



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

Issued by the Chief Inspector

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare Road, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	17 January 2024
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0041758

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 17 January 2024	08:45hrs to 14:00hrs	Sinead Lynch

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

Overall, the inspector found that the management and staff of the centre promoted a person-centred approach to ensure residents living in the centre had a good quality of life. Residents were encouraged to make decisions for themselves and support was offered and made available when required. This was echoed by the views of the residents living in the centre.

This was an unannounced inspection to monitor the use of restrictive practices in the centre. The centre operates from the ground floor only. Bedroom accommodation consists of single, twin and three bedded rooms. Communal accommodation includes a large dining room, day rooms, conservatory, a quiet room, a small dining room and an activities room. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front. The centre is registered for 42 residents. On the day of the inspection there were 36 residents residing in the centre.

On the morning of the inspection the inspector was met at the door by a receptionist. This inner door had a key pad in place. However, the reception desk was manned by two people on the day of inspection. Throughout the day of the inspection residents and relatives were observed to be exiting the building with the knowledge of the code. The person in charge informed the inspector that some residents would know the code and are safe to leave the centre and walk around the grounds unaccompanied. This was a good example of enabling positive risk-taking behaviour and upholding resident's right to unrestricted freedom of movement.

The use of restraint in this centre was minimal. The inspector observed that one resident had bedrails in use. There were four residents who used a lap-belt on their chair. These chairs and the lap belt were prescribed by the occupational therapist (OT) to be used only for when the resident was being mobilised.

The records reviewed showed that there was a multi-disciplinary approach taken to making decisions about the use of restraint. The resident and their next-of-kin (at the resident's request) were involved in the decision-making process. Residents with restraint in use had a restraint assessment completed prior to use. These documents clearly outlined the alternatives that had been trialled prior to restraint being initiated. In addition, each resident had a person-centred care plan in place outlining what and how these restraints were to be used and for how long. Records were available which showed that where restraints were in use they were checked and/or released by staff in line with the centre's restraint policy.

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. Other residents attended activities in the centre. One resident informed the inspector that it was their wish to remain in their room for the day, however, they would join the other residents for Mass that afternoon. Another resident said they were 'happy to be entertained by the staff'. Some residents wished to remain in the sitting room until 11pm each night to watch their preferred programmes. The residents' preferences appeared to be promoted and respected in many aspects of their daily life.

Minutes of residents meetings were reviewed by the inspector. There appeared to be a good attendance for each meeting which took place monthly. Members of the senior management team attended these meetings and were well-known to residents. Residents said they had a say in how the centre was run, they attended the monthly resident meetings where they voiced their opinion and they said that their voices were heard.

There was an external advocacy service made available to residents. Leaflets and posters were displayed around the centre. Residents were reminded of their availability at the monthly residents meetings.

Overall, all 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, and there was always staff available when needed.

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 who had worked in the centre for many years. They were supported in their role by a CNM 2 and a team of nurses and healthcare assistants. The provider representative was very involved in the running of the centre and was well known to the residents.

The centre had made good progress in their aim to become a restraint free environment. The training provided to staff in relation to restrictive practice had encouraged them to take a positive risk approach. Reducing the number of bed-rails was introduced in a slow but positive manner. Discussion with various members of staff and a review of training records confirmed that they had appropriate training on restrictive practice and that they felt that this training encouraged them to promote the restraint free environment.

The provider had purchased low-low beds and crash mats to minimise the use of a more restrictive practice.

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. The person in charge had identified from this questionnaire some improvements that they had since implemented. Some of these being the trialling of low-low beds as a substitute for bed rails.

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 restraints register had been established to record the use of restrictive practices in the centre and was updated each week.

A sample of resident records were reviewed and the inspector saw that each resident who was using some form of restraint had a restrictive practice assessment in place. Resident care plans were developed on the basis of information obtained during their restraint assessment. In addition, care records reviewed showed that residents with restrictive practice in place were checked every two hours and these checks were consistently recorded by staff. Care records viewed by the inspector confirmed that resident's views and preferences were incorporated into the care plans and they were easy to follow. There was an auditing system in place to ensure that all staff worked in line with the centre's restraint policy.

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.

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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