



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

Issued by the Chief Inspector

Name of designated centre:	Clarenbridge Care Centre
Name of provider:	The Village Nursing Home Limited
Address of centre:	Ballygarriff, Craughwell, Galway
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0000764
Fieldwork ID:	MON-0041404

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 6 September 2023	09:30hrs to 17:30hrs	Una Fitzgerald

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

This was an unannounced inspection with a specific focus on restrictive practices. Based on the observations of the inspector, and from speaking with residents and staff, it was clear that the provider was committed to providing person-centred care to residents, based on their needs and abilities. Staff were familiar with the individual care needs, likes and dislikes of residents. The inspector found that the staff and management supported and encouraged residents to maintain their independence where possible.

The environment was observed to be a safe place, where residents' independence and freedom of movement was encouraged and maximised. On arrival to the centre, the inspector observed that the front door was open allowing an abundance of fresh air to circulate in the reception area. There was also no restriction in place entering and exiting the building. There was a welcoming feel to the centre. There were potted plants and fresh flowers. Comfortable seating was placed in this area. The reception desk was observed to be a busy area throughout the day with residents chatting with each other, chatting with the reception staff or just sitting enjoying the comings and goings of staff and other residents.

Clarinbridge Care Centre can accommodate 61 residents. There are 37 single bedrooms, and 12 shared bedrooms spread out over four units. One of the units accommodated residents with acquired brain injury. Bedrooms were located on the ground and first floor with lift access. The inspector entered multiple bedrooms and observed they were spacious with plenty of furniture. Many single bedrooms were large enough to have two defined spaces. One area that was the bed space, with private screening in place. The second area that was large enough to have a couch, fridge, and in many cases large shelves that were full of items of personal belongings of importance to the resident. For example; photographs, ornaments and art and craft supplies. The arrangement of this seating area in the large bedrooms allowed comfortable seating for the residents' visitors.

The inspection occurred on a day when the sun was shining brightly. The gardens in the centre had unrestricted access. The gardens were inviting with large outdoor garden ornaments, picnic tables and seating areas for resident use. There was an outdoor boccia ball court. While this activity was not held on the day of inspection, the inspector did see photographs of the most recent games and noted that the pictures evidenced residents were enjoying the activity. Multiple residents were seen coming and going from the gardens. Residents told the inspector that they enjoyed gardening as an activity. There was a large polytunnel outside for resident use. In the corner was a work station that had hand held spades, shovels and rakes for residents who wished to enjoy some gardening.

The inspector found many examples where residents were encouraged and supported to retain their independence. Main door access entering and exiting the building had been reviewed. As a result, all doors that were routinely locked had a new system implemented that ensured all residents had free access to the key pad code. The code for the keypad was discreetly on display for those residents that wished to leave the centre independently. The keypad number and how it was accessed had been communicated to all resident at the most recent resident

meeting held in August 2023. Multiple residents spoken with were knowledgeable and understood the system in place.

Residents were supported to attend events external to the centre that were important to them. The centre had a bus for resident use. On the day of inspection, a small number of residents attended a local day centre. A number of residents were facilitated to go swimming on a weekly basis.

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 that the dining tables were laid with care and attention to enhance the dining experience for residents. During mealtimes, those residents who required help were provided with assistance in a respectful and discreet manner. Staff members supported other residents to eat independently. Residents had a choice at mealtimes. The inspector was chatting to a resident when a staff member asked what they would like for their main meal. When the resident stated that neither option appealed to them and requested a poached egg, this was respected without hesitation.

There was a positive approach to risk-taking in the centre, ensuring that residents living in the centre could continue to partake in meaningful activities. For example; along one wall of the dining room was a self-catering area with a microwave, toaster, and choice of beverages. There were no restrictions in place for residents who chose to avail of this facility. There was an ample supply of fresh fruit, choice of cereals, tea, coffee and fresh bread.

There was a physiotherapist on duty in the centre Monday to Friday. The service had capacity to provide one-to-one assessment and therapy or group classes for residents. The benefit of this was visible; the inspector observed multiple physiotherapy sessions being held. Residents were observed wearing appropriate footwear and to have access to appropriate mobility equipment as required. In conversation with a resident the inspector was told about how the provision of an electric wheelchair had transformed their life. The resident described that they no longer have to request assistance for simple tasks. The resident described a new found sense of freedom as a result of the electric wheelchair when compared to the self-propelled chair.

On the day of inspection, the inspector observed multiple positive resident and staff interactions. For example, a resident with dementia was struggling to use their mobile phone. The inspector observed a staff member engage with the resident, talk them through what steps to take and when this did not work the resident was given the option to use the landline at the main reception. The engagement was respectful and kind.

The inspector observed that there was a wide range of stimulating and engaging activities throughout the day that provided opportunities for socialisation and recreation. Residents said that they were encouraged and enabled to attend activities, and their choice to attend these, or not, was respected. For example, on the day of inspection, a large group of residents were observed to partake in a game of skittles. Staff were observed inviting other residents to join the class, and their choice to observe rather than participate was respected. The staff who led on the activities were observed to have had good knowledge of each resident. For example, each resident was identified by name and the level of participation was adapted to meet their ability.

Activities and the importance of social interaction was held with high importance. The inspector, in talking with staff, was assured by responses to questions asked on what is meant by restrictive practice. Staff told the inspector that the activities staff aim to ensure that residents do not spend long periods of the time sitting in the day room. For this reason, activities were in the centre seven days a week. Activities held included chair yoga and zumba, weekly baking sessions where residents shared their old recipes, bingo and a variety of arts and craft sessions. On the day of inspection the large sitting communal room was decorated with bunting of the tricolour in support of the Irish rugby team.

There was a large notice board at the main reception area that displayed a variety of information for residents. This included information on safeguarding services, the complaints procedure, and independent advocacy services.

Visitors were seen coming and going throughout the day. Visitors spoken with were positive about the quality of the service provided to their relatives, and confirmed that there were no visiting restrictions in place. Residents told the inspector that they could meet their visitors in the privacy of their own bedrooms, or in communal rooms.

Oversight and the Quality Improvement arrangements

The centre promoted a restraint-free environment. The provider had a robust governance structure in place, to promote and enable a quality service. The management had completed a review of local practice and discussed and reviewed how they delivered the service in the context of restrictive practice.

The provider had completed the self-assessment questionnaire, sent to them from the office of the Chief Inspector prior to the inspection. They assessed their service and devised an improvement plan, which incorporate aspects of the National Standards, pertinent to restrictive practice. Arising out of this assessment, a restrictive practice committee was set up and had convened on two occasions. Quality improvement plans were in progress. For example, the team were developing a resident information leaflet on restrictive practice for the residents.

The restrictive practice committee reported their progress into the monthly quality and safety meetings that were attended by the director of quality and safety, who was also a person participating in the management of the centre. Any area of high risk was escalated to the provider. Agenda items included training, staffing and a review of incidents and falls. For example; the staffing in the centre had been reviewed. As a result of this review an additional ten hours per day had been allocated to the provision of direct care. The inspector was informed that this increase in the staffing allocation was linked to a reduction in resident falls.

The person in charge was responsible for the service on a day-to-day basis, and was supported by two assistant directors of nursing, and a team of clinical nurse managers. The inspector spoke with management staff, regarding the arrangements in place to ensure a restraint-free environment. Staff said that the centre aimed to promote a restraint-free environment, in

accordance with national policy and best practice. They confirmed that they had attended relevant training, and those spoken with understood the principle of minimising the use of restraint. The inspector was assured that effort was made to ensure that people living in the centre were afforded the right to go out, to choose bedtimes and getting up times, to attend activities and have their food preferences met.

There were policies in place to guide practice, including the policy to promote a restraint-free environment. While the policy had been updated in August 2023, further review was required as the appendix that guided staff to the assessments in use were not aligned to the assessment reviewed by the inspector within the resident files.

The centre had a record of all restrictive practices in use in the centre. The number of residents using bedrails on both sides of the bed on the day of inspection was seven. Each restrictive practice was supported by a comprehensive risk assessment. Checks were maintained when bedrails were up and in use. There was evidence to show that the less restrictive methods of safe approaches to risk had been suggested, and these had been used on a trial basis.

Sensor alarm mats were in place for residents that were identified as a high risk of falling. The mats are connected to the call bell system and alerts staff that the resident is on the move. The system was very subtle and did not alarm the resident. Residents that could not utilise the call bells have 15 minute checks in place. The system in place ensured that a staff member checked the safety of residents every 15 minutes. This ensured that no resident was left waiting extended periods of time with no ability to request assistance. While gaps were seen in the documentation, the management were aware of this gap and were exploring with staff how best to support residents who could not use a call bell.

The multi-disciplinary team had completed assessments for suitability for specialised wheelchairs and large comfort chairs. This meant that residents could move around more freely, independently or with the help of staff. It was apparent to the inspector that efforts were being made to facilitate access and free movement by maintaining the floor coverings, having good lighting, providing grab rails in bathrooms, as well as handrails installed along corridors. The inspector was satisfied that residents were facilitated in their movement or choices, with appropriate resources or equipment, such as assistive aids for example, walking sticks and walking aids.

The inspector reviewed a sample of residents' care plans and found that where restrictive practices were in use, they contained adequate detail to outline the rationale for the use of these practices and included the alternatives that were trialled. A multidisciplinary approach to restrictive practice was evident.

Residents who 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. Residents who smoked confirmed to the inspector that they had access to their own cigarettes and lighter when they wanted to smoke.

An audit on safe services and the use of physical restraints had been undertaken in August 2023. While the detail reviewed in the audit was very basic the inspector acknowledges that the management team were in the process of developing an audit tool to oversee the use of physical restraints.

The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of their use in the centre. The inspector found that there was a positive culture in the nursing home, with ongoing efforts being made, in promoting a restraint-free environment. Residents enjoyed a good quality of life, with an emphasis placed on the social well-being and rights of 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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