



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

Issued by the Chief Inspector

Name of designated centre:	Amberley Home and Retirement Cottages
Name of provider:	Amber Health Care Limited
Address of centre:	Acres, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	14 February 2024
Centre ID:	OSV-0000189
Fieldwork ID:	MON-0042510

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
Wednesday 14 February 2024	09:30hrs to 16:45hrs	Mary O'Mahony

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 designated centre. The feedback from residents spoken with during this inspection was highly complementary of staff, the care and the overall running of the 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 Amberley Nursing Home.

Amberley Nursing Home is located in a rural setting outside the town of Fermoy. The designated centre is a purpose-built, single-storey facility that can accommodate 71 residents in single, fully en suite, bedrooms. On arrival at the centre, the inspector observed the beautifully maintained grounds and entrance avenue. The inspector's first impressions on entering the centre were that it was warm, resident-centred, colourful and homely. There were photographs of residents adorning the hallway, and residents were also seen making their way to the dining room, speaking with staff at the desk, and welcoming the inspector. It was clear that residents were facilitated to feel that they were in a home that supported their rights, and promoted their independence. When walking about the centre with the person in charge, the inspector observed that bedrooms were decorated in accordance with residents' preferred manner. Some residents had brought in small personal items from home, such as, a bookcase, a side table and a range of pictures and precious objects. There were a number of sitting and dining rooms available for communal events, and rooms for solitary quiet time, such as the oratory or the fine library.

The inspector saw that overall the physical environment was set out to maximise residents' independence, regarding flooring, lighting and handrails along corridors. There were noticeboards in the foyer area where information pertaining to activities, advocacy and complaints management, was accessible to residents and provided information in a concise and appropriate manner.

The centre was appropriately furnished and decorated with pictures and ornaments throughout. All areas of the centre were seen to be clean and fresh, with an ongoing programme of maintenance in place. There was a nine-bedded dementia specific unit made available, for residents who required specialised care. The walls in this unit were decorated with appropriate, colourful murals which enhanced the environment for residents, and created talking points for them when they were walking with relatives and staff. This unit had a separate dining room and two comfortable sitting rooms, one of which was used for various activities such as art, jigsaws or ball games. There was a keypad lock access to this unit, as all nine residents had a significant cognitive impairment and required a companion when leaving. However, throughout the day, most of the nine residents were seen in the main section of the centre enjoying the group activities, including the exercise class and the afternoon tea-party, in the large communal room.

During the day of inspection, there were stimulating and engaging activities being held, which provided opportunities for socialisation and recreation. There were two

activity personnel on duty and they were observed to adapt the level of participation to meet each resident's needs. There was an exercise class being facilitated by these staff in the morning. In the afternoon there was a Valentine's day tea-party, held in the large communal room. The room was thoughtfully decorated for the occasion with red heart-shaped balloons and flowers. An external musician had been organised and there was a great sense of joy and fun observed all evening. Residents sang along and danced with staff. Even those who were confined to wheelchairs were helped to spin around the floor. There was a great supply of cream cakes and sweets on offer and one resident was seen to fully indulge their love for chocolate and cream eclairs. They declared that they "couldn't be happier" while staff helped them to mop the extra cream from their face.

The inspector heard a great flow of conversation between the residents, their visitors and staff in the sitting room. While all the activity was underway the inspector observed one relative bring in Valentine's day flowers for their relative. Staff immediately got a vase for these and the visitor was made welcome by staff. The group of relatives, present with residents, mirrored the positive comments made by residents about the level of activity. Relatives were also offered tea and cakes which made the occasions memorable and meaningful for all involved. Relatives spoken with said that they observed that residents were always encouraged to mobilise both inside and outside the centre daily. The person in charge confirmed this, and informed the inspector that it was the aim of staff that each resident would experience time in the fresh air daily.

There were a variety of formal and informal methods of communication between the management team and residents, including conversations, residents' meetings and a yearly relatives' and residents' survey. Residents told the inspector that their concerns and complaints were taken seriously and acted on promptly. Residents also had access to an independent advocate, who was present in the centre on the day of inspection. Management staff explained that residents who could not express their own opinions were represented by a family member, or an advocate, when necessary. Residents were also supported to go out with family for day trips and overnight.

The inspector observed that there was a key-pad lock on the main exit door, and the code was discreetly displayed, for residents who were risk assessed as capable of going out on their own. In addition, a number of relatives and residents had been provided with a "fob", so they could enter and exit independently. One resident spoke with the inspector about the independence the "fob" provided, and they said that they went out for a walk around the building, after breakfast and lunch each day. Residents had access to secure internal gardens and doors were seen to remain open throughout the day.

One group of residents described how they enjoyed the exercise classes led by the physiotherapist, each Monday and Tuesday. They said they felt it maintained their mobility, strength and independence. Resident informed the inspector that their clothes were "ironed to perfection" and gave very positive feedback about the laundry service, which was all done in-house. They also praised the chiropodist and the hairdresser, and said they loved having these services so readily available.

Residents stated that they liked living in the centre, and that staff were always respectful and kind. Staff were observed to provide discreet and respectful assistance, thereby enabling residents to maintain their dignity. It was evident from speaking with staff that they were familiar with residents' needs, and had been trained to provide a person-centred approach, to meeting individual resident's choices and preferences. Staff demonstrated good understanding of safeguarding procedures, restrictive practices and responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Where there were any issues of concern in the centre appropriate action was taken, and the person in charge reiterated that there was a zero tolerance approach taken to any kind of abuse. Residents told the inspector that they felt safe and "at home".

The dinner time service was observed by the inspector. The inspector saw that there were sufficient staff available, to ensure that residents, who required support to eat their meal, were attended to in a relaxed manner. There was a choice of beef stew or cod on the day of inspection, and one resident was provided with their preferred choice of bread and jam, when this was requested. Residents told the inspector that they always had a choice with regards to food and the chef regularly met with them to discuss this and listen to their suggestions. They especially praised the "fruitcake" which was home baked. There was a regular supply of fresh water provided at each table, and tea was served after the meal. Nevertheless, the inspector observed that residents would have benefitted from a menu card on the table, as a number of people spoken with had forgotten what they had ordered on the previous day.

The inspector spent time sitting and talking with residents throughout the day. Residents described how they liked to spend their day and said that they always had choice, for example, as regards when they wanted to get up, or go to bed, and this was always respected. They talked about the programme of activities and their lives, previous hobbies and interests. They confirmed that they could choose to participate or not in the programme of activities. A number of residents said they picked the ones which they thought were more exciting such as, bingo or quiz, and read, walked outside or watched their favourite TV programmes other days.

Oversight and the Quality Improvement arrangements

Overall, the inspector was satisfied that there was a positive culture in Amberley Home towards promoting a restraint-free environment, and respect for residents' human rights and their dignity and wellbeing.

There were adequate governance structures in place, with ongoing auditing and feedback, informing quality and safety improvement in the centre. The inspector was satisfied that the person in charge had familiarised themselves with the guidance and material, published in support of this thematic inspection. Prior to the inspection, the person in charge had completed a self-assessment questionnaire (SAQ) and returned this to the Chief Inspector. The centre had been assessed as compliant with the National Standards for Residential Care Settings for Older People in Ireland, in relation to restrictive practice, and the inspector concurred with this finding.

There were sufficient staff members in the centre, with a suitable skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was good oversight of staff training in the centre. A review of the training matrix and conversations with staff, revealed that staff had up-to-date training on safeguarding vulnerable adults, behaviours that challenge and restrictive practices. Staff in the centre also completed training on a human rights-based approach.

Pre-admission assessments were conducted by the person in charge, to ensure the service could meet the needs of the proposed admissions. Copies of these forms were made available to the inspector. Following admission, care plans were developed to guide staff on the care to be provided. In the sample of care plans reviewed, the inspector saw that restrictive practice care plans were in place, which were person-centred, and contained details clearly outlining the rationale for use of these practices, included any alternatives trialled. There were detailed behaviour support plans in place also, to guide staff, if required. This allowed staff to provide individualised care and avoid an escalation, which may have required the use of a restrictive intervention, such as medicine, to manage the behaviour.

The inspector was informed that staff focused on creating a restraint free environment, while maintaining resident safety. To this end the provider had invested in a number of low-low beds and specialised chairs, which were seen to be in use. The use of these chairs had been prescribed by an occupational therapist. These chairs had the potential to be restrictive, as they can inhibit a person from standing up and mobilising. However, the residents in these chairs were assessed as requiring them, to meet their care needs, and they were not restrictive for this reason. A restrictive practice committee had been formed in the centre, and these personnel were charged with regularly reviewing the policy and the practices in relation to restrictive practice. Minutes of these meetings were seen by the inspector. Evidence of the audit programme was made available and, where required, action plans had been developed following each audit.

The centre had a record of restrictive practices in use in the centre. This detailed the time and date of use, the type of restraint and whether or not the person had given their consent. On the day of inspection there were five vacant beds. Of the 66 residents present, 14 were assessed as suitable for bedrail use. In addition, one resident required lap-belt use, for positional purposes. The inspector saw that consent forms, assessments and checklists were maintained for these individuals, in the sample of care plans reviewed.

The restraint register for restrictive practices in use was reviewed weekly, where necessary, and at least every four months, with the purpose of reducing or eliminating the practice. Staff spoken with were aware of the potential negative impact of restrictive practices. As part of the restrictive practice self-assessment, the provider had taken effective measures to reduce the use of bed rails from 25% of residents to 20% of residents, prior to the inspection. Consent to use a restrictive device was sought from the resident. The inspector saw evidence that when bedrails were in place at the request of the resident, consultation with the resident had taken place, and a consent form had been signed. Where a resident lacked capacity, the multidisciplinary team, including the residents' general practitioner (GP), assessed the suitability of any restrictive practice, and communicated with the family or other representative.

Arrangements were in place for the oversight of safety and risk, with active risks around restrictions identified in the risk register, and controls in place to mitigate these risks. The management team were very clear that bedrails would not be used without a risk assessment of residents' needs. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process.

In summary, the inspector found that there was a positive culture fostered, which supported the maintenance of a restraint free environment. Residents enjoyed a good quality of life in Amberley Nursing Home, where they were facilitated to enjoy each day to the maximum of their ability and preference.

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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