



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

Issued by the Chief Inspector

Name of designated centre:	Castleross
Name of provider:	Castleross Nursing Home Ltd
Address of centre:	Carrickmacross, Monaghan
Type of inspection:	Unannounced
Date of inspection:	09 August 2023
Centre ID:	OSV-0000124
Fieldwork ID:	MON-0041106

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 9 August 2023	09:15hrs to 15:30hrs	Sheila McKeivitt

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

This was an unannounced inspection to monitor the use of restrictive practices in the centre. The single storey, 125 bed nursing home was divided into four separate units, with two units dedicated to caring for residents with dementia. The centre provided long-term, short-term, respite and convalescent care to older persons.

The nursing home was accessed by calling the front door bell. During the day a receptionist controlled the front door from the front administration office. Each unit had key-code pads on the either side of their main door. They also had keypads on either side of the units' inter-connecting doors. Visitors and residents could come and go independently by viewing the key code on a butterfly visible above the key-pad. Residents who required assistance or supervision of staff or relatives to leave were seen to be in receipt of support to do so.

Throughout the day the inspector found many examples where residents were encouraged and supported to retain their independence. The corridors were wide, had handrails and were not obstructed, this meant residents could mobilise independently and safely. There was effective use of lighting to assist residents to mobilise safely throughout the building and each resident had access to a light over their bed.

The centre provided dementia-friendly environments with décor and furnishings designed to assist residents be as independent as possible. The use of colour contrast with walls painted in warm colours provided residents with a safe environment in which to navigate. In addition, there was good use of signage throughout the building which facilitated residents to find their way around the home.

In each unit, residents had access to safe and secure internal courtyards, the doors of which were open. Some residents were seen wandering in and out independently and others with the assistance of staff. The inspector observed lunch which appeared very homely with staff assisting the residents in an extremely kind manner. A review of the table setting arrangements could increase residents' independence further.

The inspector saw four residents with bedrails in use. There were no residents with wandering bracelets and although sensor mats were in use, their use was not restricting the residents from moving.

During the inspection, residents were observed to be interacting with staff in a friendly manner. Staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents. When staff entered residents' bedrooms they announced their arrival before entering and informed the resident about the purpose of their visit. Where residents required support with their personal care needs, staff supported residents in an unhurried way allowing residents choose what clothes they wanted to wear that day. Staff were observed assisting residents to their chair of preference in the open plan living area.

Residents told the inspector that they were happy with their bedrooms and complimented the staff with regard to the daily cleaning of their bedroom. They also expressed satisfaction with the laundry service. The inspector saw a number of resident bedrooms and found them to contain sufficient space for residents to be able to mobilise safely. There was a lockable facility in all bedrooms however, all residents did not have access to a key to allow them to lock items away.

Residents were facilitated to personalise their own rooms and many seen contained items personal to that individual. There were no restrictions on when residents could access their bedrooms. However, in three of the four units, a number of the bedroom and en-suite doors could not be locked as there were no keys available in the doors.

Residents had access to a well-equipped sensory room which was appropriately situated and accessible to residents in one of the two dementia units. Residents in both these units had access to activities that were specific to meeting their needs.

Residents had their own bus and went out on trips to places of interest, three times a week. Each unit took turns and residents planned their trip and had a choice whether to attend or not. They told the inspector that they loved going out and the trips were always to places of their choice, and that they had travelled on day trips to places of interest within the county and beyond. Residents said that they sometimes took a picnic but always, even if it was raining, stopped for ice cream.

Residents were also supported to maintain established links with the community, for example, they attended Mass in the local town of Carrickmacross every Tuesday morning. They had close links with the local Men's shed, which one resident attended each week. They said that they attended the local library which closed to the general public one morning a week to facilitate residents' undisturbed access to their facilities. Residents also attended events in the local community and had just won first prize (for the second time) in the art competition at the Castleblayney annual agricultural show, which a number of the residents had attended.

Residents were seen to receive visitors throughout the day of inspection and there was a private space for residents to receive guests other than in their own room. They had musicians from the locality come in to play two to three times a week including at weekends. Residents organised a bake sale for Alzheimer's tea day in May 2023, for which they had done all the baking. Residents also said they celebrated all occasions, St Patrick's Day, Mother's day and Easter week. They said the staff were fabulous and told the inspector how they even had their own Easter Bunny.

Residents said they had their say and their voice was heard. They told the inspector that they had regular meetings, where they discussed life in the centre including the food, activities, planned outings and events. The inspector reviewed minutes of these meetings and saw that there was an agenda which included both advocacy and the rights of residents as topics for discussion. The minutes assured the inspector that residents had been informed of the Sage advocacy and the National advocacy services available to them. Information leaflets for both of these services were available on the residents' notice board. In addition, human rights in practice, the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles had been

discussed with them to ensure they were made aware of their rights. An information board had been developed for residents and staff in each unit, which included information about the FREDA principles and human rights in practice.

In June, a Sage advocate had been invited into the centre to inform residents of their service. The person in charge had written to all the residents or their next-of-kin, inviting them to attend. The information session took place in the large community hall which facilitated a large audience.

The complaints policy was on display throughout the centre. Residents were aware of it, however all residents spoken with reiterated that they had no complaints about life in the centre.

Oversight and the Quality Improvement arrangements

The centre was well-advanced on the road to achieving a restraint-free environment and had put a lot of work into ensuring residents' rights and choices were maximised.

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. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being.

Discussion with the management team confirmed that they were eager to ensure that the centre minimised the use restrictive practices and, where they were used, that their use was proportionate and deemed to be the least restrictive option.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. The person in charge was the restrictive practice lead and a restrictive practice committee had been established with a representative from each department on the committee. They had their first meeting in July 2023, minutes of which were available for review.

The centre had a restraints register established to record the use of restrictive practices in the centre. The plan was to review this document every three months and for a review of restraint use to be included in the centre's annual review of quality and safety. The contents of the restraints register assured the inspector that alternatives to restraint were trialled prior to any form of restraint being used. It also assured the inspector that the use of restraint in this large centre was gradually being reduced and that the focus was now on ensuring the rights of residents were upheld at all times.

A sample of resident records were reviewed and all those seen confirmed that a pre-assessment had been carried out prior to the resident's admission. Resident care plans were then produced on the basis of information on their assessment. Care records viewed by the inspector confirmed that resident's views and preferences were incorporated into the care plans and that they were well-written and easy to follow. Although, the inspector identified some areas for improvement as the content of some assessments were not always reflected in the residents' care plan or vice versa. For example, in the bedrail assessments of four residents with bedrails, two did not reflect what alternatives were trialled prior to bedrails being used, however the care plan did mention what had been trialled and failed. All this information was available in the detailed restraint register. Also, the care plans and care records were not consistent on how frequent bedrails were to be checked by staff when in use and the policy did not state how frequently they should be checked, therefore this required review.

Members of the senior management team had attended an education day on the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles and some staff had attended a webinar on this topic.

Discussion with various members of the staff team confirmed that they had appropriate training on restrictive practice and felt that this training informed their understanding of restrictive practice and how it could impact on the individual. In June 2023 all staff had also completed training on the human rights-based approach to care and the management team had developed tool-box talks on this topic together with a tool-box talk on restrictive practice.

The management team had re-established links with the local community post COVID-19 and ensured that residents were facilitated to live the best life possible while upholding their rights.

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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