



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

Name of designated centre:	Blackrocks Nursing Home
Name of provider:	Blackrocks Nursing Home Limited
Address of centre:	The Green, Foxford, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 August 2019
Centre ID:	OSV-0000321
Fieldwork ID:	MON-0027333

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	Inspector of Social Services
27 August 2019	Una Fitzgerald

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

The feedback from the residents spoken with during this inspection was highly complimentary of the management team and the staff delivering the care. The inspector spent time observing staff and resident engagement and found that staff were patient, respectful and kind. There was a variety of formal and informal methods of communication between the management team and residents including conversations and meetings.

Residents informed the inspector that they were consulted with on how the centre was managed. Resident meetings were held monthly. Residents informed the inspector that they felt their view was listened to and respected. A record of the resident meetings held was made available to the inspector. The minutes evidenced a high resident attendance and that the conversations had been engaging and productive. For example: residents had requested more fish options for dinner and this had been actioned.

The inspector spoke with five residents individually. Conversations had with residents and relatives clearly identified that residents were happy with the service provided. Residents felt safe in the centre. Residents told the inspector that they choose where to spend their day, what time to get up and return to bed. No resident reported that staff restricted their freedom of choice or movement. Residents were knowledgeable on who the management team were. The person in charge was on leave on the day of inspection. The residents spoken with were knowledgeable on who the person in charge was and told the inspector that she was available to discuss any concerns.

On arrival, the inspector walked through the centre with the nurse manager on duty. The centre has a dementia specific unit that can accommodate 16 residents. This is a secure unit. Entry and exit is accessed by a member of staff. Residents and family are informed prior to admission that the unit is secure. The inspector spent time observing resident and staff engagement. The unit has a full-time staff member supervising the communal area. The inspector observed that there was high value placed on activities in this room. The staff had good knowledge of the likes and dislikes of each resident and activities were tailored to meet their individual needs. For example: in the afternoon there was a resident completing a jigsaw while another was enjoying an art session. Staff spoken with in the dementia unit had good insight into the importance of social inclusion and were seen sitting and chatting in a relaxed environment.

Outside the dementia specific unit the centre has four corridors with bedrooms that lead up to the main communal sitting and dining room. In addition there were communal sitting rooms for resident use at the end of each corridor. Residents were seen coming and going from all communal rooms unrestricted. There was chat and banter heard between the residents and the staff. Staff informed the inspector that residents could arrive at the dining room at any time of their choosing to have their breakfast. The inspector observed that the atmosphere in communal rooms was relaxed and inviting.

Staff were observed coming and going from individual residents' bedrooms. The inspector observed that all staff knocked on resident bedrooms and waited for a reply prior to entering the room. Residents knew their way around the centre and the location of their own bedrooms which were adequate to provide a comfortable personal space to maintain their clothes and personal possessions. One resident invited the inspector to see his bedroom and explained that it was his personal space. The resident had multiple family photos on display. The resident was very happy with his bedroom. The resident told the inspector that he felt he was empowered to exercise his rights, achieve personal goals and remain connected to his community.

The centre had a secure internal courtyard area for resident use. The gardens at the main entrance were maintained to a high standard. There was one main entrance into the building. Access to the front door and the gardens was locked by means of a security fob. The management team advised that residents could come and go at any time and that a member of staff was always available to open the door. The inspector observed that staff were available in a timely manner to open the door for residents. At the time of inspection there was no resident who had their own fob. This was discussed with the management team during the inspection. The management team committed to review this practice and were in agreement that they would give any resident a fob for the door who wished to go outside independently of staff, subject to them having sufficient awareness and capacity to be safe while doing so. The management team confirmed that risk assessments would be completed.

Oversight and the Quality Improvement arrangements

The inspector was satisfied that there was a positive culture in the centre towards promoting a restraint-free environment. There was a restraint policy in place to guide staff. The management team on duty on the day of inspection was clear in their understanding of the risks of restrictive practices and their potential impact on residents. They actively sought ways to reduce restrictive practices by trialling alternatives. As previously stated, the person in charge was not on duty during this inspection. The self-assessment questionnaire was completed by the nurse manager on duty during the inspection. This assessment identified that the management team was striving to ensure that residents' rights were upheld and that each resident had a voice.

The management team had introduced a restrictive practice elimination programme in 2019. The management had a register that was used to record restrictive practices currently in use in the centre. This record was kept under review by the person in charge. Each restrictive practice identified had an assessment completed. The nurse manager informed the inspector that all bedrails in use in the centre were at the request of the residents. The inspector reviewed the care plans in place and found clear documentation in place. The care plans relating to restrictive practice were person centred and guided care. There was evidence to show that staff had trialled alternative less restrictive methods of keeping residents safe. The inspector spoke with two residents who had made the request to have bedrails in place. The residents were very clear that they wanted the bedrails in place. Residents were also aware that they could have the bedrails removed at any time. The residents had signed the consent form in place. There was clear documentary evidence that the use of bedrails was reviewed every quarter. The nurse manager and staff spoken with were clear that bedrails would not be used on the request of residents' family or representative.

On the day of inspection there were two residents who smoked. The centre had a smoking room for resident use. There was no restriction in place for residents who wished to smoke. Residents stored their cigarettes on a shelf near the entrance door to the smoking room. Inside the smoking room there was an inbuilt cigarette lighter for resident use. The installation of the lighter meant that the residents who smoked did not have to wait for a member of staff to light their cigarette.

The inspector reviewed the complaints log in the centre. There were a total of three complaints to date in 2019. Records reviewed evidenced that complaints were well documented and demonstrated that the management team was receptive and responsive to complaints from residents. There were no complaints logged in respect of restrictive practices. The residents had open access to an advocacy service that

attended the centre weekly.

Multiple residents were observed sitting in tilted chairs that had been prescribed by an allied healthcare professional. These chairs have the potential to be restrictive as they can inhibit a person from standing up and mobilising independently. The inspector reviewed one file and was satisfied that the chair was prescribed for a valid clinical reason and was not restrictive.

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 low low beds and alarm mats instead of having bedrails raised. The physical environment was set out to maximise each resident's independence regarding 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 nurse manager advised that there was one resident that had behavioural support needs. The inspector reviewed the care file and found a detailed behavioural support care plan in place to guide staff. Triggers were identified that may result in the resident becoming anxious. This allowed staff to provide person-centred care to the person and avoid an escalation which may require the need for the use of a restrictive intervention management practice.

Staff were appropriately trained in safeguarding vulnerable adults and behaviours that challenge. With the introduction of the restrictive practice elimination programme the management team had also provided extra training to staff on restrictive practices in healthcare. The inspector spoke with staff about restrictive practices and management of restraint. Staff members who spoke with the inspector fully understood the definition of restraint and were able to differentiate between explicit, intentional and subtle forms of restraint. Staff confirmed that there were adequate staff and a good skill mix in order to meet residents' needs. Residents told the inspector that staff was available to assist them when needed.

The management team completed auditing and monitoring of practice specific to restrictive practices. For example: an audit for the use of side rails had been completed in February 2019. The inspector was satisfied that the management team had identified all restrictive practices and had effective oversight of their use in the centre. In addition, the inspector judged that the management team were committed to ensure that the centre was actively working towards a restraint -free environment.

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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