



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

Issued by the Chief Inspector

Name of designated centre:	Blake Manor Nursing Home
Name of provider:	Rushmore Nursing Home Limited
Address of centre:	Ballinderreen, Kilcolgan, Galway
Type of inspection:	Unannounced
Date of inspection:	19 July 2023
Centre ID:	OSV-0000390
Fieldwork ID:	MON-0040872

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 19 July 2023	10:00hrs to 16:00hrs	Fiona Cawley

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. From what residents told the inspector and what they observed, it was clear that residents were very well supported to enjoy a good quality of life in this centre.

The inspector arrived in the centre mid-morning. Many of the residents were up and about in the various areas of the centre, while others were having their care needs attended to. A number of residents were having breakfast and snacks in the dining room. The atmosphere was calm and relaxed throughout the centre.

Blake Manor Nursing Home was a three-story Georgian house situated in a rural area outside the village of Ballinderreen in County Galway. The centre provided accommodation for 39 residents and comprised of 27 single rooms and six twin rooms. The living and accommodation areas were spread over three floors which were serviced by an accessible lift. There were a variety of communal areas available for residents to use depending on their choice and preference including sitting rooms, a dining room and a library. All areas were bright and spacious with comfortable furnishings and domestic features which provided a homely environment for residents. Many residents had decorated their bedrooms with photos and other items of significance. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well-maintained. The building was bright and well ventilated. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were no bedrails in use in the centre. One resident, who consented to the use of a lap belt when using their wheelchair, had an appropriate risk assessment in place. A number of residents, who were assessed as being at risk of falling, used low beds with sensor alarms in place that alerted staff when the resident moved. These alarms were only used during the night and there were no alarms in use during the day. A number of bed wedges were also in use to prevent residents rolling from bed to floor.

There were a number of access points to the external grounds which contained a variety of suitable seating areas and seasonal plants. These areas were accessible by means of a keypad. Staff told the inspector that, in general, residents did not have access to the code and that when a resident wished to go out, a staff member opened the doors for them.

Residents had unrestricted access to all areas inside the centre other than staff areas and store cupboards. Each floor was accessible via a lift. There were also a number of stairwells accessed by doors which were fitted with magnetic locks. Residents were consulted about these locks and were aware of how to use them. Residents were observed mobilising freely throughout the centre during the course of the inspection.

Residents had a restrictive practice care plan in place which contained very good person-centred details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months.

The inspector spent time in the various communal areas of the centre observing staff and resident interaction. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. The inspector observed that personal care and grooming was attended to a high standard. Friendly chats were overheard between residents and staff throughout the day. It was evident that residents' choices and preferences in their daily routines were respected. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

Throughout the day, residents were very happy to chat about life in the centre and the feedback was very positive. Residents described how they like to spend their day and told the inspector that they were happy with the care and support provided to them. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents said they were able to get up whenever they preferred and were able to do what they wanted during the day. They described the various activities available to them including bingo, exercise and music, and they said they could choose to participate or not. Residents also had unlimited access to television, radio, newspapers and books. The inspector observed activity staff supporting residents in a range of activities in the day room including the rosary, exercise and a sing along. Other residents were observed sitting quietly and contentedly watching television in the library. These residents were supervised and supported by staff throughout the day.

A number of residents told the inspector that they preferred to spend most of their time in their bedroom and that they were supported to do so by staff. They told the inspector that they would use the call bell if they required assistance and the bell was always answered by staff in a timely manner.

Residents told the inspector that they were able to go outside for fresh air or walks whenever they wanted to. A number of residents said that they would not be able to go outside alone and that staff were always available to accompany them when required. A number of residents told the inspector that they often went out on trips with family or staff. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going in the centre throughout the day.

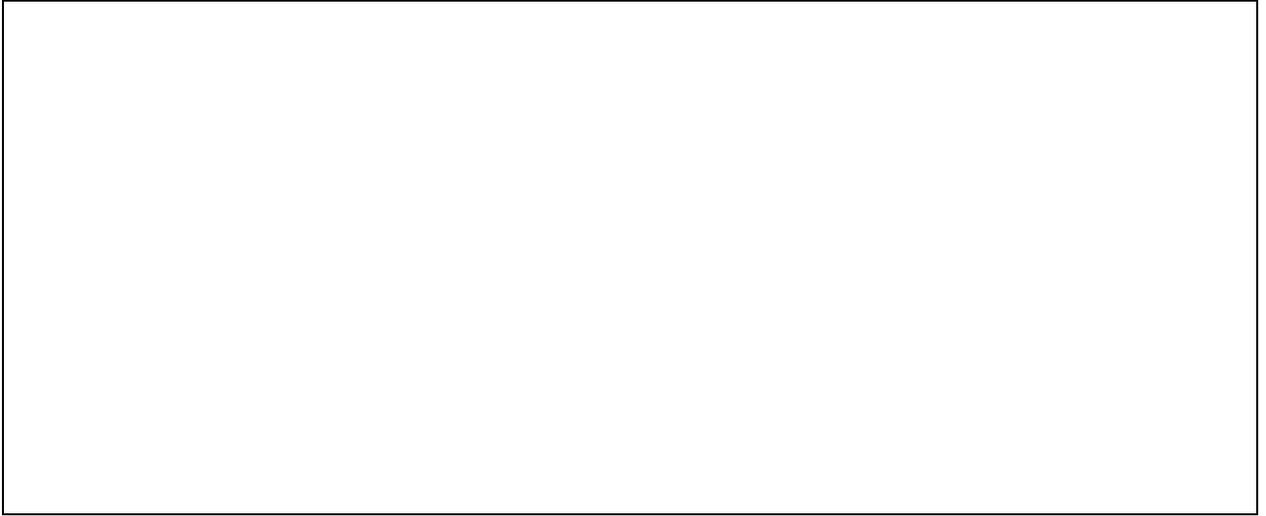
There was a designated outdoor smoking area which was adequate in size and well ventilated. Risk assessments were completed to ensure those residents who smoked were facilitated to do so in a safe manner. The inspector spoke with one person who smoked, and they confirmed that they could access the outdoor area at any time of their choosing.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. The inspector

observed residents having meals at various times of the day depending on their preference. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident meetings. A residents' satisfaction survey was carried out in relation to the use of restrictive practice in the centre and the results showed that residents did not feel that life was restricted in the centre. Residents were aware of how to make a complaint and the provider had a system in place to monitor the level of complaints in the centre, which was low. Residents had access to an independent advocacy service.

Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible. When discussing residents' access to the outdoor areas, staff explained that the key code was not shared with residents in an effort to protect those residents who may be unsafe if they went out unsupervised. The person in charge had identified that there was a need for restrictive practice training to increase staff awareness of residents' rights and positive risk taking.



Oversight and the Quality Improvement arrangements

The inspector spoke with the person in charge and clinical nurse manager who confirmed that the centre actively promoted person-centre care in a restraint-free environment, in line with national policy and best practice.

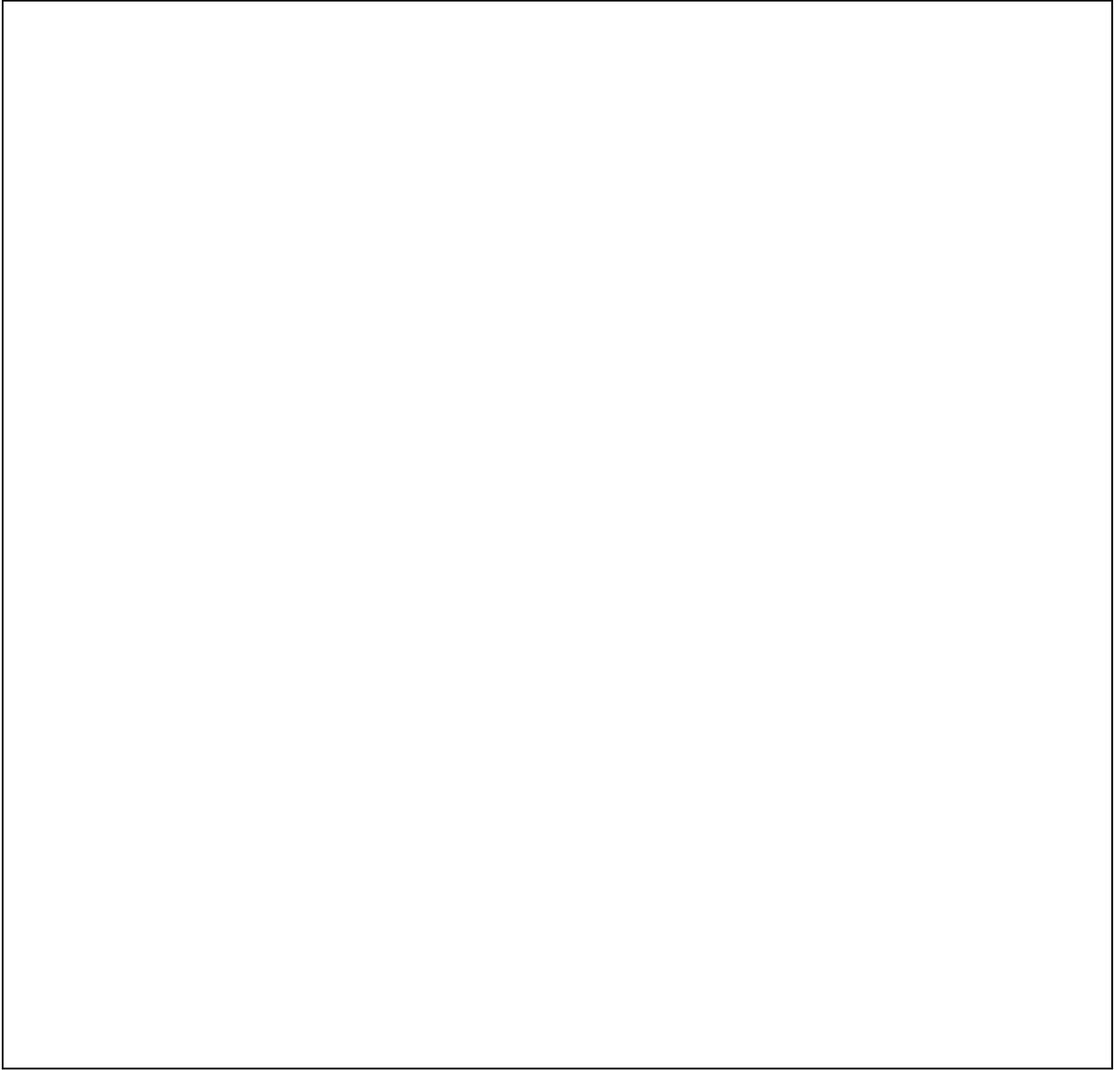
The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. A quality improvement plan was developed following the completion of the self-assessment. This plan outlined areas for improvement relevant to restrictive practice including staff training and raising staff awareness. Increased staff supervision was also identified and this had been addressed by the recent appointment of a clinical nurse manager.

The person in charge ensured that the centre's admissions were carried out in accordance with the statement of purpose. Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support.

Policies were available in the centre, providing staff with guidance on the use of restrictive practices and were reviewed and updated at regular intervals to ensure they contained current and up-to-date information.

The centre maintained a record of all restrictive practices used in the centre. This record was reviewed monthly to ensure use of restrictive practice remained appropriate and proportionate to the needs of the residents. Risk assessments were in place and restrictive practice was discussed at monthly management meetings. One of the actions included in the quality improvement plan was to introduce 'staff huddles' which would be used to discuss issues such as restrictive practice with staff on a regular basis.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low beds and sensor mats instead as an alternative to bed rails. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised. The centre employed two activity staff who provided both group and one to one activities for 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.

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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