



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

## Issued by the Chief Inspector

Name of designated centre:	St Elizabeth's Nursing Home
Name of provider:	Cortana Limited
Address of centre:	Kells Road, Athboy, Meath
Type of inspection:	Unannounced
Date of inspection:	10 January 2024
Centre ID:	OSV-0000167
Fieldwork ID:	MON-0040501

## 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 10 January 2024	10:30hrs to 16:00hrs	Sheila McKeivitt

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

This was an unannounced inspection to monitor the use of restrictive practices in the centre. Residents' accommodation is provided in both single and twin bedrooms, some with en-suite facilities, others with wash hand sinks within their bedroom. The residents living in bedrooms with no en-suite facility had access to a communal shower or/and bathroom and a communal toilet located near their bedroom.

The use of restraint in this centre was minimal. The inspector saw that there were no bed rails in use, two residents used enablers, one used a lap belt and four residents had a sensor mat in use. All these residents had their restrictive practice risk assessments reviewed on at minimum within a four monthly time period. One resident had their cigarettes held by staff at their request.

This centre has a positive approach towards the human rights based-approach to care. Residents spoken with told the inspector that their rights were upheld and that they had the freedom to make choices throughout the course of their stay.

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. This document clearly outlined the alternatives that had been trialled prior to restraint being used. In addition, each resident had a person-centred care plan in place outlining what and how these restraints were to be used, applied and for how long.

The nursing home was accessed by calling the front door bell. A receptionist controlled the front door from the reception desk. Visitors and residents could come and go via the front door. Visitors were asked to sign the visitors' book and residents confirmed that there were no visiting restrictions.

Residents and their visitors had access to sitting rooms on the ground floor where they could receive visitors in private. Some said they preferred to receive visitors in their bedroom and told the inspector they could choose.

Residents had access to a safe and secure outside decked area situated off the dining room. This area was accessible to residents at all times.

Some residents showed the inspector their bedroom and said they were facilitated to personalise their room and many bedrooms were seen to contain items personal to that individual. Residents said their bedroom was cleaned every day by the household staff. There was a lockable facility in all bedrooms however, all residents did not have access to a key to use this facility, and they said they could get it but would have to ask staff for a key.

Residents were facilitated to maintain their privacy and dignity in the twin and single bedrooms with access to appropriate privacy screening and tub locks on doors. However the inspector observed one communal bathroom on the first floor did not

have a functioning lock and another could not be locked due to a missing key. This meant that the privacy of the residents using these facilities could not be ensured.

Residents spoken with were aware of the complaints policy which was displayed throughout the centre. Two residents gave examples when they had a complaint and they made it known to staff, and both said their complaint was dealt with promptly. On this inspection, there were no open complaints and no one verbalised any complaints to the inspector. Contact details for the local Health Service Executive (HSE) safeguarding officer were on display together with contact details for the National advocacy service; in addition there was an independent advocate who attended residents' meeting held every eight weeks.

Residents spoken with told the inspector that the standard of communication between them and the staff was excellent. They said they were kept informed of their health status and of what was going on in the centre. They said that the provider often popped in for a chat with them and they attended the resident meetings where they were asked and gave feedback on different aspects of the care provided. Residents said that they planned their activity schedule and monthly trips out at these meetings.

The activities coordinator was pro-actively engaging with residents to facilitate a varied and interesting recreational programme. Residents said there was no shortage of activities and the variety on offer was excellent. They, together with the dedicated activities co-ordinator had planned a full interactive schedule of activities for the week. The inspector observed a group of residents displaying their painting skills in the morning and enjoying a musician providing a live music session in the afternoon. Some residents told the inspector that they did not take part in group activities, they liked to read and walk and their choice was respected.

Residents were supported to establish links with the local community, for example, a local writers group come in and read poetry to residents. Transition year students came in from a local secondary school once every two weeks, they usually played a variety of board games with residents. A local violinist visited with one of two locally based kids dancing groups to perform for residents on a regular basis. Dog therapy was booked to come into the centre on a regular basis, which residents said they really loved.

Residents said they went out on average once a month, they used a local bus service to go out on trips. These trips were usually local and included a trip to the local library to avail of their facilities including a magic table (an interactive table which promotes more joyful, social connections for seniors living with dementia through its wide range of interactive games). Residents also told the inspector about their trips to the local coffee shop, trip to Navan town or visit to a local museum, all of which they enjoyed.

## Oversight and the Quality Improvement arrangements

The centre was well-advanced to achieving a restraint-free environment and had put a lot of work into ensuring residents' rights and choices were maximised.

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.

Discussion with the newly appointed director of nursing confirmed that they were aiming to reach a restraint-free environment. Where restrictive practices were used, they had ensured that their use was proportionate and deemed to be the least restrictive option.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. The assistant director of nursing 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 on a monthly basis.

The use of all restrictive practices was audited on annual basis and the audit for 2023 reflected a downward trend in the use of restraint. The audit was included in the centre's annual review of quality and safety published for 2023, and used to inform the quality improvement plan for 2024.

The Health and Safety Committee met every four months and at this meeting the use of restraint was discussed. The inspector saw that it was a rolling topic on the agenda for these meetings. The committee's focus was on reducing the use of restraint in the centre.

The contents of the restraints register and the restraint risk assessments assured the inspector that alternatives to restraint were trialled prior to any form of restraint being used. It also assured the inspector that the use of restraint in the centre was gradually being reduced and staff had access to alternative less restrictive equipment. The focus was now on ensuring the rights of residents were upheld at all times.

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 the risk assessment. 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. The management team had restraint documentation on the audit schedule and this assured them that the relevant records were in place to reflect the decision made by the resident or staff to use restraint as a last resort

Discussion with various members of the staff and a review of training records confirmed that they had appropriate training on restrictive practice and felt that this training informed their understanding of restrictive practice and how it could impact the individual. Most staff had completed training on the human rights, including the FREDA principles and a human rights based approach to care. They had also completed training on the fundamentals of advocacy in health and social care and on the National Standards for Residential Care Settings for Older Persons in Ireland.

The inspector observed that complaints made were addressed in line with the centre's policy and they were reviewed by the named complaints reviewer as per policy.

Residents spoken with felt their rights were upheld, their voices were heard and that they played an active role in how they lived their life in the centre.





## 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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