



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

Name of designated centre:	Aras Uí Dhomhnaill Nursing Home
Name of provider:	Sheephaven Investments Limited
Address of centre:	Milford, Donegal
Type of inspection:	Unannounced
Date of inspection:	31 July 2023
Centre ID:	OSV-0000313
Fieldwork ID:	MON-0040636

## 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
Monday 31 July 2023	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead

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

This was an unannounced, focused inspection on the use of restrictive practices. The culture within the service promoted person-centred care and evidence-based best practices to minimise the use of restrictive practices in the centre. Residents were supported to be active participants in the running of the centre, and the feedback from the residents was highly positive about the care and service they received.

Residents who spoke with the inspector commented that the centre supported their well-being and that they had access to a range of outdoor activities. Some of the residents' comments were that "I like this place, there is a lot of happenings here", "I like the food", "I can go out if I want to and access the garden".

The inspector reviewed the residents' meeting records, and residents commented highly about this service. Some comments were that "I love knitting, and it is great", "The art class is very immersive, and I really enjoyed it", "Scenic trips to Fanad lighthouse was great", and "I really enjoyed the food and music in the hotel".

On arrival, the inspector met with the person in charge, and following an introductory meeting, the inspector went for a walk around the centre. The front door of the centre had a keypad lock, and a staff member opened the door for visitors to access the designated centre. Some residents were found accessing the front door and had access to the keycode, while for other residents who were not able to use the keycode system, staff assisted them in accessing the front door.

A restrictive practice register was maintained and updated regularly in the centre, and it described eight residents as using bed rails and bed bumpers and six residents who had a lap belt in place to support the residents' posture and safety while they were sitting in comfort chairs. The front door lock was also included in the register. Records showed that appropriate risk assessments were carried out prior to using the restrictive measures, and these were available for review. In addition, the inspector observed that where restrictive measures were used, alternatives to restrictive measures had been trialled first, and that restraints were used only when clinically determined.

Records reviewed by the inspector indicated that the residents, their general practitioners, occupational therapists and, where appropriate the resident's family or representative were involved in the decision-making process in relation to the use of restraints. Restraint release logs were maintained while the restraints were in use. This helped to ensure that the restraints were only used for the least amount of time with each resident.

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). The inspector reviewed a sample of care files and found that behavioural assessments were completed when residents presented

with responsive behaviours. Appropriate assessments were carried out where necessary to rule out any precipitating factors that contributed to the responsive behaviours. Staff were knowledgeable about the de-escalation techniques that work well for individual residents. The staff who spoke with the inspector were also knowledgeable about the needs of the residents and their preferences. Residents' care needs were assessed and reviewed at regular intervals. Care plans were developed in relation to the use of restrictive practices and responsive behaviours and these were found to be person-centred.

The inspector observed that sufficient staff were available to support residents. Call bells were within reach of residents, and residents informed the inspector that the staff attended to their care needs without any delay at all times. The residents who spoke with the inspector were clear that the current restrictive practices in the centre were not impacting their quality of life and felt safe in the centre.

Visitors were coming and going on the day of the inspection. The visitors who spoke with the inspector commented that they were well supported by staff during their visits. Some residents who spoke with the inspector informed that there were no restrictions on visiting and that they were happy with the current arrangement.

The centre was warm and clean. The centre's corridors were spacious and had handrails on either side to support the residents to move around the centre independently. The inspector observed that the residents had open access to the internal courtyard garden and the external garden. The external garden was well maintained, and stone artworks developed by residents as part of the art classes were displayed on the garden walls.

The inspector went to see some residents' bedrooms and found that they were appropriately decorated, and residents had access to a wardrobe to store their clothes and sufficient space to store their personal belongings.

Residents had access to petty cash if they wished to, and the provider had a clear process in place for managing residents' finances.

Residents had access to newspapers, radios and televisions in the centre. Residents were observed spending time in communal areas and engaging in various activities. An activity staff member supported a group of residents to take part in activities such as knitting, while other residents spent time chatting and engaging with each other. It was evident that residents enjoyed spending this time together. Some residents told the inspector that they enjoyed the activities in the centre and that there was always something to do.

Residents were observed to be mostly in the company of staff, and they interacted with residents. Residents who spoke with the inspector said that the staff always assisted them and that they enjoyed the company of the staff.

A choice of menu was available for residents, and staff assisted residents in selecting their menu choices. Sufficient staff were available to assist residents during their meal times, and meals were not rushed and were a social occasion for the residents.

Although the centre's kitchen closes in the evening, there was a facility available for residents to access food and fluids during nighttime.

## Oversight and the Quality Improvement arrangements

Overall, the inspector observed that the residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre.

The centre had completed the self-assessment questionnaire for the restrictive practice thematic programme and had developed a targeted quality improvement plan to manage and reduce restrictive practices in line with the national policy on restraint. The centre's policy promoted a commitment to reducing restrictive practices, and there was a reduction in the use of restraints in this centre since the first quarter of 2023.

The provider of the designated centre is Sheephaven Investments Limited. The representative of the provider, the person in charge, and the assistant director of nursing facilitated this inspection. There were clear lines of authority and accountability in the centre. Deputising arrangements were clear, and in the absence of the person in charge, the assistant director of nursing deputised for the role of person in charge.

All accidents and incidents occurring in the centre were logged, and learning following the accidents and incidents was developed in the centre. For example, following a recent incident, the provider had reviewed its admission policy and pre-admission forms to ensure that it only admits residents for whom it can provide the appropriate care and support in line with the centre's statement of purpose.

The provider had developed management systems to ensure that restrictive practices and residents' responsive behaviours were effectively monitored. A range of quality improvement initiatives, such as audits on the use of restrictive practices, care planning audits, and regular resident meetings, were in place to ensure positive outcomes for residents.

Residents were involved in the organisation of the centre. Residents' meetings were held, and their suggestions and feedback were acted on and considered. A clear record of the meeting minutes was kept in the centre. In addition, some residents who spoke with the inspector said that they were involved in the decision-making process for the outdoor activities.

Regular governance meetings, staff meetings, and quality improvement circle meetings were held in the centre to reinforce staff knowledge about managing

responsive behaviours and the use of restraints and to improve the lives of the residents living in this centre.

The provider had arranged to facilitate external training for staff in relation to restrictive practices in addition to their mandatory training. Furthermore, the staff who spoke with the inspectors were knowledgeable about the evidence-based best practice on the use of restraints, and they informed the inspector that the restrictive measures that are currently in place, even though clinically justified, would be reviewed regularly with a view to eliminating its usage.

## 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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