



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

Issued by the Chief Inspector

Name of designated centre:	Willowbrook Lodge
Name of provider:	NSK Healthcare Limited
Address of centre:	Mocklershill, Fethard, Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 September 2023
Centre ID:	OSV-0000302
Fieldwork ID:	MON-0036558

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 20 September 2023	09:30hrs to 16:15hrs	Mary Veale

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

This was an unannounced focussed inspection on the use of restrictive practices. Residents were supported to live a good quality of life in this centre. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individual residents. There was a person-centred culture of care in the service and the use of restrictive practices had been kept to a minimum. Restrictive devices in use had remained stable with an average of four to five bedrails and one to two lap belts used by residents over the past three years.

On arrival at the centre the inspector was welcomed by two residents who were sitting outside in the porch area at the front door. The inspector was met by the nurse in charge and the centres office administrator who accompanied the inspector on a tour of the premises. The person in charge was on a day off but arrived on duty shortly following the walk around the centre. The registered provider representative was available in the centre on the day of inspection.

The inspector observed residents in various areas throughout the centre, for example some residents were leaving the dining room following breakfast, some residents were walking in corridors and others were sitting in communal rooms. The atmosphere was relaxed and calm. The inspector observed that a small number of residents were in their rooms in the morning. Some residents had their bedroom doors closed and privacy screens were in use in the shared rooms. Staff were observed discreetly assisting residents and knocking on doors before entering bedrooms.

The design and layout of the premises met the individual and communal needs of the residents. The centre was laid out over two floors and was accessible by a platform lift. There was a choice of communal spaces that residents could access, for example, the ground floor contained an open plan living room, reception area, a conservatory, and a separate dining room. The first floor had a sitting room which was not in use on the day of inspection. The inspector was informed that there was plans to redecorate the sitting room on the first floor.

The resident's bedroom accommodation consisted of 15 single rooms, three twin rooms and two multi-occupancy three-bedded room. 11 bedrooms had en-suite toilet and wash hand basin facilities, and five bedrooms had en-suite showers. Residents' bedrooms were clean, tidy and had ample personal storage space. Many of the residents' bedrooms had fresh jugs of water or cordial. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. The centre was suitably and comfortably decorated with many homely features and bright communal areas with lots of natural light.

As the centre was situated adjacent to a main road, there was a key-pad lock used to open and close the main entrance door due to the few residents at the high risk of elopement. This risk was regularly assessed and reviewed in the centre's restrictive

practice and risk register, and it was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. Some residents had been informed of the key-pad code and were seen coming and going from the centre on the day of inspection. The inspector observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents were seen mobilising independently around the centre.

Residents told inspector they were consulted with about their care and about the services provided. Residents felt safe in the centre and their privacy and dignity was respected. Residents told the inspector they liked living in the centre and that staff were always respectful and supportive. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences. Records viewed on the day showed that staff had completed the human rights-based approach to care, responsive behaviours, restrictive practice and dementia care training, and the inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspector observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

There was adequate supervision of residents with current staffing levels suitable to the assessed needs of the residents. Staff were supported to perform their respective roles with ongoing mandatory and additional training. All staff were aware of practices that may be restrictive, for example, bedrails and lap belts. Residents told the inspector that their call bells were answered promptly and they were content and well looked after in this centre.

On the day of inspection there were no residents who expressed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Residents were facilitated with a choice of meals and drinks and told the inspector that the food was very good. On the day of inspection a small number of residents chose to have meals in their rooms.

The centre had an external smoking area to the front of the building which was freely accessible to residents who wished to smoke. The inspector spoke with a person using the smoking area who confirmed that they could use this facility at any time they wished. They had access to their own cigarettes and lighter. The residents told the inspector they could walk into the local village and said that they were never prevented from doing anything that they wanted to do in the centre. Residents had access to a large outdoor garden area to the front of the centre. This area had an outdoor pergola and canopied area with garden tables, chairs and benches. Residents also had access to an internal courtyard.

Arrangements were in place for residents to feedback and contribute to the organisation of the service. Residents told the inspector that the person in charge and registered provider representative were available to them and were always responsive

to their needs and requests. In addition to this informal feedback, there were residents' meetings and satisfaction questionnaires for residents. Visitors told the inspector that the centre always communicated with them about changes to care and any concerns they had. Residents were supported to access advocacy services if required or requested.

Care plans viewed detailed person-centred interventions and staff were very familiar with residents' needs and social histories. Validated assessment tools were used to risk-assess residents' needs and to ensure that each resident was supported in positive risk-taking through an informed decision, with the information on the rationale and possible risks associated clearly documented. An associate care plan was in place, and the inspector saw that it detailed specific information on each resident's care needs and what or who was important to them. The care plans described the alternatives trailed and instructed staff members to perform regular safety checks and instructions on restrictive practice use and release. There was also evidence in residents' notes that all residents where some form of restrictive physical practice was used were reviewed by multi-disciplinary teams such as residents' general practitioner (GP), physiotherapist or occupational therapist.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The inspector observed residents attending a live streamed mass in the morning and playing bingo in afternoon on the day of inspection. For residents who could not attend group activities, one to one activities were provided. Residents told the inspector that they enjoyed group exercises, bingo, and particularly enjoyed reflexology therapy each week in the centre. Residents were happy with the choice and frequency of activities and told the inspector that staff go out of their way to facilitate their requests and needs. Residents told the inspector that they particular enjoyed each others company and had build up friendships with one another since admission and some residents had known each other since their school days. Residents told the inspector that there was no restrictions on visiting family pets. Residents had access to televisions, radios, national and local newspapers. Mass took place in the centre weekly.

The inspector observed that residents were supported to have companionship. There were no restrictions to visiting hours in the centre, and friends and relatives were seen to come and go during the day. There was a visitor's book where visits were logged, which would assist in ensuring their safety in the event of an emergency. Residents had access to advocacy services, and information posters were displayed around the centre.

Oversight and the Quality Improvement arrangements

There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The person in charge was familiar with the guidance and had been working with the nursing and care team to reduce where possible restrictive practices. The centre had completed the self-assessment questionnaire and had developed an improvement plan.

Resources were made available for staff training and for equipment such as low to floor beds. Sensor mats were not in use in the centre at the time of inspection. Staff had undertaken mandatory training in restrictive practice and in dementia awareness training which included the management of challenging behaviour.

Overall there were good governance structures in place with ongoing auditing and feedback informing quality and safety improvement in the centre. There was good oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. There were also appropriate risk assessments for bed rails, smoking, environmental risks and falls with the least restrictive controls in place.

Falls management was good in the centre. All incidents were recorded and investigated. Post falls protocol included immediate and appropriate management of the resident with neurological observations monitored for all unwitnessed falls. Reassessment of the resident's needs following a fall included a review by the physiotherapist and a full review of their risk for falling again, with their care plan changed accordingly.

Complaints were recorded manually and were robustly investigated. The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. A small number of complaints had been received in 2023. All of these complaints were satisfactorily dealt with. Complaints and incidents were audited and trends identified and learning informed safety improvements in the centre. Evidence of learning from complaints was disseminated at staff meetings.

The centre maintained a register of restrictive practices in use in the centre. 5 of the 27 residents had bedrails in use. Other examples of restrictive practices identified on the register included; a lap belt, safe keeping of cigarettes and lighters, and the key-coded front door. There was evidence of alternatives trialled, including the duration of the trial and of safety risk assessments performed prior to applying any restrictive device.

The centre had a service specific policy on the management of restrictive practices which was written in plain English and promoted the rights of residents.

Improvements were required to the documentation for restrictive practice. The centre did not have a specific consent form, the inspector observed a discussion form for residents who had a physical restriction which was signed by the residents general practitioner (GP) in conjunction with the nursing staff and the resident's family if appropriate. Restrictive devices were discussed at handover and formally reassessed at a minimum of every four months or sooner if indicated. There was ongoing safety monitoring in place for all restrictive devices in line with centre's policy and the national policy. Restrictive practices were monitored daily and the centre had undertaken to reduce or eliminate restrictive practices where possible. Restrictive practices were audited quarterly and plans to improve the service included further in house training for all staff in restrictive practices and training in positive training support.

The inspector summarised that there was a positive culture, with an emphasis on reducing restrictive practice use in Willowbrook Lodge. Improvements were required in the documentation for the consent of restrictive practice. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

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.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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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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