



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

Issued by the Chief Inspector

Name of designated centre:	Kilcoole Lodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Lott Lane, Kilcoole, Wicklow
Type of inspection:	Unannounced
Date of inspection:	28 November 2023
Centre ID:	OSV-0007714
Fieldwork ID:	MON-0041474

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	08:20hrs to 16:40hrs	Bairbre Moynihan

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. Through discussions with residents and staff, and from the observations of the inspector on the day, it was evident that a restraint-free environment was promoted, and residents enjoyed a good quality of life in a centre that respected residents' human rights.

On arrival the inspector was greeted by the person in charge and following an introductory meeting the inspector was guided on a tour of the premises. The centre was decorated with Christmas trees and decorations in preparation for the festive season.

Kilcoole Lodge is registered to accommodate 89 residents with 84 residents on the day of inspection. The inspector was informed that the five vacant beds were for residents who require short term convalescence following an inpatient stay in an acute hospital and that there were no long term care beds vacant. The centre is laid out over two floors connected by a lift and stairs. Residents could freely access the lift and move between both floors with no fob or key pad access required. The majority of rooms were single, en-suite. On the ground floor there was one twin room and on the first floor there were three twin rooms which all contained en-suite facilities. Residents had personalised their rooms with pictures, photographs, furniture and belongings from home. Communal areas included day rooms, dining rooms and visitors' rooms on each floor. The visitors' room on the first floor was also used as a quiet room for residents'. A coffee dock was on the ground floor with tea and coffee making facilities for residents and visitors. A room registered as an oratory was in use as an activities room. This was identified on the last inspection. Updated floor plans had not been received at the time of inspection.

Residents had access to two enclosed gardens. One of these was maintained by the mens' shed from Kilcoole Lodge with a number of flowers planted and still blooming. Seating was available in the garden which had been painted by the residents. Doors to the enclosed gardens were unlocked. A small number of residents stated that they go out to the garden every day for a walk.

Both residents and visitors were complimentary about the staff and care they received. It was evident that staff knew the residents well and were aware of their likes and dislikes. Residents reported that they felt safe in the centre and identified who they would escalate a concern to.

Staff respected the privacy of residents and were observed knocking on residents' bedroom doors before entering. A small number of residents had a key to their room which they could lock when they were not in the room. A number of residents were up and about when the inspector arrived. Some residents chose to remain in bed or remain in their room. This choice was respected. Residents confirmed that they could choose when they get up and go to bed with one resident informing the inspector that they were having a lie in on the day of inspection to read the paper.

Lunch was served in both dining rooms and in the day room upstairs. The menu was on display on each table. Residents were provided with a choice including residents on a modified diet. Residents were generally complimentary about the food. Staff were available in both dining rooms to provide assistance to those residents that required it. The inspector observed staff providing assistance to residents in their rooms.

There were two activities co-ordinators working on the day of inspection. Residents were complimentary about the activities personnel. The inspector was informed that nine residents had attended the National Concert Hall on the day prior to inspection. Activities were taking place on both floors. Residents were observed making Christmas cards and painting baubles. However, loud music was playing in the day room on the first floor which was distracting and did not provide a relaxing environment for residents. This was brought to the attention of the person in charge and was addressed while the inspector was onsite. A pottery class was available in the centre on Mondays and a resident showed the inspector pottery they had completed and informed the inspector about how much they enjoyed the class. Mass was celebrated onsite once monthly. On the day of inspection, an external local group visited the centre to say rosary. WiFi was available for residents and the code was on display at reception.

Three monthly residents' meetings were held which were chaired by a resident. It was evident from meeting minutes reviewed that actions from the previous meeting were addressed. For example; residents requested more newspapers and the number of newspapers had increased. The inspector observed multiple copies of newspapers in communal areas during the inspection.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through the reduction in use of restrictive practices and promoting residents rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being mainly compliant with the exception of two themes; Theme 7: Responsive Workforce and Theme 3: Safe Services. Actions included; extra training for staff on restrictive practices and the development of positive behaviour support plans for residents. The inspector identified that these were being actioned at the time of inspection.

Staffing was in line with the centres' statement of purpose. The inspector spoke with staff about restrictive practices and management of restraint. Staff had knowledge of restraint and were able to describe the more common types of restraint such as bedrails but as identified by management in the self-assessment questionnaire additional training was required to develop this knowledge further. Training had commenced at the time of inspection. The majority of staff had completed safeguarding of vulnerable adults and dementia training with minimal gaps.

There was good governance and leadership evident in the centre. Management and staff demonstrated a commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights. There was oversight and review of restrictive practices. The registered provider had an up-to-date policy in place on restrictive practices. Restrictive practices were a standing agenda item at the quality and safety meeting which was held on the third Monday of every month. All staff were invited to attend the meeting. Restraint audits were completed three monthly with an accompanying time bound action plan. A register of restrictive practices was well-maintained and reviewed on a weekly basis with the aim of assessing each restraint for potential removal or alternative. Restraint use in the centre on the day of inspection consisted of five bedrails, eight bed wedges, eight tilt and space chairs and one sensor alarm.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to alternatives such as low profile beds and sensor alarms. The physical environment in Kilcoole Lodge Nursing Home was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

The inspector reviewed a sample of care plans of residents with bedrails and less restrictive options and found that the documentation was clear. Care plans

identified that restraint should be checked at certain intervals. The centre had ceased the documentation of safety checks as management identified that it was a tick box exercise. Management placed the oversight of the safety checks with the staff nurse on duty who documented each day and night that the safety checks were completed. Bed rail assessments, where required, were completed. These were routinely reviewed at a minimum of four-monthly, or when the residents' needs changed. The management team outlined that informed consent was always sought from the resident, and there was evidence of written consent signed by the resident or where appropriate, their care representative. Management informed the inspector that a visual guide of the risks of using bedrails was provided to residents and or their care representative for residents who requested them. A sample of positive behavioural support plans were reviewed. These were evolving at the time of inspection but those viewed were comprehensive and described the proactive and reactive strategies to manage behaviours that were challenging.

Overall, the inspector identified that there was a positive culture in Kilcoole Lodge Nursing Home, with an emphasis on a restraint-free environment. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The inspector was satisfied that every effort was made to ensure that people living in the centre were facilitated to pursue their own choices and preferences and that their rights were respected.

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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