



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

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| Name of designated centre: | Cherryfield Lodge Nursing Home |
| Name of provider: | Society of Jesus |
| Address of centre: | Milltown Park, Dublin 6 |
| Type of inspection: | Unannounced |
| Date of inspection: | 29 August 2019 |
| Centre ID: | OSV-0000024 |
| Fieldwork ID: | MON-0027484 |

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 |
|----------------|------------------------------|
| 29 August 2019 | Michael Dunne |

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. Cherryfield Lodge is situated in Ranelagh, Dublin 6 and is located close to a range of amenities including shops and restaurants. The ethos of Cherryfield Lodge is based on that of the Jesuit Order.

All residents were accommodated in single rooms with ensuite facilities attached. Bedrooms were sufficient in size to allow residents to move about unhindered and there was space for residents to store their personal belonging or to be able to receive guests in private. Residents who had disabilities had their rooms and ensuites suitably adapted to meet their needs. Bedrooms were tastefully decorated with residents supported to personalise their rooms if they wished.

On the day of the inspection the majority of residents were up and about with some pursuing individual activities whilst others were seen to be involved in small group discussion. There were a number of residents in the sitting room who were preparing for a mass service. Residents appeared in good spirits with many discussing issues that were of interest to them. There were sufficient numbers of staff available to support residents attend the mass service and this was seen to be done in a sympathetic and caring manner. Some residents needed support to mobilise safely from the sitting room to the mass room due to their mobility levels.

The person in charge facilitated a tour of the centre and it was observed that facilities available for resident use were of a high standard. Residents were able to access main areas in the centre such as the dining room and sitting room as these rooms were located near the centres lift. The dining room was large enough for residents to be able to enjoy the dining experience. Residents who required assistance to eat their meal received timely support from staff in a manner consistent with resident's needs.

The inspector noted that residents were afforded choice at meal times, the majority of residents spoken with enjoyed the quality and variety of food provided. Discussion with the centre chef revealed that they were in daily contact with the residents to ensure that they were enjoying the meals provided. The dining room and sitting room contained appropriate seating for residents to use and be able to enjoy the dining experience or to relax in the sitting room area.

Residents told the inspector that they were happy living in the centre. They said that staff were helpful and supportive when attending to their personal care. All residents spoken with during the inspection felt that their rights as individuals were promoted and respected. Staff were observed addressing residents in a respectful and polite manner throughout the day.

There was no identified activity worker on the staff team as this role was facilitated by all of the staff working in the centre. There was an activity schedule available and it contained a mixture of leisure and health based activities. Residents were very happy with the variety of the activities on offer and said they were asked regularly by

staff for their views on the activity programme. It was noted that residents were supported to attend pilgrimages abroad.

Access to the building was by means of a key pad release system. Some residents with mobility support needs who wished to access the garden areas independently were issued with a pendant alarm (if residents required assistance they could press a button on the alarm and this would alert staff).

There were no restrictions on visitors attending the centre; contact with friends, relatives was actively encouraged. There were close links established with a Jesuit community sharing the same grounds as the centre and residents were happy for this to continue.

Oversight and the Quality Improvement arrangements

Inspectors found that there was a positive attitude throughout the centre towards promoting a restraint free environment. It was clear from discussions with the management team that they had familiarised themselves with the guidance and material published in support of this thematic inspection.

A restraints committee had recently been introduced and was attended by key members of the care and management team. The focus of this committee was to identify restrictive practice currently in place with a view to eliminating or reducing its use. Resident's rights and autonomy were also issues discussed as was the impact of these restrictions on residents' lives.

There was a restraints policy in place and practices observed during the inspection were in line with this policy. Records seen indicated that the restraints register was updated on a regular basis and found that the use of bedrails had been recorded appropriately. Other restrictive practices within the centre were recorded on a separate monitoring document, such as sensor alarms and exit bracelets. Residents with low care and support needs were able to access the garden by means of a keypad system while residents who needed ongoing support could do so with the support of staff. There were smoking shelters located in the garden areas for residents who wished to smoke.

Resident records seen confirmed that residents who were offered a placement had a pre assessment in place prior to admission. Information accessed from these assessments led to the formulation of resident care plans which identified how resident needs were to be met on a day to day basis. There was evidence available to show that care plans took account of residents' wishes and preferences. All care plans reviewed were well written and easy to follow and promoted residents autonomy and choice.

In cases where residents were identified as requiring bedrail use there was an appropriate assessment in place to support their introduction. There was evidence to show bed rail use was being reviewed on a regular basis and that least restrictive options had been trialled such as the use of low entry beds.

Throughout the inspection residents who required care or support with mobilising were attended to by staff in a timely manner. Observations concluded that the staff team were aware of each resident care requirements and this contributed to a positive interaction between them. Staff were respectful of residents communication needs and delivered their interventions in a discreet and supportive way. There was evidence that there was enough staff on duty to meet the needs of the resident group.

Discussions held with staff indicated that they had attended a range of training which included safeguarding and dementia training. Staff felt that this training equipped them with the required knowledge and skills to be able to support residents in a

person-centred way. Staff were knowledgeable of how restrictive practice could impinge on resident rights and were able to give examples of how this could occur in a care setting.

Residents' views on the quality of care they received from staff were accessed daily through one-to-one discussion and more formally through resident meetings. Records of these meetings were distributed to residents for their feedback. Residents' views were included in the centres quality and safety plan and it was evident that residents' feedback was important to the provider. The complaints log was reviewed, and all complaints registered were dealt with according to the centres policy. It was clear that residents were supported all the way through the complaints process.

There was evidence available to indicate that residents health care needs were appropriately addressed and in a timely fashion. Care records seen indicated referrals to occupational therapy for mobility equipment assessments and for physiotherapy input which helped to maintain resident's mobility independence.

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.

Appendix 1

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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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. |