



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Craddock House Nursing Home
Name of provider:	Werlay Limited
Address of centre:	Craddockstown Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	14 August 2023
Centre ID:	OSV-0000027
Fieldwork ID:	MON-0040413

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
Monday 14 August 2023	08:00hrs to 14:00hrs	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 centre. The home can accommodate 89 residents over two floors. It comprises of 77 single and six twin bedrooms. Most bedrooms have full en-suite facilities or shared bathrooms, and there are nine single bedrooms that have access to communal toilets and bathroom facilities within close proximity. There are three main day and dining areas, called The snug, The cosy corner and The relaxation room. There are two conservatories and a spacious reception area for residents to relax in. The centre is located in Naas, Co. Kildare.

The centre was very homely in appearance and residents appeared to move about freely. Residents had ample and unrestricted access to the secure garden. Most of the corridors had doors leading onto this garden. Residents were observed sitting in the garden with fellow residents and visitors. Residents were encouraged to make their own choices in relation to where they wanted to spend their day. Many residents attended the array of activities available in the centre, while others sat in the garden reading the newspaper. Residents spoke about how the staff encouraged them to join in activities or attend outings when arranged. One resident who spoke with the inspector detailed how he had attended Punchestown race course. They had been accompanied by three staff members and they thoroughly enjoyed this time. They then finished off the outing by stopping in a local pub for dinner and drinks.

The inspector observed on the day of inspection that the residents were supported to live a good quality of life. Although some restrictive practices were in use in the centre this did not impact negatively on the wellbeing of residents. Some of the residents that spoke with the inspector were aware of the restrictions in place such as the use of sensor mats. Residents told the inspector that they were consulted on the use of these sensor mats and that they had given consent to their use. One resident who spoke with the inspector said 'I used to think I needed bedrails but the staff trialled me without them and it has worked great'. The person in charge told the inspector that they had reduced the use of restraint following further training and education. The person in charge spoke about the many improvements they had implemented throughout 2023.

The inspector observed staff assisting the residents in a discreet respectful manner throughout the day. Resident's wishes were seen to be respected. Residents told the inspector that they were the judges in a 'master chef' competition between the staff. They said they had great fun and really enjoyed having such fun with the staff. One resident explained to the inspector that they like to go into the sun room and play the piano. They had always had a piano at home and this was their 'down' time. The person in charge told the inspector that other residents thoroughly enjoyed listening to the resident playing.

There was appropriate staffing levels to meet the care needs of the residents. Call bells were answered promptly and residents informed the inspector that they never have to wait long to be assisted. Residents were given the choice to remain in their

room if they wished throughout the day and one resident informed the inspector that 'they're only one click of a button away'.

Staff were appropriately trained in the use of restrictive practice. Staff who spoke with the inspector were knowledgeable about the needs of residents and ethos of the centre to aim to be as least restrictive as possible.

Staff had also received training in managing responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). One staff member said 'since the internal courtyard locks had been removed from the doors earlier this year residents roam freely and this has in turn reduced responsive behaviour episodes'.

Restrictive practices in use in the centre included, sensor mats, one wandering alarm and one key pad to enter the dementia or exit the dementia unit to access the main building. There were no restrictive bed rails or lap belts in use in the centre. Where sensor mats were used there was a comprehensive assessment completed. Following from these assessments involving the multidisciplinary team, a care plan was developed. The resident, where possible, was involved in this process. The main exit/entrance door to the centre was accessed using a fob, however some residents retained their own fobs following a risk assessment and were observed to be coming and going from the centre as they wished.

Visitors were observed coming and going from the centre throughout the day. Residents on some occasions walked their visitor to the car park. Residents' families and friends were regularly invited into the centre for parties and special occasions.

Oversight and the Quality Improvement arrangements

Management and staff had a great awareness in relation to the negative impact of restrictive practices. Training had been provided to all staff and information had been provided to residents on restrictive practice. In each resident's room there was a leaflet to explain to residents what restrictive practice is and how the centre aims to reduce restrictive practice but also encourages positive risk-taking.

The use of restrictive practice was reviewed weekly in the centre. There was a weekly governance meeting which involved the person in charge, the assistant director of nursing, registered provider representative and director of quality, safety and risk. The uses of restrictive practices and improvements were documented in the minutes of these meetings. The input of an external advocacy service and the residents' awareness of the availability of this service was also discussed. The management team had reviewed and updated the restrictive practice policy to guide and inform staff.

The person in charge spoke to the inspector about the self-assessment questionnaire that was received from the Chief Inspector of Social Services and how it made them re-think their practices in 2023. There was a comprehensive restraint register available to view, which showed over a six month period the progress the management and staff had made in aiming for the least restrictive practices. Bed rail usage had reduced from 30% to zero use in the centre.

The management team and staff were continuing to progress the quality improvement plan they had developed. As part of this plan they had completed a survey with residents on how they believed access to, and choice of activities restricted their day. There was a large response to this where residents gave their opinions. The person in charge told the inspector that changes were made as some residents just didn't want to attend the current activities and this brought about an array of alternative activities. Two residents had since made plans to go to the pub where they used to go before being admitted to the centre.

The governance and management of the centre was very robust, always aiming to improve the centre and ensure the care and welfare of the residents was their priority. The management team had arranged residents meetings and increased the frequency of these meetings to allow residents the freedom to express themselves. Residents had put forward the idea of a walking club for the residents at one of the meetings. The management team had since developed a volunteer group to ensure this club was progressed.

Residents were encouraged to continue life in the centre as they did in their own homes. Residents preferences for religious services were upheld, residents were encouraged to continue to vote either in the centre, or at their local voting centre. The rights of residents were very much at the forefront. Minutes of residents meetings evidenced that a large number of residents attended.

As part of the quality improvement plan the person in charge had arranged a regular coffee morning for new residents. This would give new residents the chance to get to know residents who had been living at the centre for a longer period of time, and assist them in settling into their new home.

There was a small vegetable patch in the garden. Staff informed the inspector that some residents really enjoyed working on this. This had been developed as part of the quality improvement plan in the centre and staff said 'this was the best idea as some residents will spend hours here chatting and having the banter'.

As part of the 2023 quality improvement plan the implementation of 'the butterfly model' was being established. This model aims at creating a 'homelike' environment where person-centre approaches to care empower people with dementia to live a meaningful life, where their personal life stories are acknowledged and which allow people to be free to themselves. The person in charge told the inspector that this addresses the holistic needs of the residents and supports quality of life for each resident living with dementia.

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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