



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

Issued by the Chief Inspector

Name of designated centre:	Nephin Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	132 - 134 Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	25 July 2023
Centre ID:	OSV-0005880
Fieldwork ID:	MON-0040397

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 25 July 2023	09:20hrs to 15:40hrs	Michael Dunne

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. This inspection found that residents were supported to live a good quality of life in this purpose built designated centre which provides accommodation for 62 residents. The provider focused on reducing and eliminating restrictive practices in the centre and actively promoted residents rights by gaining residents consent in all aspects of their care.

On arrival the inspector was met by the person in charge and following an introductory meeting the inspector commenced a tour of the centre. The design and layout of the designated centre promoted free movement around all areas of the centre. Handrails were found to be in place along all corridors and there was clear signage in place to direct residents to key communal areas of the centre. Resident accommodation and living spaces were laid out over three floors which were accessible by two lifts. Access to the second floor was via a keypad system which was in place to promote the welfare and safety of residents living on this floor. Residents who were assessed as safe to come and go independently were issued with the relevant key codes.

There was a relaxed atmosphere in the centre with staff observed assisting residents in a respectful and unhurried manner. Observations confirmed that staff were aware of residents assessed needs and were able to provide care and support in line with resident's preferences. A number of residents said that they liked to have their breakfast in their rooms and that this was their choice. Other residents were up and about and following their normal routines. Residents who required support with their personal care were provided with appropriate support in a dignified and respectful manner. All residents observed during the inspection were wearing suitable clothing and footwear. All equipment used to support residents with their transfer or with their mobility was found to be clean and in good working order. The inspector noted that there was an organised response when call bells were activated and all call bells were responded to within an acceptable time frame.

Residents had free movement throughout the centre, however appropriate measures were in place to restrict resident access to store rooms, sluice rooms, kitchen and some rooms located in the basement. There was however plenty of accessible space for residents to access both within and outside of the centre. There was a well maintained garden area which was accessible to residents and which contained a range of suitable seating and garden furniture for residents to use. Garden footpaths were in good condition and suitable for residents using mobility aids. There was an area set aside in the garden for residents who wished to smoke.

The inspector met and spoke with several residents during the inspection. Residents said that they were happy with their accommodation and that staff could not do enough for them. One resident said "that sometimes they have trouble sleeping at night and that staff are always available to provide support to them when they are restless". Residents were able to personalise their rooms as they saw fit. Residents often brought furniture and items of sentimental value from their home in the community. The inspector saw several residents' bedrooms and found them to be spacious and well set out. Residents had unrestricted access to all areas of their bedroom and were able to access their personal belongings when they wanted.

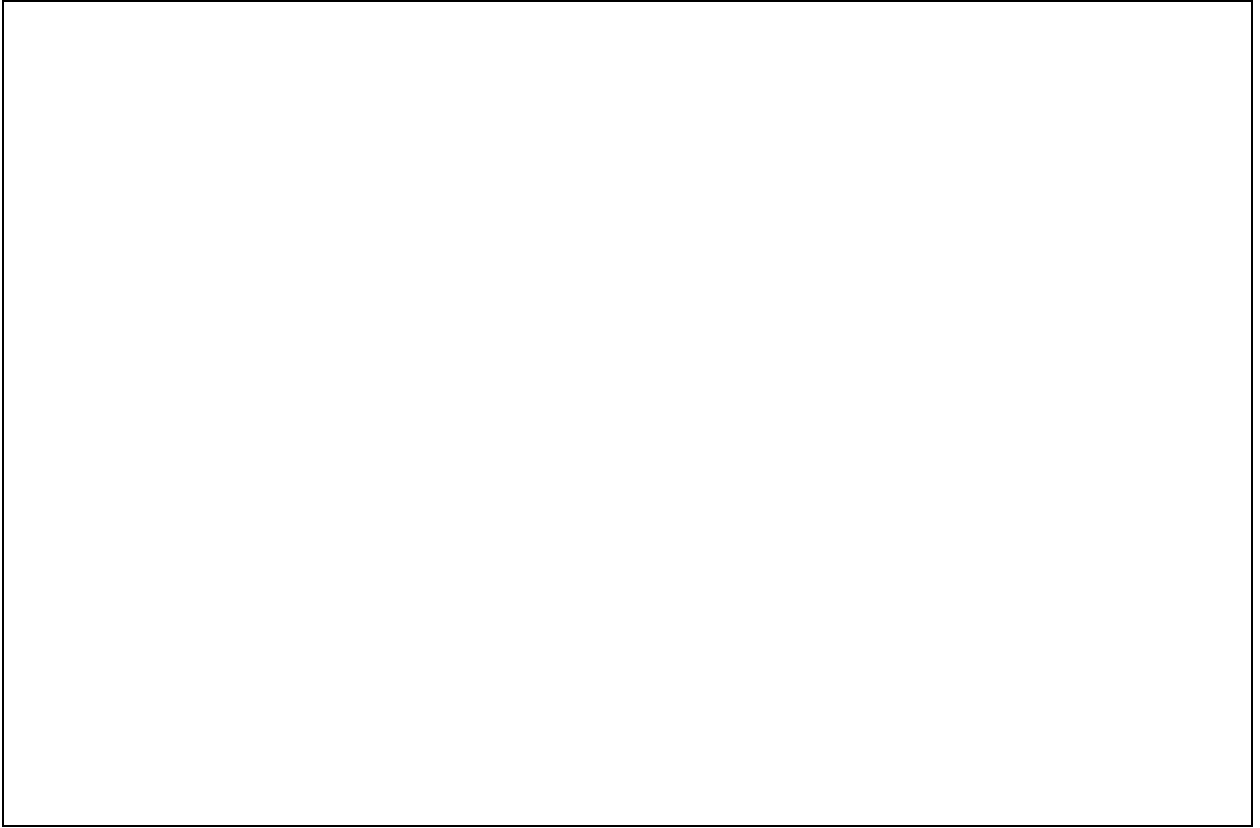
There was a well-established activity programme based on resident's interests and hobbies. A weekly activity schedule was advertised in the centre to inform residents of what was on offer. Residents told the inspector that there is always something to do and that they enjoy attending activities with the other residents. There were numerous activities provided on the

day of the inspection which included a well-attended music session and an ice cream party, a skittles game and balloon tennis. The hairdresser was also in attendance during the inspection and confirmed that they often visit residents in their rooms should they not wish to come to the hairdressing salon.

Resident's dietary requirements were well-catered for. There was a choice of menu available for residents which included a roast lamb and a beef stew dish. There were various options for residents who did not like what was on the menu. Residents said that the quality of food is always good and that they enjoy the dining experience. Residents who required support with their eating and drinking were provided with timely assistance to enjoy their meal. The inspector attended a meal service and found it to be well-organised and appropriate for the assessed needs of the residents.

The inspector found that there was a focus on ensuring that residents maintained their links with the community. Many residents who lived in the centre were from the local community and were supported to attend the local church and amenities such as cafes. There were links established with local schools for students to attend the centre and interact with the residents. Residents said they enjoyed talking to the "youngsters".

There was a focus on empowering residents to make informed choices about their care and their lives. Resident meetings were held on a monthly basis and residents were encouraged to attend and discuss issues of importance to them. Records of these meetings were maintained by centre staff and discussed with residents who did not attend so that they would be informed of information about the centre. Restrictive practices was a standard agenda item discussed in resident meetings. Arrangements for how residents could access advocacy was advertised throughout the centre.



Oversight and the Quality Improvement arrangements

The centre was committed to achieving a restraint free environment in order to maximise resident's rights and choice. There were policies and procedures in place to guide staff regarding the introduction of restrictive practices when required and in general there was effective oversight of restrictive practices. However the inspector reviewed a number of residents care plans and found that some care plans did not provide sufficient detail regarding how residents would like to spend their leisure time or what type of activities they would prefer to engage in.

Prior to the inspection the person in charge completed a self-assessment questionnaire which examined the centres responses to restrictive practice currently in use. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and on how the workforce were deployed to manage restrictive practices in the centre.

In addition the questionnaire focused on how resident's rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise resident's well-being.

Nephin Nursing Home is operated by Willoway Nursing Home Limited who is the registered provider. There is an established governance and management structure in place in the centre. The person in charge worked full time and was supported with operational issues by an assistant director of nursing, the registered provider and an experienced senior management team. They were also supported by a team of nurses, healthcare assistants, activities co-ordinators, and catering and domestic staff in providing appropriate care to residents.

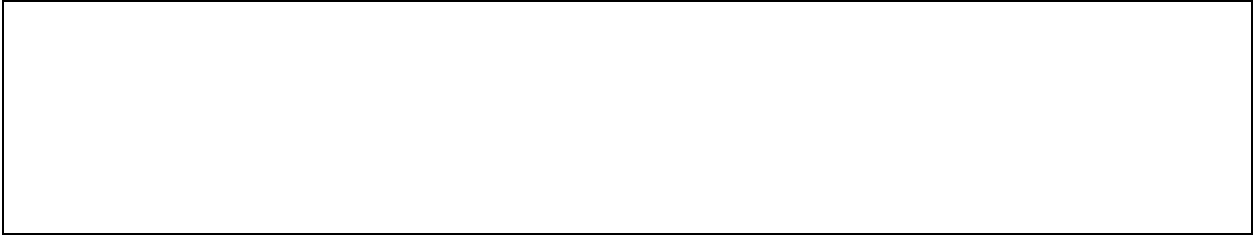
A review of records confirmed that there were systems in place to monitor the use of restrictive practices and that they were kept to a minimum. In instances where restrictive practices were being used the management team ensured that these practices were proportionate and deemed to be the least restrictive option. An appropriate risk assessment was in place to ensure that any restrictive practice was necessary to promote resident welfare. Consent was always sought for the introduction of restrictive devices and the general practitioner (GP) and family were also involved in the decision making process whenever the resident was unable to participate in this process.

There was ongoing monitoring in place for all restrictive devices in line with centre's restrictive practice policy. Restrictive practices were closely monitored and reviewed and a restraints register was maintained in the centre. A restrictive practice audit tool based on the national standards was in place and used to inform good practice. In addition an observational tool was currently in use to monitor daily resident and staff interactions to promote person centred care. The provider had developed a restrictive practice leaflet to inform residents and family members around the uses of devices such as bed rails, sensor mats. Monthly management meetings provided regular oversight on the use of restrictive practices in the designated centre.

The provider was eager to ensure that all staff received relevant training to promote person centre care in an environment that was working towards reducing restrictive practices. A review of training records confirmed staff had attended responsive behaviour training on the HSEland on-line training platform. Staff had also attended on-line training in relation to human right approaches in care services which focused on the rights of residents

Improvements were required in care planning practices to ensure that some residents' care plans were sufficiently detailed to guide staff.

On the whole restrictive practice care plans were clear and well written giving sufficient information as to how restrictive practices were to be managed and reviewed. In contrast social and recreational activity care plans did not provide sufficient detail to describe the activities and individual interests that residents would like to engage in. In addition the narrative notes describing resident's attendance and participation in activities were inconsistent and did not provide enough detail as to whether the resident enjoyed the activities provided. This meant that resident's levels of participation and enjoyment of the activities provided could not be utilised to ensure that the programme that was on offer to them was meeting their needs and preferences.



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.
Substantially Compliant	

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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