



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

Issued by the Chief Inspector

Name of designated centre:	Rathborne Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Ashtown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	26 September 2024
Centre ID:	OSV-0007976
Fieldwork ID:	MON-0043752

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 26 September 2024	08:30hrs to 14:30hrs	Helena Budzicz

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

The feedback from the residents living in Rathborne Nursing Home was that they were very happy living there and were highly complimentary of the staff and the overall running of the centre. It was evident that the centre has a positive approach to restrictive practices and is working towards implementing a human rights-based approach to care.

Overall, the centre was well-maintained, with suitable furnishings, equipment and decorations. There was sufficient space within the centre for residents to mobilise around according to their abilities. The centre has access to specialist equipment such as rollators and walking aids so that residents could maintain their mobility and care can be provided in the least restrictive manner.

Throughout the day, the inspector observed that the atmosphere in communal rooms was relaxed and inviting. Residents were well-presented in their appearance, and one resident told the inspector that their life changed when living in the centre. They said that 'they were supported to mobilise and walk again and now are able to walk independently to shop, walking for charity events and living life the way they want to live'. Residents also said that they felt supported and well-informed by the centre's management.

The inspector saw that the doors to the centre's gardens and courtyards were open, and residents proudly presented the outcome of their gardening work. The residents told the inspector that the management and staff of the centre supported them greatly in continuing with their hobby and proudly showed their growing tomatoes and other vegetables.

All staff were seen interacting with residents in a positive and respectful manner throughout the day of inspection. Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The staff were observed approaching residents in a calm and friendly manner, and the residents appeared to engage well with staff.

The inspector saw that visitors were coming and going freely to the centre during the day, and there were no restrictions in place. The inspector observed that the complaints policy was displayed, and the complaints process was discussed at the monthly residents' committee meetings. The residents' committee met once a month, and there was clear evidence in the minutes of the meetings that residents' concerns were listened to, actioned and reviewed to ensure that continual improvements were in place.

Meals were served to residents in the dining rooms and their bedrooms. The tables were beautifully set and adorned with condiments and decorations, creating a warm

and inviting atmosphere. The inspector observed the residents' lunchtime meal and saw it was a social occasion. The staff was available to supervise and assist residents with nutritional needs. The feedback from the residents about the food was positive, and they said to the inspector that they actively made suggestions about menu choices, demonstrating their involvement and satisfaction, and this was positively addressed.

A weekly activities calendar was prepared by the activities staff. The inspector observed engaging and interactive activities on the day of the inspection. Residents spoke about going on outings such as shopping or going home for a weekend on a regular basis with family members. Residents had access to a variety of advocacy services and religious activities. They had free access to the oratory, and a number of residents were getting ready on the day of the inspection for their upcoming trip to Lourdes.

Overall, the inspector found that the culture in Rathborne Nursing Home focused on positive risk-taking to ensure that residents' well-being, independence and autonomy were promoted and adequately supported.

Oversight and the Quality Improvement arrangements

This inspection found that the provider had a comprehensive governance structure in place to promote and enable a quality service. The management team demonstrated good oversight of the services provided in the centre and focused on considering each resident's human rights and reducing the use of restrictive practices in the centre.

The person in charge had completed the self-assessment questionnaire prior to the inspection. A quality improvement plan was developed following the completion of the self-assessment.

There was a restraint policy in place, including emergency or unplanned use of restrictive practices that guided staff in the use of restrictive practices. The policy was reviewed at regular intervals to ensure it contained current and up-to-date information.

A pre-admission assessment was completed prior to each resident's admission and it included a restrictive practices review to ensure that the centre could meet the residents' needs after admission.

Restrictive practices were reviewed monthly. Residents had access to a multi-disciplinary team (MDT) to help with their assessments, including assessments of restrictive practices. Care plans to support restrictive practices in use were found to be person-centred and outlined consent from the resident or nominated resident representative.

Restrictive practice data were collected weekly through the centre's key performance indicators (KPIs) and a variety of audits. There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. It was evident that the audits were analysed, and action plans were developed where improvements were required.

There was adequate supervision of residents with staffing levels on the day of the inspection that were suitable to the assessed needs of the residents. Staff members were appropriately trained in safeguarding of vulnerable adults, behaviours that challenge, dementia, and restrictive practice, and ongoing training was scheduled to ensure all staff training remained current.

In summary, the inspector observed that the management of the centre was actively promoting a restraint-free environment and encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre and their loved ones.

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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