



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

Issued by the Chief Inspector

Name of designated centre:	The Fern Dean
Name of provider:	SRCW Limited
Address of centre:	Deansgrange Road, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	25 January 2024
Centre ID:	OSV-0000759
Fieldwork ID:	MON-0041795

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
Thursday 25 January 2024	09:45hrs to 17:00hrs	Margo O'Neill

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 Fern Dean, a designated centre for older people. The centre has a modern purpose built building, decorated with a warm and homely feel, where residents' independence and freedom of movement is encouraged and maximised. All residents who spoke to the inspector were complementary in their feedback about the service and reported that their own decisions and choices were supported and facilitated by staff and management. All residents reported that their right to choice was supported. For example, residents could choose how to spend their days, when to get up and go to bed, to attend activities or not and when to eat.

The 140 registered beds were provided in mostly single en-suite bedrooms located over three floors. The inspector found that there was a relaxed atmosphere within the centre and observed that residents were moving freely and unrestricted throughout the centre, attending various different activities on different levels of the centre. There is one secure dementia specific unit located on the first floor; this area has secure doors which require a code for exit and entry. The inspector observed that the codes were located beside the secure doors to ensure freedom of movement for residents who were deemed safe to do so. Likewise to operate the two lifts in the centre, a code was required. These were located within lifts to facilitate residents and visitors freedom of movement between floors.

All bedrooms had sufficient storage facilities for residents' personal items, a lockable space and sufficient floor space for residents to carry out their activities of daily living and mobilise unhindered. Residents were free to personalise their bedrooms with items of furniture, pictures, art and craft work and other items of interest. The en-suite bathrooms and communal bathrooms available throughout the centre provided sufficient space for residents to carry out their personal activities independently or with support if required.

Residents could choose where to take their meals. There were a number of dining rooms available for residents or residents could choose to take their meals in their bedrooms according to their preference. Tables in dining spaces were laid with care and attention to enhance the dining experience for residents. During each meal residents were offered a choice of food dishes and drinks. Meal times were a relaxing and enjoyable experience for residents who engaged in conversation and laughter with other residents and staff.

Residents were encouraged and supported to retain their independence and connection to the external community. For example; for 2024 staff were supporting residents to participate in a different 'Park Run' every month throughout Dublin. Links with local primary schools had also been established and groups of local school pupils attended the centre at Halloween to partake in 'trick or treat' with residents and at Christmas a Santa's Grotto had been set up.

Visiting was unrestricted in the centre. Residents were seen to receive visitors throughout the day and there were a number of private spaces for residents to

receive their guests other than their bedroom.

The person in charge outlined that since the restrictive practice committee had been established in June 2023 that the outlook regarding risk had shifted and that a positive approach to positive risk taking in the centre was now being adapted to ensure that residents living in the centre could still partake in meaningful activities. For example; residents who wished to leave the centre and use local public transport were supported to do so. Appropriate risk assessment were completed and safety measures had been put in place to support this.

Regular committee meetings occurred in the centre and records of these meetings indicated a comprehensive agenda was covered and that there was active engagement from residents. Discussion and feedback received by the provider informed quality improvement and changes in the service. Resident satisfaction surveys were completed regularly to inform quality improvement and service development.

Resident forum meetings were also held and these often included guest speakers to provide information to residents; for example, a social worker from a local safeguarding team had attended the centre to speak to residents regarding safeguarding. Two meetings had been held with residents and their families to raise awareness regarding restrictive practice.

There were notice boards with relevant information and updates located on each floor to help keep residents informed regarding activities and other pertinent information. For example, information regarding access to advocacy services for residents was on display.

Residents had access to outdoor secure gardens and sitting areas. Other facilities for residents to use on-site was a well-equipped hair salon and a room called 'Chapter two' where dinner was held for residents and their families as requested. Residents reported positively regarding the facilities in the centre. All resident areas in the centre were freely accessible, with unrestricted access for all residents to spend time as they wished.

There was a physiotherapist and an occupational therapist working in the centre to provide one to one assessment and therapy for residents. The inspector was also informed by management of an initiative in place to encourage residents to take a walk daily outdoors with staff. The benefit of this was evident on the day of inspection with residents up and moving about the centre independently and in the gardens with support from staff as required. Residents had appropriate footwear and had access to appropriate mobility equipment as required.

There was a strong focus on providing meaningful recreational and occupational activities for residents. A programme of activities was facilitated Monday to Sunday for residents by a team of dedicated activity staff. On the day of inspection a number of activities such as exercise classes and live music and singing sessions were observed. Facilities such as musical instruments were available for residents who enjoyed playing; these were observed to be used during the inspection.

Oversight and the Quality Improvement arrangements

A self-assessment questionnaire issued to the registered provider had been completed and was available to the inspector prior to the inspection. The registered provider described their managements' approach of 'working towards a restraint free environment'. The inspector found that many significant steps had been taken to move towards reducing the level of restrictive practice used in the centre and to start the centre's journey towards a restraint free environment. These included establishing an in-house restrictive practice committee and appointing a restrictive practice lead who completed training in the area and in turn provided training to staff and acted as a clinical resource. Restrictive practice champions on each unit were identified to promote and support a move towards a restraint free environment.

A restraint register was in place to record the use of restrictive practices in the centre and this was reviewed and updated on a daily basis by management. The restrictive practice committee completed monitoring and trending of restrictive practice levels and the inspector found that efforts were being made to reduce restrictive practices utilised in the centre. For example floor alarm use had reduced by 50 percent and bed rail use by 25 percent since quarter one 2023. The person in charge clearly articulated to the inspector that a shift in culture had occurred and that there was an ongoing focus on reducing restrictive practices used in the centre.

A restrictive practice policy was in place to give guidance on how restrictive practice was to be managed. This policy had been updated in June 2023 when the restrictive practice committee had been established. A positive risk-taking policy was also available to direct staff when supporting residents to make informed choices and decisions. The policy helped to ensure that the culture within the centre promoted and supported where possible residents' ongoing autonomy in decision making, and to achieve balance between promoting autonomy and maintaining safety. All staff had completed training in 2023 regarding restrictive practice and supporting residents living with dementia.

There was sufficient resources available to promote a restraint free environment such as sufficient staffing levels, a comprehensive programme of recreational activities and various alternative less restrictive equipment and devices such as low low beds. Management outlined that the procurement of half bed rails was also being considered with a view to reducing further the level of restrictive practice used in the centre.

A sample of resident care records were reviewed. Assessments and risk assessments were completed and individualised care plans were in place where restrictive practices were utilised. Ongoing review as well as ongoing safety checks were detailed. Residents' views and preferences were incorporated into care plans. The rationale for

the use of restrictive practice and relevant consent/decision making forms were also maintained in resident records.

Audits were conducted by management to ensure that all required assessments and information was complete and to ensure that correct processes were taking place and recorded. Multi-disciplinary team reviews occurred to review the use of restrictive practices and inform ongoing clinical rationale and decisions.

A resident information leaflet, detailing the safe use of bedrails and explaining the risks associated with bedrail use had been developed and was available for residents. There were ongoing resident and family education sessions to empower and inform residents and to support them to live a good and safe life. For example, there were information sessions on safeguarding and a plan to have a member of An Garda Siochana attend to speak to 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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