



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

Issued by the Chief Inspector

Name of designated centre:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 November 2023
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0038273

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
Tuesday 28 November 2023	09:30hrs to 15:00hrs	Catherine Furey

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 the residents spoken with during this inspection was highly complimentary of the staff 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 Ardeen Nursing Home.

Ardeen Nursing Home is situated in the town of Thurles in County Tipperary. The designated centre is a two-storey facility that can accommodate 36 residents in 18 single bedrooms, seven twin bedrooms and one four bedded room. There are five single bedrooms on the first floor, which are suitable for residents who can independently use the stairs or the stair lift. The inspector saw that bedrooms were decorated in accordance with residents' choice and some residents had brought in personal items from home such as paintings, pictures and small items of furniture. Some of the twin occupancy rooms had recently been reconfigured to ensure that residents were afforded sufficient privacy and dignity in shared accommodation. Plans were underway to continue to configure all twin rooms in the same manner. The four-bedded room had undergone extensive refurbishment in recent years and the layout fully protected and promoted the dignity and privacy of residents sharing this area. The inspector observed the centre to be appropriately furnished and decorated with pictures, ornaments and tasteful soft furnishings throughout. The centre was clean and a programme of regular upkeep and maintenance was in place.

The inspector observed that residents were suitably engaged in activities throughout the day, which provided opportunities for socialisation and recreation. Scheduled activities were provided by an activity coordinator working in the centre on weekdays, and by healthcare staff on the weekends. Staff informed the inspector that providing activities was built into their role and they understood the importance of encouraging social activation. Staff were observed to have very good knowledge of each resident, and what their preferences for activities were. The inspector saw that there was a good conversation between the residents who participated in activities.

There was no restrictions on visiting in the centre and residents were facilitated to spend time outside of the centre where possible. A number of residents were supported to maintain close links with the community. On the day of inspection, two residents went out to a local day centre, and one resident went with a staff member in a taxi to do some shopping in the local shopping centre. Residents regularly attended a local book club and coffee morning once a month. Every second week, some residents were supported to attend an evening with the local Thurles care group. Further activities were provided by the local Education and Training Board who did courses of art, music and exercise in the centre. Mass was celebrated every two weeks in the centre and a Minister for the Eucharist attended weekly. Residents told the inspector that their religious beliefs were important, and that staff understood and respected this.

There were a variety of formal and informal methods of communication between the management team and residents including conversations, meetings and satisfaction survey. Residents' told the inspector that their concerns and complaints were taken seriously and acted on in a timely manner. Residents also had access to an independent advocate. Residents who could not express their own opinions were represented by a family member or a care representative who represented their best interest. Surveys and minutes of meetings reviewed by the inspector showed a high level of overall satisfaction with the service provided.

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 the location of use. This identified that two residents were using bedrails as a form of restraint, and one resident was using a safety bracelet which alarmed at the front entrance should the resident leave the centre unaided. However, the inspector noted that 12 residents were using bed wedges which did not have appropriate risk assessments carried out and were not named on the restraint register. These were incorrectly held on a separate register of alternatives to restraint. This was brought to the attention of the management team and is discussed further in the next section of the report. Appropriate alternatives to restraint which were in use, and recorded on the alternatives register, included falls reduction mats, bed sensor alarms and chair alarms.

Some residents used tilted, supportive chairs that had been prescribed by an occupational therapist. These chairs have the potential to be restrictive as they can inhibit a person from standing up and mobilising independently. However, the residents using these chairs were immobile and the chairs were prescribed for valid clinical reasons and were not restrictive. Care plans clearly outlined the rationale for use of these restrictive devices and the precautions and checks to be maintained.

The inspector observed that there was a keypad locked door on all exits from the building, including to the enclosed garden. This had previously been freely accessible should residents wish to wander freely outside. Staff told the inspector that the door was locked in the winter to avoid residents wandering out in poor weather. The code was discreetly on display for residents who could use it independently. Residents that smoked had a risk assessment conducted that assessed their ability to smoke independently and ascertain the safe level of access they should have to cigarettes and/or lighters.

Residents told the inspector that they liked living in the centre and that staff were always respectful and kind. Staff were observed providing timely and discreet assistance, enabling residents to maintain their independence and dignity. It was evident from speaking to staff that they were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences. Staff demonstrated good understanding of safeguarding procedures 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).

The lunchtime meal service was observed by the inspector on each of the units. The inspector saw that there was a sufficient number of staff available to ensure that

residents who required additional support with their meals were attended to. A large number of residents were seen taking their main meal in their bedroom. The inspector spoke with some of these residents who stated that this was their preference. The dining experience for residents was an area identified for improvement on a previous inspection of the centre. The person in charge had conducted surveys of the dining experience and encouraged residents to attend the dining room regularly. Residents told the inspector that they always had choices with regards to food and the positive results of surveys and minutes of residents meetings confirmed this. Overall, residents told the inspector that they were happy and safe living in the centre.

Oversight and the Quality Improvement arrangements

Overall, there was a positive culture in the centre towards promoting a restraint-free environment and respect for residents' rights and dignity. Management and staff had spent time focusing on the consideration of each residents' human rights and the reduction of the use of restrictive practices in the centre. Some further work was required to ensure that materials such as bed wedges were acknowledged as restrictive, and fully risk assessed as such prior to use.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed three of the standards relevant to restrictive practices as being substantially compliant and five as complaint. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that restrictive practices were appropriately used and reviewed.

As part of the quality improvement plan following completion of the self-assessment, the management team had set up a restrictive practice committee, which included members of each staff department. The committee had met on one occasion, and further, regular meetings were scheduled with the aim of identifying restrictive practice and promoting a restraint-free environment.

There were sufficient numbers of staff working in the centre each day, with an appropriate 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. Staff had up to date training on safeguarding of vulnerable adults, behaviours that challenge and restrictive practices. Staff in the centre also completed training on human rights and complaints management. There were up-to-date policies and procedures on the use of restraint and the management of responsive behaviours.

The person in charge conducted pre-admission assessments of each resident, to ensure the service could meet the needs of people. Following admission, care plans were developed to guide staff on the care to be provided. A review of documentation relating to communication with residents and their families identified that the management team made it clear that bedrails would not be used on the sole request of residents' family or representatives.

Residents had a restrictive practice care plan in place which were person-centred and contained 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. There were detailed behaviour support plans in place to guide staff, if required. This allowed staff to provide person-centred care to the person and avoid an escalation which may require the need for the use of a restrictive intervention management practice.

The provider had arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which recorded and monitored the use of each restraint. The identified restrictions were risk assessed and

residents had access to a multi-disciplinary team to assist in their assessments. Arrangements were in place for the oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. While there were appropriate risk assessments for restrictive practices such as bedrails in place, this did not extend to the use of bed wedges and improvement was required to ensure that all restrictive equipment was classed as such.

There were 12 residents using bed wedges in the centre. These were used in a manner that was restrictive. Management outlined that these were used as an alternative to bedrails, however they had not identified that these wedges still constituted a restrictive practice, in that they restrained the personal freedom and mobility of the resident while in bed. The management team outlined that some of the residents were able to remove the bed wedges; nonetheless, a full review of this equipment was required, and consequently, a review of the actual numbers of restrictive practices on the centres restrictive practice register.

The inspector saw evidence that when bedrails were in place at the request of the resident that there was evidence of consultation with the resident and a signed consent form. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment. Where necessary and appropriate, residents had access to alarm mats instead of having bed rails raised.

In summary, while some areas for improvement were identified, there was a positive culture supporting the creation of a restraint free environment. Residents enjoyed a good quality of life in Ardeen Nursing Home where they were facilitated to enjoy each day to the maximum of their ability.

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.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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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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