



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

Issued by the Chief Inspector

Name of designated centre:	Kilbrew Recuperation and Nursing Care
Name of provider:	Kilbrew Recuperation and Nursing Care Limited
Address of centre:	Kilbrew Demense, Curragha, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	14 February 2024
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0042859

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
Wednesday 14 February 2024	09:30hrs to 16:30hrs	Sheila McKeivitt

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 centre. The inspector found that the 74 bedded centre was one where residents had a good quality of life, where the culture, ethos and delivery of care were all focused on reducing or eliminating the use of restrictive practices.

Out of the 59 residents present on the day of inspection, there were ten with floor alarms in use, eight residents using lap belts, eight residents using bed rails and a small number who had their cigarettes and/or lighters being held on their behalf. Some residents with bed rails in use had also got bed bumpers over these bed rails for their protection.

A number of residents together with members of their families spoke with the inspector. The overall feedback was that residents' rights were upheld. Residents expressed satisfaction with all aspects of the care they received.

Residents told the inspector they had their own bedroom and were facilitated to personalise their room with their own belongings. They said the staff facilitated this getting the maintenance man in when required. They said their bedrooms were cleaned daily and in their opinion were kept "spotlessly clean".

Residents and their family members praised the staff. Residents said there were always enough staff on duty and that their call bell was answered quickly when they called it. They also told the inspector that all staff respected their privacy and dignity and gave the example of knocking on their bedroom door and waiting for a response prior to entering. They emphasised that this was across all disciplines of staff.

Residents told the inspector that they could maintain their own privacy. Some showed the inspector the privacy lock on their bedroom and ensuite door. However, one bedroom and one toilet were observed to have malfunctioning privacy locks, these were both repaired prior to the end of the inspection. Residents had access to a lockable space in their bedroom and had plenty of storage space for their personal belongings. Residents said the laundry service was really good, one resident said it was better than at home, another said that their clothes came back clean, ironed and pressed.

Residents said the food was lovely and that they got a choice at each mealtime. The inspector observed a choice offered at lunch. A number of residents said that the food was always lovely and fresh with one resident describing the chef as exceptional. One resident explained how they always got hungry in the late evening and staff would bring them a snack of fresh sandwiches and yogurt.

The inspector was not assured that the lunchtime dining experience encouraged or facilitated residents to remain independent. Fresh drinks were available at meal times however, these were not made accessible to residents. The inspector observed staff

offer the residents a drink and then place the jug back on a side table out of residents' reach.

The overall service of lunch was chaotic. For example, two staff carried two plates of food at a time from the kitchen door into the dining room. As there were over thirty residents in the dining room, some had finished their dinner when others were still waiting to get theirs. One resident was offered a desert twice after she had eaten hers. Although there were plenty of qualified staff, there was no one person co-ordinating the service, this had a negative impact on resident, as the inspector saw one resident being served a plate of food covered in cling film. The staff member did not return to remove the cling film, therefore the resident had restricted access to their food. The resident proceeded to pierce a hole in the cling film with a fork and eat their dinner. The inspector brought this to the attention of a member of staff.

Residents told the inspector that they felt they were listened to. They had resident meetings where they discussed a range of items, including activities, menus and general issues of interest to them. Minutes of these meetings were made available to them and were available for review by the inspector. Residents also had access to the centre's statement of purpose, last inspection report and a copy of the residents' guide. These were all on display in the reception area.

There was a full schedule of activities seven days per week. The inspector saw a small group of residents having their hands massaged by a member of staff in the morning, while others were having a late breakfast while watching morning television in another quiet sitting room. Later, the inspector saw residents participating in an Ash Wednesday prayer service and being offered the placement of ashes on their forehead, this was being facilitated by visiting members of the local Legion of Mary group. A large group of residents were observed enjoying music and dancing with staff and relatives in the afternoon.

A small number of residents went out to Mass in the local parish church each Sunday and the parish priest said Mass in the centre each week. Residents said they went out with family and on trips out when the weather was good.

Residents said the activities were good and although there were a number of residents under the age of 65 years, they told the inspector the activities were fun and when they didn't participate they helped out. One resident described how they sorted and delivered the morning papers and did small tasks to keep themselves busy and staff were good at facilitating and encouraging this level of involvement.

Residents spoken with on inspection told the inspector that the standard of communication between them and the staff was excellent. They said they always had time to chat, and that the housekeeping staff were friendly. Relatives explained how they had signed up to the centre's communication app. Through this, the activities staff kept them informed and sent pictures of activities their loved ones participated in.

The nursing home was accessed by calling a front door bell with a camera which was controlled by the receptionist during the day and nursing staff at night. Residents

could not get out of the centre without asking staff to let them out. They required a fob to open the door and at the time of inspection, no residents had been risk assessed to determine if they could be given a fob. Residents and their visitors had access to the garden, the doors of which were unlocked making it accessible at all times.

Relatives and residents told the inspector that there were no restrictions on visiting. They could come and go as they pleased, signing in the visitors book in the foyer.

The complaints policy was on display in the front foyer. Residents were aware of it, however all residents spoken with stated that they had no complaints about life in the centre and the person-in-charge confirmed they had one complaint that had been dealt with and they were in the process of closing. Contact details for the National Advocacy Service were displayed on the residents' notice board together with the contact details for the Sage Advocacy Service.

Oversight and the Quality Improvement arrangements

The centre was working towards a restraint-free environment and had put some work into ensuring residents' rights and choices were upheld. However, further action and a strengthening of oversight was required to ensure the following;

- That all staff knew what type of restraint was used by which resident
- That all staff had a clear understanding of a rights-based approach to care
- That those residents using restraint had the appropriate risk assessment and care plan in place.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being. This self-assessment reflected the inspector's findings, that is, some work had been done but there was more to do.

Discussion with the management team confirmed that they were eager to ensure that the centre minimised the use restrictive practices and, where they were used, that their use was proportionate and deemed to be the least restrictive option.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. One of the clinical nurse managers was the restrictive practice lead and a restraints register had been established to record the use of restrictive practices in the centre. This document was updated every week. An

annual review of restraint used in the centre was included in the centre's annual review of quality and safety and it showed a gradual reduction in the use of restraint.

The inspector saw that the use of restraint in the centre had been reduced and that the focus was on ensuring that the rights of residents were upheld at all times. There were eight residents with bed rails in use at night, each resident was using this bedrail to enable them to sit-up or move while in bed. There was a number of residents in specialised chairs using lap belts. These residents had an occupational therapy assessment in place.

A sample of records of those residents with restraint in use were reviewed. Each resident had a risk assessment in place however, the alternatives trialled prior to a restraint being used were not consistently reflected in these assessments. The inspector saw that resident care plans were developed on the basis of information obtained during the risk assessment, however they did not always reflect the information identified on the residents' risk assessment or in the weekly updated restraint register. For example, one resident was observed with two bedrails in use when in bed however, the risk register did not reflect their use and there was no supporting documents in place. Care records viewed by the inspector confirmed that those with bedrails in situ had them checked at night-time and these checks were recorded.

The inspector observed that staff were requesting the written consent of the residents' next-of-kin prior to restraint being used. Further education was required to ensure the use of restraint was based on the residents' own choice or on a multi-disciplinary-based decision.

There was a restrictive practice committee in place, with terms of reference established and two meetings had taken place to date. The inspector noted that the committee consisted of members of the management team and nurses only. A discussion was had in relation to having a representative from each department within the centre.

Discussion with members of the staff from various departments and a review of training documents confirmed that the staff had appropriate training on restrictive practice and felt that this training informed their understanding of restrictive practice and how it could impact on the individual. The person-in-charge was aware of a human rights-based approach to care and the inspector saw that some staff had completed training in relation to a human rights-based approach to care or the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles. However, given the findings on this inspection it was recommended that all staff complete this training.

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.
-----	---