



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

Issued by the Chief Inspector

Name of designated centre:	Drakelands House Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Drakelands, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	17 August 2023
Centre ID:	OSV-0000224
Fieldwork ID:	MON-0040498

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 17 August 2023	09:30hrs to 16:00hrs	Catherine Furey

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 designated centre. Through discussions with residents and staff, and from the observations of the inspector on the day, it was evident that a restraint-free environment was promoted, and residents enjoyed a good quality of life in a centre that respected residents' human rights.

The inspector arrived to a very calm centre in the morning. The person in charge was on a planned absence, and the assistant director of nursing was on short notice absence but arrived to the centre shortly after, to facilitate the inspection. The registered provider had suitable deputising arrangements in place to ensure that the centre was monitored in the absences of the person in charge and assistant director of nursing, which included an on-call rota, and a rota of other senior management from the wider management team to attend the centre.

Some residents were up and dressed, seated in communal areas and having breakfast and others were still in bed. Staff told the inspector that residents could get up when they liked, and as some residents chose to get up early, a nursing shift had been adjusted to start an hour earlier to accommodate this, and to ensure these resident's morning medication, breakfast and care needs were attended to in accordance with their preference. The residents and staff met during this inspection appeared comfortable being together with some warm interactions observed and overheard by the inspector.

The centre is comprised of residential accommodation in 66 single bedrooms and three double bedrooms. The centre provides ongoing support to residents with varying dependency levels including residents with dementia care support needs and residents with disabilities. Care is provided in two separate wings, Linden and Laurel. Both wings contain their own sitting rooms and recreational areas and there is a large shared dining room on ground floor, and activities and sitting room on the first floor. There was unrestricted access to the internal garden from the ground floor. The two main front doors of the centre were controlled by a keypad locking system. Residents who were independently mobile could freely access two lifts in the centre and could go between the floors. Residents who required assistance were facilitated to get out for fresh air every morning. The inspector spoke with residents with mobility issues who said that staff always encouraged them to get out and about and were always on hand to provide assistance. The activities schedule for the week included time for residents to go outside for walks in the gardens. Staff said this ensured that residents of all capabilities could access the garden and enjoy the weather. Residents who wished to smoke were supported to smoke in a designated area. Residents were seen to mobilise throughout the corridors unhindered and access the internal garden.

The inspector observed some bedrails and sensor mats in use during the inspection. Two beds were noted to have metal bedrails attached to the side of the bed; these were not up and staff stated that they were never put up. These were not maintained on the restraint register. It transpired that beds had been changed and old bedrails had not removed. The management team addressed this immediately and removed the rails. It is important that these type of bedrails are only in place following a full risk assessment.

Residents were encouraged to personalise their own rooms and many contained items personal to that individual. There was no restrictions on when residents could access their bedrooms. While all bedrooms did not have ensuite facilities there were a sufficient number of toilets and bathroom facilities available to residents. In bedrooms that were shared, there were suitable arrangements in place to maintain resident's privacy and dignity. Residents on all units told the inspector that they were happy with their bedrooms and commended staff who supported the cleaning and laundry in the centre. The inspector saw a number of resident bedrooms and found them to contain sufficient space for residents to be able to mobilise around. There was a lockable facility in all bedrooms and rooms were furnished to a high standard. Staff were observed to knock, announce their arrival and wait for a response before entering a residents' bedroom. Staff informed the resident about the purpose of their visit. Bedroom doors contained a small glass panel. The inspector observed that one of these panels did not have privacy screening, which compromised the privacy and dignity of the resident. All other bedroom doors had sufficient screening in place.

Dinner time in the centre was a busy time and residents were served their meal in a variety of areas. A group of residents who resided on the first floor of the Linden wing gathered in the dining room upstairs. The residents were seen to enjoy each other's company and told the inspector that they preferred to come to this dining room as it was smaller and more private, and they enjoyed the views out across Kilkenny city from the adjacent activities room. The inspector observed that some residents were using chair sensor mats in this area during mealtimes. These were remotely connected to small battery-operated boxes which alarmed once pressure was removed from the sensor, that is, when the resident stood up. While the sensor mats themselves were not alarming, a number of the boxes were emitting a continuous beeping sound due to having low batteries. The inspector observed these beeping throughout the day, creating a distraction in an otherwise relaxed environment.

Dinner was also served in a small sitting room on the ground floor on the Linden side and in the large shared dining room. The radio was on in the background and this was not tuned correctly, so static was playing. This detracted from the ambiance and could be distracting for some residents. Residents were observed to be interacting with staff in a friendly manner. Staff were supportive of residents communication needs and were observed to be kind and person-centred in their approach to residents. When serving meals to residents, the staff made sure to describe the meal, and used gentle, reassuring touch. Staff asked residents if they would like assistance, and when assistance was provided, it was done in a respectful and discreet manner. Staff sat with the resident at their level and asked residents if they would like a bite of the potato, or the carrots next, and if they wanted to take breaks or have drinks. There was good choices available and all residents to whom the inspector spoke were highly complimentary of the food on offer.

There was a well-established activity programme in the centre. Dedicated activity staff devised the schedule based on resident's preferences. Well-loved activities included live music and sing-song which a number of residents told the inspector was their favourite part of the week. On the afternoon of the inspection, a large group exercise class was held. Residents who required assistance to attend were given the appropriate assistance by staff. There was sufficient staff available to ensure that as many residents as possible could attend. Staff encouraged residents to engage in the activity and ensured that it was an enjoyable and lively experience. Residents who were unable to attend or who did not

wish to attend group activities were provided with materials and resources to pursue their own individual interests. Activity staff were trained in dementia-friendly activation methods and incorporated these into the activity schedule. Residents were also supported to engage in activities outside of the centre with family members and friends. Links were maintained with the local community, with residents attending local events. Some residents went into town themselves to do shopping.

There was a focus on resident empowerment and the centre held resident committee meetings on a frequent basis to ensure that resident views were heard. Brief records were kept of these meetings and for the most part there was documented evidence that residents queries and suggestions had been followed up. On some occasions, this was not recorded following the meeting, therefore it was unclear if the suggested items had been addressed.

There was access to advocacy for residents who wished to avail of independent support. A resident newsletter was circulated on a regular basis which contained photographs of all of the different events and activities occurring in the centre. Resident's satisfaction surveys were completed and showed generally favourable reviews across all aspects of the service. Any unfavourable findings were incorporated into an action plan and the recommendations were incorporated into the centre's annual quality and safety report.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through reduction in use of restrictive practices and promoting residents rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. During the course of the inspection, the management team acknowledged that further improvement was required in relation to a small number of practices including care planning and documentation, and committed to quality improvement in this area.

Staff confirmed that there were adequate staff on duty each day to meet the needs of the residents. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the topic. All staff had completed training in restrictive practice and the management of behaviours that challenge through in-person training courses. On commencement of employment, while awaiting the in-person training, staff completed an online course to supplement their knowledge. Training in the safeguarding of vulnerable adults was also completed by staff.

Pre-admission assessments were conducted by a member of the management team to ensure the service could meet the residents' needs. This included establishing if a resident was using any restrictive devices, or was displaying any responsive behaviours. For the vast majority of residents, care plans were developed to guide staff on the care to be provided. These were seen to be personalised and included positive behavioural support. However, one resident who had known responsive behaviours had no care plans devised and limited risk assessments completed. On the day of inspection, staff were observed responding to the resident in a sensitive manner, and staff could describe interventions which de-escalated the behaviours. Nonetheless, the absence of an individualised plan of care for this resident meant that supports required to maximise the resident's quality of life in accordance with their wishes were not outlined, and therefore could not be evaluated or reviewed based on their changing needs.

There was good governance and leadership evident in the centre. Management and staff demonstrated a commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights. There was good oversight and review of restrictive practices. A register of restrictive practices was well-maintained and reviewed on a monthly basis with the aim of assessing each restraint for potential removal or alternative. There was evidence that these reviews had resulted in a reduction in restraint use. Restraint use in the centre on the day of inspection was comprised of 11 bedrails, four lap belts and one wander alarm. A log of movement sensor alarms including bed, chair and step-out mats was also maintained. Use of restrictive practice s was underpinned by the development and

implementation of a suite of centre-specific policies which aligned with national policy and guidance.

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 alternatives such as low profile beds, falls reduction mats and grab rails. Safety checks were in place. Risk assessments were completed for residents using restraints. There were two assessments in place, a bedrail assessment and a general restraint assessment. These included details of alternatives used prior to the use of restraint. Residents using any of these devices had a restrictive practice care plan in place which were person-centred and outlined the rationale for use of these practices. These were routinely reviewed at a minimum of four-monthly, or when the residents' needs changed. The management team outlined that informed consent was always sought from the resident, or where appropriate, their care representative. The documentation around this could be improved, to ensure that all individuals are aware of the risks associated with bedrails, and to ensure that all pertinent information is provided to the individuals.

Overall, Drakelands Nursing Home supported an open culture of positive-risk taking and person-centred care. While opportunities for improvement were identified during the inspection, it was clear that residents enjoyed a good quality of life to the best of their abilities.

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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