



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

## Issued by the Chief Inspector

Name of designated centre:	Shrewsbury House Nursing Home
Name of provider:	Shrewsbury House Nursing Home Limited
Address of centre:	164 Clonliffe Road, Drumcondra, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	15 August 2023
Centre ID:	OSV-0000161
Fieldwork ID:	MON-0041042

## 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 environmental<sup>1</sup> 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.

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<sup>1</sup> 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 15 August 2023	08:35hrs to 14:15hrs	Helena Budzicz

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

Overall, this thematic inspection found that this was a good centre that strove to promote good quality of life for residents and promote a restraint-free environment. The inspector saw that the residents were well presented in their appearance and appeared happy and settled in the centre. Residents spoken with said that 'there is a sense of togetherness, like family. They let you have your individual space and keep your identity.' Another resident relayed that 'it's not the place; it's the people who make it. That's a lovely courtesy, and I appreciate that.'

The centre was clean and bright with a modern contemporary design but still providing a 'like at home' feel. The inspector observed that staff knocked on the residents' doors before entering bedrooms and bathrooms and discreetly offered personal care to residents. The residents shared with the inspector that they are receiving a choice when they want to get up, if they want to stay in their room or go into one of the day rooms. Residents said that if they are feeling sad or down, the staff will offer them help and give them their own space and how they want to spend their day.'

A restrictive practice register was maintained and updated weekly in the centre. The inspector observed that the centre did not use any bed rails, and only four residents used bed bumpers on the side of their beds. One resident used a reclining chair for comfort measures as prescribed by the occupational therapist. Bed and chair alarm mats were used for three residents.

The pre-admission assessments included residents' communication needs and restrictive practices used in the home or hospital settings. The inspector saw that the risk-benefit analysis was completed in the centre to demonstrate the benefits of the restrictive intervention to outweigh any potential adverse effects. There was evidence that less restrictive practices were trialled and documented. Residents had access to a multi-disciplinary team (MDT) to review the residents, including the assessment of the restrictive practices used. This team consisted of health and social professionals such as occupational therapists, physiotherapists, geriatricians, nurses and psychiatrists of old age. The inspector saw that all use of restrictive practices was consulted with the resident or their representative, and their consent was documented in the residents' notes.

There was unrestricted access to most areas within the centre and to the internal courtyard and well-maintained garden with flowers and fruit trees. The inspector saw that residents enjoyed sitting in the garden and chatting happily with the staff members. Residents said they were supported to go to the shop and the post office weekly. Staff were supportive of residents' communication needs and were observed to be respectful with a person-centred approach.

A small number of residents had a history of experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The

inspector saw that each resident had a behavioural support care plan in place with a consistent approach on how to manage such behaviours. Residents spoken with said to the inspector that 'if the fellow resident doesn't feel their best staff is kind and never lose their temper.' Residents reported that they felt safe and well-supported in the centre.

A weekly activities calendar was prepared by the activities staff. The inspector observed engaging and interactive activities on the day of the inspection. Some residents chose not to attend the activities and wished to spend their days in their bedrooms. Residents who spoke with the inspector said that staff supported and respected their decision, and they were happy to listen to their favourite music or watch programmes on television. The activity coordinator met every new resident and completed a personal preference assessment to ensure that each resident had the opportunity to be able to participate in activities of their interest. Residents said that they enjoyed frequent outings around Dublin with the centre's own bus.

The inspector observed that there were no restrictions to the visiting arrangements, and residents enjoyed the company of their loved ones. The feedback from the family members was overwhelmingly positive, and they said they felt supported and listened to if they voiced anything with the management.

Residents had access to a variety of advocacy services. The inspector saw evidence in the residents' meetings, including information about the advocacy services by the nominated advocate who attended the centre and spoke with the residents.

## Oversight and the Quality Improvement arrangements

Overall, the management systems in place ensured that the management of the centre had good oversight of the restrictive practices. The person in charge completed the self-assessment questionnaire and developed a restrictive practices staff questionnaire for informal day-to-day meetings with the staff members to ensure that they all understand, monitor and create a safe but restraint-free environment where residents' rights and beliefs were supported.

Training matrix record showed that staff members were provided with the specific restrictive practices training in July and August this year. Further training completed by staff members were fundamentals of advocacy and human rights in social care. The advocacy services also provided in-house training for staff members.

There was a policy on restrictive practices, which included emergency and unplanned use of restrictive practices to guide staff in safe care delivery. The inspector saw evidence that all staff members had read and signed this policy, and any changes or amendments to the policy were discussed with staff and residents during meetings. Additionally, there was a positive risk-taking policy in place. This was also included in the induction programme for new staff members.

The inspector saw that staff members were able to identify 'rights restraint' in the centre, where practices could limit a resident's choices or preferences. The inspector noticed that a positive risk-taking assessment was completed for residents who wished to maintain their independent lifestyles, such as going to shops or post office, or their choice to hold onto their cigarettes and lighters, or locking their own door with a turn-thumb lock. The assessment identified the risks and benefits of each option, and alternatives and supports were explored and discussed with the resident.

Restrictive practice data were collected weekly through the centre's key performance indicators (KPIs), audits, and the restrictive practice register. This data was reviewed, analysed and used to further inform the centre's practices to improve care and positive outcomes for residents. The outcome of the analysis was also included in the management, staff and restrictive and advocacy committee meetings to enable an overview at the service level.

The inspector observed that the centre's management was proactively working towards the elimination of environmentally restrictive practices and implemented alternatives such as improved lighting, non-slipping floor coverings, and appropriate mobility aids such as low-low beds to be used at different levels depending on residents' changing needs. Furthermore, zimmer frames, rollators, walking sticks and other assistive equipment were also available for residents' use. The centre also used push-bar emergency exit doors, which were connected to the centre's call bells and alarm systems to alert staff of risky situations if a resident wanders around.

The inspector judged the centre to be compliant as a discussion with the management team and staff members and observation on the day of the inspection

confirmed that they were committed to promoting a culture of a restrictive-free environment and respecting residents' rights and choices.

## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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