in the centre. One resident that spoke with the inspector informed them that they enjoyed an afternoon going for coffee in the coffee shop that was beside reception. All residents had the opportunity to attend this coffee shop which was an opportunity for social gathering and where their visitors could join them.

There were no restrictions on when residents could access their bedrooms or the communal areas, and some residents remained in their bedroom throughout the day. However, staff were observed to continuously check on these residents in a discreet and respectful manner. Other residents attended activities in the centre. One resident informed the inspector that the service they received was 'first class' while another resident who spoke with the inspector said that staff are the 'kindest you could meet'.

Residents' bedroom accommodation was provided in spacious rooms that were nicely decorated. Each resident had a lockable space for their personal belongings. Each bedroom was nicely laid out ensuring each resident had ample space for personal items. Residents' bedrooms all had large televisions provided.

Minutes of residents' meetings were reviewed by the inspector. There appeared to be a good attendance for each meeting which took place regularly. Residents said they had a say in how the centre was run, they attended the resident meetings where they voiced their opinion and they said that they were listened to. Residents' opinions on the menus, activities and overall experience in the centre were sought and management developed action plans to meet the residents' requests.

The inspector attended two dining rooms at the lunch-time meal service. This experience was found to be calm and an enjoyable place for residents to enjoy their meals. Each table was set with the required condiments and a selection of drinks were made available. There was an appropriate skill-mix of staff to provide assistance when required. Each resident was offered a choice for each meal-time. These options were also provided to those residents that required modified consistencies of food.

There was an external advocacy service made available to residents. There were posters displayed with contact details for each service. Some residents had previously accessed these advocacy services with the support of management and staff.

The centre is registered for 174 beds. On the day of the inspection there were 51 residents who used bed rails in the centre. There were other less restrictive measures also in place, such as 27 low-low beds. Each resident had a risk assessment completed prior to their use. The assessment involved members of the multidisciplinary team to include the GP (general practitioner), the OT (occupational therapist), the physiotherapist and a nurse. There were resident specific care plans developed following these assessments, involving the resident or their nominated representative.

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. There was a practice development nurse appointed in 2024. This person provided further education supports to staff and management and had brought about positive developments in embedding evidence-based care in the centre.

Overall, residents and visitors who spoke with the inspector expressed a high level of satisfaction with the service provided. Residents stated that they were well looked after and felt safe in the centre.

Oversight and the Quality Improvement arrangements

The governance and management structure in the centre was well-established and worked effectively. There was a person in charge supported by three assistant directors of nursing, clinical nurse managers and a team of nurses and healthcare support staff.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. The person in charge had judged the service as compliant, however, had also proposed some quality improvement plans. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessments and care planning were used to safeguard and maximise residents' well-being.

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.

The management team had completed a register of the restrictive practices in place in the centre. This register was well-maintained and updated as needed.

Each resident had a care plan in place to indicate their assessed restrictive practice in use. There were very detailed care plans in place indicating the reason for their use, continuing to obtain resident's consent each time they were applied and ensure the restraint and release check list for each resident was maintained. In addition, care records reviewed showed that residents with restrictive practices in place were checked every two hours and these checks were consistently recorded by staff.

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 who the inspector spoke with gave very positive feedback on life in the centre. They expressed how they were encouraged to lead their life as they wish.

Residents were encouraged to maintain their independence with the support of an experienced team of healthcare staff.

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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