



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

Issued by the Chief Inspector

Name of designated centre:	Portiuncula Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Multyfarnham, Westmeath
Type of inspection:	Unannounced
Date of inspection:	31 December 2019
Centre ID:	OSV-0000084
Fieldwork ID:	MON-0028412

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
31 December 2019	Siobhan Kennedy

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

From observations and information gathered from residents the inspector judged that the philosophy of care underpinning the provision of residential care in the centre was person centred which embraced a holistic approach. Management and staff promoted a restraint free environment and positive outcomes for residents. Residents told the inspector that they did not feel restricted as they were assisted to do what they wanted by staff or independently had the freedom to do whatever they chose. Relatives agreed with this viewpoint.

The inspector was informed that the only restrictive practices currently operational in the centre related to securing the front door and the use of bedrails. The inspector reviewed these with the person in charge.

The inspector was warmly welcomed by a member of the management team and a resident who had just won a prestigious title. The resident explained that this title was accepted on behalf of the residents and staff in the centre who work tirelessly as a team, promoting high quality care to meet residents' individual needs. The recipient's main role was to advocate on behalf of residents.

The inspector heard from staff that restrictive practices could be avoided by integrating diversional therapies as part of the residents' lived experiences. Two staff members were responsible for providing opportunities for residents to participate in activities of their choice. Residents drew the inspector's attention to a notice board in the corridor which displayed their social care programme. A weekly activity programme was scheduled in advance. External groups were incorporated in to the activity programme such as music and other entertainers. The inspector saw an abundance of art and craft work produced by the residents. Religious services including mass and prayer groups were organised for residents both in the centre and in the church located in the grounds of the centre. The inspector saw that residents of similar needs were supported to have companionship.

Residents talked to the inspector about their day-to-day experience of living in the centre, their bed times, routines and activities during the day. They loved to see their visitors coming into the centre and conveyed that staff treated them well offering refreshments which made it feel like being at home.

The inspector saw that residents were involved in making decisions. They were encouraged to make suggestions during the formal residents' meetings. In general, residents made suggestions about food and activities, however, the inspector was informed that restrictive practices have been on the agenda and will be further discussed in subsequent meetings. Some residents told the inspector that they loved the food as it was always tasty, great variety, hot and delicious.

The quality of the care and support provided to residents was found to be of a high standard. Residents were satisfied with their medical treatments, confirming that their general practitioner and other allied health professionals such as speech and

language therapists and dietician would all visit to make sure that they were healthy and received the services they required.

Staff highlighted the need to gather information about the history and pattern of behaviour displayed by those residents who were predisposed to experiencing episodes of behaviours and psychological symptoms of their dementia (BPSD). Staff confirmed that where necessary a behavioural support plan was devised highlighting the antecedent, behaviour and consequences (ABC model) of residents' behaviours. Some staff described the triggers to behaviours and the most appropriate interventions adopted to engage or redirect residents experiencing such behaviours so as to avoid any restrictive practices.

Residents were highly complimentary about the support and assistance that they received from staff. The inspector observed that staff provided care to residents in a calm and unhurried manner. Staff were knowledgeable about each resident's needs and wishes and provided the inspector with a holistic picture of individual residents. The inspector saw that staff and residents shared huge respect for each other and had good fun together. Staff remarked that they would do anything to make the residents happy. Staff were observed responding quickly to residents' call bells. They attended to residents' needs in a person-centred manner that ensured adequate supervision, while at the same time providing opportunities for residents to be independent and free.

Staff confirmed that there were adequate staff and a good skill mix in order to meet residents' needs without resorting to restrictive practices. They told the inspector that if there was an emergency, management would authorise additional staff. The staff team were flexible and could respond to an emergency.

Residents told the inspector that they knew about the complaints policy and process and support groups such as advocacy.

The physical environment was set out to maximise residents' independence and comfort. Residents were delighted with their bedrooms and shower ensuite facilities which were spacious and pleasantly furnished. All of their personal items were close to hand and easily accessible either independently or with the assistance of staff. Residents expressed the pride they had in their surroundings and commented on the homeliness and cleanliness of the centre. The inspector saw no restrictions in relation to residents going to their bedrooms or other parts of the centre at any time throughout the inspection.

There were a number of communal sitting and dining rooms, all tastefully decorated. These rooms had a view of the external grounds and residents were delighted to show the inspector the hens and their coup.

The inspector saw residents independently using the keypad to leave and enter the premises. In addition some staff assisted residents to use the keypad secured front door if they wanted to go out. A receptionist was available at the entrance to the centre to welcome visitors and to assist residents if necessary.

Oversight and the Quality Improvement arrangements

There were strong governance arrangements to oversee the quality and safety of the service provided to residents including all aspects of restrictive practices. The person in charge was supported by the registered provider representative and a clinical compliance operations manager whose role also encompassed practice development. Two clinical nurse managers deputised in the absence of the person in charge working on alternating shifts to ensure the centre had senior cover arrangements.

Management and the staff team had given great considerations to reducing restraint. It was an agenda item for the governance formal meetings and formed part of the annual review. A resident information booklet on bedrails was devised. It fully explained the meaning of restraint, why residents may be safer without bedrails and the alternatives to using bedrails. It was shared with residents and their relatives to support them in their decision making. A staff member devised a notice to support a restraint free environment which read "review reduce remove" in respect of bedrails. This helped to increase the awareness of residents, relatives, staff and management.

The inspector was informed that 10 residents using bedrails had requested this equipment and a further 13 residents had been assessed as needing them. Some of the residents using bedrails told the inspector that they felt safe while resting. Some relatives expressed the peace of mind that they had knowing that residents were safe with the bedrails in place. Management informed the inspector that they have a company policy to replace beds with a half rail so as to further reduce restraint while at the same time maintaining residents' safety.

The inspector examined the centre's policy on restraint. It guided staff to devise a therapeutic plan to meet residents' needs without restriction and if a restriction is required. It described assessment, implementation of a care plan, monitoring and reviewing the process. Both the inspector and the person in charge saw that the documentation did not fully support the use of bedrails. The person in charge was keen to review the process with staff. The information in respect of restraint had not been kept in a register. The policy contained information in respect of 'enablement' and the inspector recommended that this should be reviewed in light of up-to-date current guidance.

A sound monitor was used only for one resident. This was to alert staff in the event that the resident needed assistance. This did not disrupt other residents. There was a calm, quiet ambience throughout the centre. None of the residents were using a lap belt on their chairs. No residents were wearing a personal sound alert (wandering bracelet). Residents who wished to smoke were assessed and there were no restrictions in place.

All staff had received restraints training. In discussions with the inspector staff demonstrated that they were familiar with the definition and principles of restrictive

practices. For example, the use of physical restraint should evidence that the restraint will be in the best interest of the resident, is the least restrictive option and for the shortest duration (temporary) and should only occur when all other forms of nursing interventions have failed. Staff gave the inspector examples of restrictive practices, including subtle forms of restriction, for instance, preventing a resident from doing what they want to do, forcing compliance by tone of voice and furniture arranged to impede movement. The inspector saw that mobility aids were taken away from residents while they were in the sitting room and when the inspector raised this as a restrictive practice staff immediately understood the consequences of their actions and were considering alternative options.

The statement of purpose identified residents' rights. This included having the right to freedom of expression, right to complain, to hold opinions and to receive and impart information and ideas, particularly regarding personal care and treatment.

Management fulfilled their legal requirement to notify the Chief Inspector of specified incidents of restraint.

The person in charge assessed the centre's performance against the standards in the required restrictive practices self-assessment questionnaire to be substantially compliant and the inspector concurred with this view point. Residents received a good, safe service but management and staff wanted to further review the management of bedrails with a view to making reductions.

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.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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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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