



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

Issued by the Chief Inspector

Name of designated centre:	Greenhill Nursing Home
Name of provider:	Saivikasdal Ltd
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 August 2023
Centre ID:	OSV-0004584
Fieldwork ID:	MON-0041095

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 9 August 2023	10:00hrs to 18:00hrs	John Greaney

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

This was an unannounced inspection, with a focus on the use of restrictive practices in the designated 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 the centre.

Greenhill nursing home is a single storey facility located in a residential area in the town of Carrick-on-Suir. The centre has capacity to accommodate fifty five residents in fifty three single rooms and one twin room. Forty of the single rooms and the twin room have full en suite shower and toilet facilities and thirteen of the bedrooms have a wash hand basin only in the room. There are adequate communal toilets and showers for residents that do not have en suite facilities. On the day of the inspection there were 49 residents in the centre.

On arrival, the inspector observed that the external grounds were landscaped to a good standard there was adequate parking available for visitors. The front door was keypad controlled from the inside but visitors could unlock the door from the outside using a switch mechanism. The code for the keypad was discreetly on display for those residents that wished to leave the centre independently. The inspector was informed that approximately seven residents used the keypad to go outside.

Operationally, the centre is made up of three distinct wings, A, B, and C wing. Each wing has their own day/dining room. The inspector observed the centre to be appropriately furnished and decorated with pictures and ornaments throughout. The centre was generally clean throughout and a programme of painting was underway, however, this was not yet completed and there continued to be evidence of scuffed paintwork on some doors and door surrounds.

There were two access points to the external grounds which contained suitable seating areas and seasonal shrubs. These doors were unlocked and residents were free to access this area unaccompanied, should they so wish.

The inspector was informed that there was a focus on creating a restraint free environment while maintaining resident safety. To this end the provider had invested in the purchase of five additional low low beds in the weeks prior to this inspection. There were eleven residents with bed rails in place on the day of the inspection. The inspector noted that despite the focus on reducing restraint in the centre there was no significant reduction in the number of residents using bed rails in the twelve months preceding this inspection. There were no residents using lap belts or bed wedges. There were three residents that had been assessed as being at high risk of falling with sensor mats in place to alert staff should the resident leave their chair or bed.

Residents had unrestricted access to all areas inside the centre other than staff areas and store cupboards. 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 adequate details that 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 good standard. Residents and staff were seen to interact in a friendly manner throughout the day. It was evident that staff knew residents well and residents' choices and preferences in their daily routines were respected. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector availed of opportunities to sit and chat informally with residents throughout the day. Residents talked about how they liked to spend their day. They 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 talked about the programme of activities and which activity was of particular interest to them. They confirmed that they could choose to participate or not.

Activities were primarily led by an activities coordinator. There was a variety of activities available that included arts and crafts, hand massage, beauty therapy, bingo, and baking. There were also external musicians that visited monthly. A number of residents were also taken on an outing for a picnic to a local attraction earlier in the summer. 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.

There was a designated outdoor smoking area to which resident had free access. 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 lighter. There was also a risk assessment for residents that vaped. The inspector observed that one resident that smoked cigarettes and one resident that vaped did not comply with smoking arrangements in the centre. The provider was requested to implement additional measures to ensure that all residents were protected from the risk of fire associated with smoking and vaping.

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 consulted formally on the operation of the centre through residents' meetings. There was however, a gap of six months between the most recent meeting

and the previous meeting. Additionally, there was no action plan associated with the most recent meeting to identify by whom and when the issues raised would be addressed.

Oversight and the Quality Improvement arrangements

There was a positive approach to reducing restrictive practices and promoting a restraint free environment in this centre. 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 four of the standards relevant to restrictive practices as being Compliant and four as Substantially Compliant.

The centre was managed with an emphasis on promoting people's autonomy and independence. The person in charge confirmed that the centre promoted a restraint-free environment, in accordance with national policy and best practice. There were eleven residents using bedrails on the day of the inspection despite the efforts of management and staff to reduce their usage.

The provider had ensured that there were adequate arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which accurately recorded and monitored the use of each restraint. The identified restrictions were risk assessed and comprehensively assessed all risks associated with the use of each restriction and detailed the alternative options considered. The provider had recently purchased five low low beds to support the reduction in bed rail usage

Pre-admission assessments were conducted by the person in charge 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. 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.

Overall, there were adequate governance structures in place with ongoing auditing and feedback informing quality and safety improvement in the centre. 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 smoking and vaping with evidence of ongoing review and enhanced mitigation measures, further review was required to ensure that residents complied with smoking arrangements in the centre and adequate safeguards were in place.

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. There was a need to update the complaints procedure on display to ensure that it reflected the updated regulation on the management of complaints.

Staff were supported and facilitated to attend training relevant to their role. Staff confirmed that there were adequate nursing and care staff to meet the care needs of residents. There was a need to ensure adequate staff were available to support the provision of activities when the staff member assigned to activities was not on duty.

Overall, the inspector found that there was a positive culture in Greenhill Nursing Home to provide a good quality of life that promoted the overall wellbeing of residents 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.

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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