



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| Name of designated centre: | Carthage Nursing Home |
| Name of provider: | Anvik Company Limited |
| Address of centre: | Mucklagh, Tullamore, Offaly |
| Type of inspection: | Unannounced |
| Date of inspection: | 28 July 2023 |
| Centre ID: | OSV-0000021 |
| Fieldwork ID: | MON-0040965 |

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 28 July 2023 | 09:45hrs to 17:00hrs | Sean Ryan |

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. The findings of this inspection were that the service promoted a culture where a rights-based approach to care placed resident's rights to the fore. Through observations and conversations with residents, it was evident that residents were encouraged and supported to enjoy a good quality of life in the centre.

The inspector arrived to the centre during the morning time. The person in charge was on planned leave during this inspection. A nurse manager, who was also the provider representative, and operations manager facilitated the inspection. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms, communal day rooms, and dining rooms.

The atmosphere was relaxed, and care was observed to be delivered in an unhurried manner. Many of the residents were up from bed and were observed in a variety of communal areas enjoying the company of one another. Staff were seen to actively engage with residents, asking them their preferences with regard to their breakfast, and engaging in normal socialisation. Residents appeared comfortable and content in their environment. Some residents were observed enjoying snacks and refreshments in the day room, while other residents were observed walking through corridors, and enjoying the enclosed gardens.

Carthage Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a residential area of Mucklagh village, Co. Offaly. The centre is located in close proximity to a shop, public house, and Gaelic sports grounds. It is a two storey facility that can accommodate 59 residents in 39 single and 10 twin bedrooms.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The inspector observed that there was one resident using bedrails in the centre. There was a variety of alternative devices and equipment used in the centre to support minimal use of bedrails. For example, a number of residents, who were assessed as being at risk of falling, used low beds. In bedrooms, sensor alarms were in place for a number of residents. The alarm sounders were located in the corridors to alert staff to assist residents that were identified as at risk of falling.

Throughout the day, the inspector spoke with residents in the dayrooms, dining room and in their bedrooms. Residents spoke positively about their experience of living in the centre and detailed how they were supported to engage in activities of their choosing, and pursue interests that involved an element of positive risk-taking. For example, one resident went to the local pub every week to socialise, while another resident travelled to a nearby town to visit their family. Residents were also supported to go to family events and attend special occasions. Residents told the inspector that this made them feel 'respected' because staff recognised how their social life was an integral part of their overall wellbeing.

Residents told the inspector that their choice was respected in many aspects of their daily life such as where they spend their day, what time they get up and return to bed, and their choice of meals.

Residents had unrestricted access to all areas inside the centre with the exception of staff areas, ancillary rooms, and store rooms. Residents could access the first floor of the premises through a passenger lift, or stairs. The stairwells were accessed through a set of doors that were magnetically locked, and key code protected. Residents confirmed that they could access the stairs if they wished, and were also aware that those doors released automatically in the event of an emergency.

The front door of the centre was locked with a keypad controlled lock. Staff informed the inspector that residents were generally not provided with the code to the front door without first having a safety risk assessment completed. Management informed the inspector that doors were locked for resident's safety, and not to restrict their movement.

There was a designated internal smoking area for residents to use as they wished. Residents who smoked had an assessment of risk in place to ensure their safety, and independence, were maintained. Residents were included in decision making about their safety needs, and consulted about the supports and interventions they required to ensure their safety was maintained.

Residents had a restrictive practice care plan in place which contained person-centred details that clearly outlined the rationale for use of these practices, and included any alternatives trialed. Care plans were reviewed at a minimum of every four months. There were also care plans in place for residents that experienced responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans were person-centred and provided guidance to staff on how to support the residents to manage their responsive behaviours. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care.

The majority of residents spent their day in the communal dayroom on the ground floor. The inspector spent time here, observing the positive and meaningful interactions between the staff and residents. Staff were kind, patient, and attentive the needs of the residents. Residents told the inspector that they could sit where they wished, and could leave the dayroom at any time to pursue activities in the privacy of their bedroom, or go for a walk, and staff respected their choice.

Residents told the inspector that staff supported them to maintain their individual style and appearance. They detailed how staff supported them to choose their clothing, apply jewellery, and help them with their hair styles.

Staff had knowledge of the resident's individual needs, and social histories which aided staff to engage with residents in a person-centred manner. Staff described how their role was to ensure that residents received safe and quality care, and they placed an emphasis on ensuring residents rights were upheld through respecting their choices.

A number of residents chose to spend their day in their bedroom. Residents told the inspector that they enjoyed their own company, and staff respected their choice. Call bells were observed to be appropriately placed close to residents. They told the inspector that staff answered their call bells promptly.

Residents told the inspector that staff were kind, and attentive to their needs. They described how staff respected their privacy and personal space through knocking on their bedroom door, and waiting for a reply before entering. Staff were observed attending to residents care needs throughout the day. Staff were seen to ensure that privacy screens were drawn, and that bedroom and bathroom doors were closed before assisting residents with their care needs.

The inspector observed there was a wide range of stimulating and engaging activities throughout the day that provided opportunities for socialisation, recreation, and learning. Residents said they were encouraged and enabled to attend activities, and their choice to attend these or not was respected. For example, on the day of inspection there was a lively exercise class in the main foyer. A large group of residents were observed to partake in the class. Staff were observed inviting other residents to join the class, and their choice to observe rather than participate was respected. The staff who led on the activities were observed to have had good knowledge of each resident. For example, each resident was identified by name and the level of participation was adapted to meet their ability.

There was a large notice board at the main reception area that displayed a variety of information for residents. This included information on safeguarding services, the complaints procedure, and independent advocacy services.

Residents were provided with opportunities to express their feedback about the quality of the service during formal resident forum meetings. There was evidence that residents feedback was acted upon to improve the service they received in areas such as the activities programme, and menu choices.

Visitors were seen coming and going throughout the day. Visitors expressed their satisfaction with the quality of the service provided to their relatives, and confirmed that there were no visiting restrictions in place. Residents told the inspector that they could meet their visitors in the privacy of their own bedrooms, or in designated visiting areas.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

Oversight and the Quality Improvement arrangements

The findings of this focused inspection were that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being Substantially Compliant, with the exception of the Theme in relation to Leadership, Governance and Management. A quality improvement action plan was in progress to address the areas identified as requiring improvement. This included the provision enhanced training for staff to raise awareness about the various types of restrictive practices, and their subsequent impact on the rights' of the residents'.

The management confirmed that the centre promoted a restraint-free environment, in accordance with national policy, and best practice. Effective governance and oversight was evident in relation to restrictive practices. The person in charge collated, and monitored information in relation to restrictive practices. A weekly governance report identified the number of residents who had restrictive devices in place. The report also contained information in relation to environmental restraints such as door locks. This information was reviewed at governance meetings, and communicated to staff through daily handovers and scheduled staff meetings.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. A restrictive practice audit had been completed in June 2023. The audit assessed compliance with the centre's restrictive practice policy, and supporting procedures to ensure restrictive practices were appropriate and proportionate to the needs of the residents' concerned. Improvement action plans were developed following audit activity.

The registered provider had a policy in place for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. Staff were provided with access to the document, and cited the policy as the principal guiding document to underpin the assessment and management of restrictive practices in the centre.

Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people. However, not all staff had attended training in the areas of restrictive practices, supporting residents with complex behaviours, and positive behavioural support. Management informed the inspector that training was scheduled to take place in the weeks following the inspection. Staff were generally knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern.

Staff confirmed that there were adequate staff, with the appropriate skill-mix to meet the needs of the resident's.

The centre has access to equipment and resources that ensured care could be provided in the least restrictive manner. Where appropriate, residents had access to alternative, and least restrictive, equipment resources such as low beds, and sensor alarms. The management reported that access to such resources had supported a reduction in the use of bedrails in the centre. The physical environment was laid out, and appropriately maintained, to support residents' to move about independently and allows for access to all areas, with due regard to their safety. The inspector found that residents were not restricted, due to a lack of equipment and resources.

The centre had a record of all the restrictive practices in use in the centre. This included the use of low beds, sensor alarms, and bedrails. The number of residents using bedrails was low, a total of one out of 56 residents. The record of restrictive practices was reviewed monthly to ensure their use remained appropriate and proportionate to the needs of the residents. A comprehensive risk assessment had been completed for identified restrictive practices. The inspector was satisfied that the person in charge was proactive to identify all restrictive practices, and had effective oversight of their use in the centre.

The inspector reviewed the care plans for residents who were assessed as requiring the use of bed rails. There was evidence to show that staff had trialled alternative less restrictive methods. Following assessments and care planning, written consent was sought from residents for care and interventions when required.

Care plans clearly identified the restraint in use, the rationale for the restraint, and identified that restraint should be checked at certain intervals. The inspector identified that some of these records were incomplete. However, the management were aware of this issue and arrangements were put in place to monitor the records at intervals during the day to ensure the records aligned with the safety checks completed by staff.

Overall, the inspector found that there was a positive culture in Carthage Nursing Home, with an emphasis on a restraint free environment to support a good quality of life that promoted the overall wellbeing of residents while living 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

| 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 | |
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| 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 | |
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| 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 | |
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| 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. |

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| 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

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| 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

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| 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

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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |
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