



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

Issued by the Chief Inspector

Name of designated centre:	Elmhurst Nursing Home
Name of provider:	J & M Eustace Partnership T/A Highfield Healthcare
Address of centre:	Hampstead Avenue, Ballymun Road, Glasnevin, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	14 November 2019
Centre ID:	OSV-0000134
Fieldwork ID:	MON-0027478

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
14 November 2019	Michael Dunne

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

This was an unannounced inspection to review the use of restrictive practice in the centre. Prior to the inspection visit the clinical nurse manager (CNM) completed a self-assessment questionnaire which reviewed the centre's current responses to managing restrictive practice in the centre from a qualitative and quantitative perspective.

Elmhurst nursing home is located in north Dublin and provides accommodation to 49 residents across two main areas within the home called Elmhurst and Desmond. There were 32 single bedrooms available in the Elmhurst area all with ensuite facilities attached while 17 residents living in the Desmond area were accommodated in a mixture of five double and eight single bedrooms. Each unit had its own facilities such as dining and living rooms.

The home environment was well maintained and was suitable in meeting the needs of the residents who lived there. There was sufficient seating located throughout the building with both the dining rooms and sittings rooms well laid out to meet the needs of the residents. Double bedrooms contained appropriate dividing screens which ensured residents privacy and dignity was maintained. Residents had lockable cupboards in their rooms to store personal items and all rooms seen contained sufficient storage for residents clothing. Bedrooms were also large enough for residents to store their mobility equipment which facilitated residents to access this equipment independently where they were able to.

There was evidence of appropriate signage throughout the building which assisted residents orientate themselves to key locations such as the dining room, sitting room or the oratory. Key information about what was happening in the home including the centres activity programme was displayed on notice boards in both units. The nursing homes most recent inspection, statement of purpose and information on how to register a complaint was also available for residents and family members to review. There was a residents committee which accessed the views of the residents on key aspects of the service that was important to them.

Throughout the inspection staff were seen to engage residents in a polite and respectful manner. Where residents had specific communication needs staff were observed to be patient while encouraging and supporting residents to express their views and wishes. Residents told the inspector that staff supported them with their personal care and did so according to how the residents wanted to receive this care support. Residents also mentioned that they were able to choose what clothes they wanted to wear. All residents seen during the day were well dressed and well-groomed with all were seen wearing appropriate footwear.

During the centre walk round residents were observed to be engaging in a number of activities. A fit for life programme which was a programme that facilitated residents to engage in a range of physical movements was well attended with residents engaging with the trainer in a positive manner. Staff informed the inspector that this was a

popular activity that residents chose to attend. The centre's activity co coordinator was enthusiastic about the programme of activities on offer and described in detail how residents who did not wish to engage in group activities were engaged and supported with their individual interests.

Some residents were still in their bedrooms and both residents and staff confirmed that this was because of resident choice. Residents were seen to move about their individual units freely. A number of residents were seen visiting the oratory on their own. There was access to the garden and the smoking room with residents able to visit these areas independently.

Access to and from the main building was via keypad code where all residents were required to seek staff support to enter or leave the building. Management informed the inspector that they were mindful that this policy was impinging upon residents rights and where residents were risk assessed as safe to leave the centre then those residents would be facilitated with a key or code to allow their independent entry and exit.

There were sufficient numbers of staff available on both Elmhurst and Desmond areas to support the needs of the residents. A number of staff spoken with during the inspection were able to give examples of how their care interventions could restrict or impinge on residents rights living in the home, for example choosing what residents wanted to eat or wear without asking them first. Staff confirmed there were knowledgeable of policies and procedures in place to reduce or eliminate restrictive practise within the care setting and stated that they recently received restrictive practice awareness training. Residents informed the inspector that they felt safe in the home and liked the relaxed atmosphere. Residents said that staff were very supportive of their needs and felt that they listened to what they had to say.

Residents told the inspector that they liked the fact they could choose when they went to bed and when they got up. Many also conveyed that they liked having their breakfast in their own rooms and did not feel pressurised in having to attend the dining room. Residents were positive about the choice of meal on offer with a choice of three main meals offered at lunchtime.

Oversight and the Quality Improvement arrangements

There inspector found that there was a positive attitude throughout the centre in promoting a restraint free environment. The centre had reviewed its current practices with regard to restraint policies, documentation and oversight and had made amendments and improvements to these processes. Both management and staff were keen to create an environment where residents could be as independent as possible and were eager to ensure that residents could exercise choice over decisions that were important to them.

A restrictive practice committee had been set up to monitor and review practices across the service and included instances where the use of emergency restrictive practice was used. The centre had set up a programme of audit for restrictive practice which was reviewed at the quality and risk management committee. There were also amendments to the restrictive practice register to capture more subtle forms of restrictive practice such as diet control, access to smoking. There was a discussion with the inspector about other forms of restrictive practice that would need to be monitored closely such as the use of posey alarms or sensor alarms. These alarms sound a noise to alert staff that a resident has or is about to move.

There was no bed rails in use at the time of the inspection, residents who were at risk of falls were assessed and provided with low entry beds where applicable. The centre was reviewing all current restrictive practices in use in the centre and in particular for residents who were able to enter and exit the centre independently. There was no restriction on residents accessing the garden or smoking facility. Residents were seen mobilising around the building independently or with the use of appropriate mobility equipment.

A review of residents care plans indicated that all residents were assessed prior to admission and had the required assessments in place. This assisted the provider in planning residents care interventions and evidence seen indicated that these interventions were based on discussion and collaboration with the individual residents. Where a resident was subject to a restrictive practice, records indicated that there was a clear rationale for their introduction and use. Multi-disciplinary team (MDT) meetings (comprising of health professionals such as physiotherapists, occupational therapists, nurses) was the forum used for deciding whether a restrictive practice was to be introduced.

There was evidence available to show that where a restrictive practice was used, the least restrictive option chosen. Care plans describing the nature of the restriction were reviewed on a regular basis which ensured that the restriction was not in place for longer than it needed to be. Care plans in place for residents with specific communication needs were written in a manner that respected the individual. Care interventions were creative and resident focused and where interventions were not achieving the agreed goal, alternative measures were put in place.

The roster was reviewed which indicated there were sufficient staff on duty to provide care and support to residents. Staff had received the necessary training on restraint which equipped them to recognise care interventions that maybe restrictive in nature.

There was a complaints policy in place which was advertised throughout the centre. Residents spoken with during the course of the inspection told the inspector that they felt safe and happy living there. There also said that if they had a problem or concern that they could raise this with any member of the staff team.

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.

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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