



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

Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Nursing Home
Name of provider:	Rathsheen Investments Limited
Address of centre:	Killowen, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	25 August 2023
Centre ID:	OSV-0000288
Fieldwork ID:	MON-0041198

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
Friday 25 August 2023	10:15hrs to 17:45hrs	Mary O'Mahony

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

This inspection of St Joseph's Nursing Home was unannounced and carried out as part of the programme of thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the National Standards for Residential Care Settings for Older People in Ireland. From observations made by the inspector it was evident that there was an ethos of respect for residents promoted in the centre and person-centred care approaches were observed throughout the day. Overall, the inspector found that residents had a good quality of life and were supported by staff to remain independent and to have their rights respected and acknowledged. The impact of this on residents meant that, they felt safe in the centre and said that they felt that their opinions mattered and that their complaints were addressed.

St Joseph's Nursing Home is a designated centre for older people, registered to accommodate 50 residents. There were no vacancies on the day of this inspection and two residents were in hospital. The centre is situated on the outskirts of Kenmare town and was purpose built in 1997. On entry to the centre, the inspector's first impressions were that, this was a very well-maintained centre. There was good quality garden furniture outside in the front grounds, the front door and patio doors were open to all, and there was a fresh, clean smell permeating around the home. Resources had been invested in buying new, comfortable armchairs, new sets of garden patio furniture, new electrical equipment and painting both internally and externally. The walls were decorated with colourful murals of the local area, as well as residents' art work. There was a busy convivial atmosphere in the centre and visitors were present in the early morning. They spoke with the inspector and said they felt their family members were safe there and that there were no unnecessary restrictions on their freedom.

The inspector spoke with residents in their bedrooms, sitting rooms and in the spacious, well-decorated dining room, throughout the day. The inspection started with a walk around the centre, and some residents were observed to be in the process of getting up, some were relaxing, and other residents were chatting to their visitors. Breakfast was served to residents in their bedrooms and in the dining room; most residents had their lunch in the dining room. Meals were carefully presented and a choice of four dishes was on offer at dinner and tea time. Snacks and drinks were served between meals, and it was apparent that residents looked forward to the extra cups of tea. In general, staff actively engaged with residents and there was good socialisation seen during the day.

Residents' accommodation was all on one level. Bedroom accommodation in the main, consisted of single en suite bedrooms, with a number of twin and three-bedded rooms also. Planning permission was being sought to ensure that more single bedrooms would be made available in the future to meet residents' needs, as the provider was hoping to phase out the use of three-bedded rooms. Residents told the inspector that they were happy with their rooms, especially having toilet and shower facilities in close proximity. Rooms were personalised with photographs and mementos, that provided glimpses into residents' previous lives and family connections. An activity notice board, a menu board and suitable placed clocks,

orientated residents to the day and time, supporting their cognitive well being. There was easy access to the colourfully decorated, and well planted, gardens and patios from each hallway, and from some of the communal rooms also. Residents said they were involved in planting the external polytunnel and raised flower beds and were seen to spend a large proportion of the day walking and sitting outside, as it was a lovely sunny day. One resident stated that they had "spend all June" in the sun. They said they had suncream and a hat and "luckily avoided sunburn".

In the morning, the inspector spent some time in the main sitting room, where mass was being attended by a group of residents. Afterwards music from a favourite performer was played on TV, and residents were seen to sing along with their favourite songs. One resident reminisced about their memories of the singer and how they had a long happy association with the music. In the afternoon there was a game of rings, personal one-to-one time and ball games, led by an energetic and empathic activity co-ordinator. One resident was the "ring champion" and proudly showed off their strength and prowess at the game, at all of 97 years old. The activity staff member was seen to ensure that all residents had personal social time during the day, even those who were confined to bed, or sitting in their bedrooms, or in the smaller sitting rooms.

Residents had been given personal headphones to support hearing difficulties, they had access to mobile phones, "tablets", DVD players and radio, daily newspapers and personal TVs. Phones were seen to be used by residents and were observed to be 'charging' for residents' use.

Efforts were made to ensure privacy while personal care was being administered and signage was seen on bedroom doors, when care activity was being carried out. In addition, staff were seen to knock on bedroom doors prior to entry, and were heard to explain interventions to residents. The inspector saw that residents were free to access all areas within the building. The main door of the building was always open, providing easy access. One person explained how they walked to the local town whenever they wished, and other residents said they liked to go up to the shops with relatives and staff. Codes for key fob access were made available on the wall near relevant doors, for those residents who could use them.

Residents were observed walking around at the front of the building, sitting outside on the lovely garden furniture and in the patio areas, which were accessible from each hallway. Residents had enjoyed a recent barbeque and spoke with great enthusiasm about this. The chef had prepared a variety of food outdoors. Families and children attended and a band provided live music. Residents spoke about it as "a memorable day". Pathways were safe and accessible throughout the gardens. One pathway led down to the paddock, where two pet donkeys were kept. A number of residents liked to care for these, and staff explained that if residents could not walk down to see them, they were brought up to the windows of the centre. A smoker's room was also in use and was suitably equipped.

Residents were seen to be familiar with staff and called them by their first names, as they all wore name badges. They described staff as "kind", "caring" and said they "would take them home" with them if they could. They told the inspector that the

person in charge, the assistant person in charge and the clinical nurse manager (CNM) were accessible to them. These staff were seen around the centre keeping in touch and supervising staff, residents and relatives. The inspector heard staff engaging in social conversation, and during the conversations they spoke about community events, the recent all Ireland final, residents' families and how residents were experiencing life in the centre. There appeared to be warmth and understanding in the approach taken.

The inspector observed that notices were displayed, encouraging residents to make their concerns known, and advising them about the advocacy services available. Relatives also confirmed that there was good communication, there was no problem visiting and that staff ensured residents were facilitated to go out. Residents were supported to maintain personal relationships in the community. They visited local shops, places of interest and coffee shops with family, staff and the activity personnel. Residents spoke about this and how much they enjoyed going out as it gave them a sense of "independence".

From the records of minutes and engagement with residents, the inspector saw that residents felt safe and happy. They said they were glad of the support they had from staff and felt that their freedom was not restricted. Residents spoken with praised the staff for their patience, their care and their respect. Residents loved seeing the hairdresser coming in, as well as medical staff, the provider's dog, external musicians, the art therapist and the physiotherapist. They felt they had increased sociability because of this. Small group activities such as bingo and art were very popular, and the art work was on display throughout the centre, as previously described. Each activity, such as the art work, was seen to be targeted to meet residents' needs and capabilities.

There was one full-time and one part-time staff assigned to the activities programme. Residents informed the inspector that meetings were facilitated by the activities person, once a month. They said that their issues were taken on board and things were improved after each meeting, where required; they gave examples of menu choices being changed following their requests. Residents and relatives spoken with stated they were involved in decision-making, and said that there were on-going discussions with staff and the GP regarding their care. They described communication as excellent and described how weekly or monthly email updates were sent, whenever they were not available for in-person visits.

Oversight and the Quality Improvement arrangements

The centre promoted a restraint-free environment. The provider had a robust governance structure in place, to promote and enable a quality service. The director who represented the provider, and the person in charge were responsible for the service on a day-to-day basis, and were supported by the assistant person in charge. This director attended the centre daily and supported the service in promoting a restraint-free environment, including encouraging and facilitating ongoing professional training and staff development.

Management discussed how they reviewed their service in the context of restrictive practice, following receipt of the self-assessment questionnaire, sent to them prior to the inspection. They assessed their service and devised an improvement plan, which incorporated all the aspects of the National Standards, pertinent to restrictive practice.

On arrival, and throughout the day, the inspector spoke with members of the care team and management staff, regarding the arrangements in place to ensure a restraint-free environment. Staff said that the centre aimed to promote a restraint-free environment, in accordance with national policy and best practice. They confirmed that they had attended relevant training, and those spoken with understood the principle of minimising the use of restraint. The inspector was satisfied that every effort was made to ensure that people living in the centre, were afforded the right to go out, to choose bedtimes and getting up times, to attend activities, have their food preferences met and to have their human rights respected.

Minutes of the governance and staff meetings showed that restrictive practices were discussed, including the importance of risk assessments, behaviour support assessments and care plans. The outcome of audits and trending of restrictive practice data provided oversight at individual and centre level, and this was analysed to inform and improve care and outcomes for residents. For example, alternatives to bedrails or reducing full bedrails to half bedrails, and the use of 'low-low' beds were trialled with good success; sensor bracelet usage and sensor alarm mats were no longer in use, since the review of restrictive practices had commenced. The person in charge stated that staff observation, walks and activity had replaced these, which had improved the quality of life of residents.

There were policies in place to guide practice, including the policy to promote a restraint-free environment, which included guidelines for emergency use of restrictive practice. These were updated to reflect the promotion of a restraint-free environment. The occupational therapist (OT) had been accessed on behalf of residents, to assess their suitability for specialised wheelchairs and large comfort chairs. This meant that residents could move around more freely, independently or with the help of staff. It was apparent to the inspector that efforts were being made to facilitate access and free movement by, maintaining the floor coverings, having good lighting, providing grab rails in bathrooms, as well as handrails installed along corridors. The inspector was satisfied that residents were not restricted unnecessarily,

in their movement or choices, due to a lack of appropriate resources or equipment, such as assistive aids for example, walking sticks and walking aids.

The centre had a record of all restrictive practices in use in the centre. The number using bedrails on both sides of the bed on the day of inspection was 11 residents. Six residents had been assessed as suitable for specialised chairs, by the O.T. and a further resident had use of a lap belt and other assessed safety features, due to a disability and medical condition. There were 36 'low-low' beds in the centre which could be height adjusted, for residents' use. Each restrictive practice was supported by a comprehensive risk assessment. Hourly checks were maintained when bedrails were up and in use, mainly during the night. An audit based on the National Standards, on safe services and the use of physical restraints, had been undertaken in August. The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of their use in the centre.

The inspector reviewed the care plans for residents who had bedrails in use and found that comprehensive, detailed care plans had been developed. There was evidence to show that the aforementioned, less restrictive methods of safe approaches to risk had been suggested, and these had been used on a trial basis, as previously discussed. The inspector viewed a number of care plans for residents, who experienced the behaviour and psychological effects of dementia (BPSD). Personalised strategies and interventions were outlined for staff, and these were seen to coincide with the guidelines in the centre's policy on caring for those with behaviour challenges, associated with dementia. Interventions were seen to promote care and responses which were least restrictive.

Overall the inspector found that that there was a positive culture in the nursing home, with ongoing efforts being made, to promoting a restraint-free environment. Residents enjoyed a good quality of life, with an emphasis placed on the social well-being and rights of residents.

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.

Appendix 1

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	
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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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