



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

Issued by the Chief Inspector

Name of designated centre:	Tinnypark Nursing Home
Name of provider:	Tinnypark Residential Care Limited
Address of centre:	Derdimus, Callan Road, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	27 July 2023
Centre ID:	OSV-0000707
Fieldwork ID:	MON-0039703

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
Thursday 27 July 2023	09:30hrs to 17:30hrs	Bairbre Moynihan

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

This was an unannounced inspection, with a focus on the use of restrictive practices in the designated centre. From the inspector's observations and what residents told the inspector, it was evident that residents were supported to have a good quality of life in the centre.

Tinnypark Nursing Home is registered to accommodate 47 residents with 46 residents living in the centre on the day of inspection. The centre is a single-storey building with 39 single en-suite rooms and four twin rooms. The curtains were reviewed in the four twin rooms since the last inspection ensuring the dignity and privacy of both residents in the rooms. Communal accommodation comprised of a day room, dining room, a lobby and the parlour. All areas were bright and spacious with comfortable furnishings and domestic features which provided a homely environment for residents. Many residents had decorated their bedrooms with photos and other items of significance including bed linen. The inspector saw that residents had access to appropriate storage in their bedrooms for personal belongings and all rooms contained a television and radio for residents. The centre was observed to be clean, tidy and generally well maintained. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely.

Staff were observed coming and going from individual residents' bedrooms throughout the day. The inspector observed that a small number of residents had signage on their door to knock before entering and this was respected. In addition, the inspector observed that all staff knocked on resident bedrooms and waited for a reply, prior to entering rooms.

The inspector observed that residents moved freely throughout the centre. Residents had access to two internal courtyards, the doors to which were unlocked throughout the day. In addition, residents had access to a large garden which extended to the car park. Access to this garden was by fob access only. Residents informed the inspector that they could access the garden whenever they requested it and did not see this as a restriction. A resident was in the process of developing the garden and had planted a number of plants. The resident was observed pruning the plants on the day of inspection. Seating was installed in the large garden area since the last inspection and residents were observed sitting outside enjoying the sunshine on the benches. A resident informed the inspector that they were not restricted in any way and "if I want to go to my room there is no issue and they will assist me to the room". Another resident stated that all the resident wants is to go outside every day and this is always facilitated.

The front door was locked at all times and residents had to request to exit the front door. The inspector was informed that it was accessed through a key pad and residents could request the number if required. A family member informed the inspector that staff had provided the family member with the access code and could enter and access the centre to visit their loved one. Management informed the

inspector that doors were locked for residents' safety and not to restrict their movement.

Residents were complimentary about the staff and care received. It was evident that staff knew the residents well and were aware of their likes and dislikes. Residents reported that they felt safe in the centre and identified who they would escalate a concern to. One resident stated that they "could not be happier" in the centre.

Residents were consulted about the service through residents' meetings which took place monthly. The registered provider had employed a residents' liaison. The residents' liaison chaired the residents' meetings and in between meetings, acted as a liaison between the residents and staff. Meeting minutes reviewed identified that previous suggestions regarding the menu were discussed with the catering staff at the meeting. Residents were consulted about the upcoming garden party in July and residents suggested that outings were increased from once to twice weekly.

Residents were provided with a choice at mealtimes, including residents who required a modified diet. The majority of residents were observed to be wearing a clothes protector at lunch-time. Residents and management both confirmed to the inspector that residents had a choice to wear it. Some residents chose to remain in their room and this choice was respected. The inspector observed that residents who remained in their rooms had access to a call bell within reach. Residents informed the inspector that they had a choice at the time they got up at and when they went to bed.

Three activities co-ordinators were working on the day of inspection. The lobby area was a low arousal area with four distinct areas for residents to relax and each area contained distraction aides. This area was supervised at all times and one to one activities were taking place. In addition, a staff member worked from 4pm to 10pm to supervise the residents in this area. Other activities observed on the day included preparations for the upcoming garden party including making a banner for the party. Other residents were accompanied in the large garden for a walk in the sunshine. The centre had two rabbits and these were in the centre on the day of inspection. Some residents chose not to take part in activities and were reading newspapers and books. Mass was celebrated onsite once monthly. WiFi was available for residents if they required it. Signage was on display in the centre to guide residents to the dining room.

Oversight and the Quality Improvement arrangements

Overall there was good leadership and governance evident on the day of inspection. The registered provider was Tinnypark Residential Care Limited. The centre was acquired by a group on the day prior to inspection who own and run a small number of centres in Ireland, however, Tinnypark Residential Care Limited remained the registered provider.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant other than Theme 7: Responsive Workforce which was self-assessed as being substantially compliant. The person in charge submitted a quality improvement plan following the inspection with areas for action identified which included for example; that the restrictive practice audit tool would be reviewed to include tracking and trending to identify if there were any emerging themes in restrictive practices.

On arrival the inspector met with the person in charge and a member of staff from the new management team regarding the arrangement in place to ensure a restraint-free environment. The person in charge confirmed that the centre promoted a restraint-free environment, in accordance with national policy and best practice. Effective governance and oversight was evident in relation to restrictive practices. The centre had a restrictive practice committee in place that met in June 2023. Meeting minutes reviewed identified residents where less restrictive options were successful. A weekly governance report identified residents who had restrictive devices in place. Restrictive practices were an agenda item at the senior management team meetings, nurses and healthcare assistant meetings. A restrictive practice audit was undertaken in July 2023 of all residents with restrictive devices in place. The audit included a timebound action plan with an action being that all care plans are to include a right to refuse a restrictive practice.

The registered provider had an up-to-date policy in place for the use of restraint and restrictive practices. Staff were appropriately trained in restrictive practices, safeguarding vulnerable adults and complex behaviour with a small number of gaps noted. The person in charge identified in the self-assessment questionnaire that additional face to face training in positive support training would be introduced to compliment the online training. This will commence at the end of September 2023. Management stated that training in the use of sensor mats was completed in 2022 and the training was recorded so staff can access it if a refresher was required. Staff were generally knowledgeable about restrictive practices and the measures they would take if they had a safeguarding concern.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low-low beds, instead of having bed-rails raised. The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied

that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

Tinnypark Nursing Home had a record of restrictive practices in use the centre, however, the record did not detail all restrictive devices in use. For example; five residents had a low-low bed in place and was not included in the list. Notwithstanding this, the numbers using bedrails was low, a total of one out of 46 residents. There was evidence that less restrictive options were trialled and used. Four residents had a sensor alarm mat in place and one resident had a wandering bracelet. Risk assessments were completed for the restrictive practices identified on the record.

The inspector reviewed the care plans for residents with bed rails and less restrictive options and found that the documentation was clear. There was evidence there was consultation with the resident and where possible the resident consented, along with members of the multi-disciplinary team. Care plans were detailed outlining the methods trialled. Care plans guided staff to identify a resident's need if a sensor mat went off in a non-restrictive approach and staff described this to the inspector. Care plans identified that restraint should be checked at certain intervals. The inspector identified gaps in these records, however, management were aware of it and it was highlighted in minutes reviewed. The inspector was informed that management were assured that the checks were being completed however, there was ongoing requirement to remind staff about the documentation of the checks.

Overall, the inspector identified that there was a positive culture in Tinnypark Nursing Home, with an emphasis on a restraint-free environment. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The inspector was satisfied that every effort was made to ensure that people living in the centre were facilitated to pursue their own choices and preferences and that their rights were respected.

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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