



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

## Issued by the Chief Inspector

Name of designated centre:	Oghill Nursing Home
Name of provider:	Eochiall Enterprises Limited
Address of centre:	Oghill, Monasterevin, Kildare
Type of inspection:	Unannounced
Date of inspection:	08 November 2023
Centre ID:	OSV-0000077
Fieldwork ID:	MON-0041043

## 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 environmental<sup>1</sup> 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.

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<sup>1</sup> 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 8 November 2023	08:35hrs to 14:00hrs	Helena Budzicz

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

Overall, the inspector found that the management of the centre promoted a culture of respect and a person-centred approach to ensure that residents living in the centre had a good quality of life, were encouraged to exercise their choices and had their rights respected.

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre.

Oghill Nursing Home is a single-storey facility located in a rural setting a few miles from Monasterevin town. The centre has the capacity to accommodate 34 residents in 24 single-occupancy bedrooms and five twin-occupancy bedrooms. The design and layout of the designated centre promoted free movement around all areas of the centre.

The inspector arrived at the centre in the morning and saw that there was a key-pad on the front door, which was in place to promote the welfare and safety of residents. However, the code was displayed above the key-pad lock for residents and visitors.

There was unrestricted access to the garden, and the inspector saw that the residents who were able to mobilise independently were freely going into the garden throughout the day. There was an assigned smoking area in the garden for residents who wished to smoke.

The inspector saw that the centre was bright and clean in all areas. The atmosphere was relaxed, and care was observed to be delivered in an unhurried manner. The staff knocked on the door before entering the bedroom and discreetly offered breakfast or personal care to residents.

The inspector observed that residents' bedrooms were nicely decorated with personal memorabilia such as photographs and artwork. Residents who spoke with the inspector said that 'they loved their bedrooms and it feels like home.'

The inspector found that there were sufficient staff on duty to meet the needs of residents. Staff were observed to be actively involved in conversation with the residents, offering them choices in relation to daily activities and where and how they wanted to spend their day. The inspector saw that the interaction between staff and residents was kind and respectful, and the relationship was trustful, like talking to a family member.

The daily food menu was clearly displayed and included a number of choices at each mealtime. The inspector observed the lunch time dining experience. The food was served in the dining room or in the residents' bedrooms based on the expressed resident's choice. The inspector observed that staff was available to assist residents. Some visitors were also present and stayed with residents during meal times. The

visiting was not restricted, and the inspector observed visitors coming and going in the centre throughout the day.

The inspector reviewed the minutes of residents' meetings. The centre nominated residents' advocates from the local community who were actively involved and connected with the centre. From the minutes of the meetings, it was evident that residents were encouraged to discuss the quality of their care, options for parties related to different seasons of the year, such as summer or Halloween and Christmas parties, vaccines, food, quality of laundry, activities, restrictive practices or access to advocacy services.

The centre had a low incidence of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Each resident had a behavioural support care plan which reflected residents' needs and triggers and provided clear guidance for staff to assist residents with their care needs.

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 somebody to help them if they had some issue or problem.

## Oversight and the Quality Improvement arrangements

The governance and management structure in the Oghill Nursing Home was well-established and worked effectively, promoting a restraint-free environment. The person in charge had completed the self-assessment questionnaire prior to the inspection and identified a quality improvement plan for the restrictive practices.

There was a restraint policy in place that guided staff regarding the use of restrictive practices. Staff were provided with access to the document and restrictive practices overviews were also part of the induction process for all newly recruited staff members.

The training records showed that staff received training on restrictive practices, responsive behaviours, and residents' rights training. Staff who spoke with the inspector demonstrated appropriate knowledge and showed a willingness to continue to work on reducing restrictive practices in the centre.

The person in charge conducted pre-admission assessments, and it included a restrictive practices review to ensure that the centre could meet the residents' needs after admission.

Restrictive practices were monitored in the centre regularly through the weekly collection of data for restrictive practices, which were used in the centre as one of the Key performance indicators (KPIs). This data was discussed at weekly governance meetings, staff meetings and during staff handovers.

There were arrangements in place to monitor and evaluate the quality of the service. Various audits, such as restrictive practices audit, support of residents' rights and diversity of each resident, and person-centred care audit tools, were based on the national standards and were completed regularly to ensure that restrictive practices in use were appropriate and proportionate.

The inspector observed some bed rails, bed bumpers, low-low beds, crash mats and sensor mats in use during the inspection. All practices were documented and monitored in the Restraint Register. Restraint release logs were maintained while the restraints were in use. There was evidence that less restrictive practices were trialled in line with the national policy. Comprehensive risk assessment also contained an effective risk-benefit analysis that demonstrated that the benefits of the proposed interventions outweighed any potential adverse effects from restraint interventions.

The provider ensured that the centre was well-resourced to provide less restrictive options to support residents in their independence and autonomy.

Care plans to support restrictive practices in use were found to be person-centred and outlined consent from the resident or nominated resident representative, and input

from the resident's general practitioner (GP) or multi-disciplinary team (MDT) involved in the decision and its review was also clearly documented.

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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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