



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

Issued by the Chief Inspector

Name of designated centre:	Norwood Grange
Name of provider:	Butterfly Care Limited
Address of centre:	Ballinora, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	15 February 2024
Centre ID:	OSV-0000258
Fieldwork ID:	MON-0040272

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 15 February 2024	09:00hrs to 16:30hrs	Robert Hennessy

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

The inspection of Norwood Grange was unannounced and carried out as part of the thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*. From observations made by the inspector it was evident that there was respect for residents promoted in the centre and person-centred care approaches were in evidence. Overall, the inspector found that residents had a good quality of life and were supported by staff to have their rights respected and to be included in decisions about their care. The impact of this on residents meant that they felt safe. The inspector found that residents were supported by staff to remain independent.

Following an introductory meeting, to explain the process of the restrictive practice thematic, with the Person In Charge (PIC) the inspector was accompanied on walk around of the centre. The inspector spoke with many residents, with five in more detail, and two sets of visitors.

Norwood Grange provides residents' accommodation and sufficient communal space with room for 30 residents. The centre has 14 single room and eight twin rooms. All except two of the bedrooms had en-suite toilet and shower facilities and the residents in both of these rooms shared a bathroom. The centre was generally clean, well decorated and warm throughout. The inspector saw that rooms were spacious and were decorated with residents' personal belongings and photographs. The inspector observed that painting of bedrooms was being undertaken to keep the décor of the centre refreshed.

Residents were being assisted with personal care and were going to the dining area for breakfast on the morning of inspection. The inspector observed that residents were seen getting up at their own time of choosing and breakfast service was seen to take place throughout the morning with the residents using the dining room at different times. The inspector observed that during personal care there was clear signage on the residents door to say that personal care was being undertaken at this time. Staff were seen to engage with residents in a kind and respectful manner during this time. Staff spoken with were aware of why the restrictions for some residents were in place and had knowledge on how to support residents that had behaviours of concern.

The outdoor area of the centre contained mature and colourful gardens. The residents who were able to go out independently had a key code available for them to exit. There was an enclosed outdoor garden that residents could use that was appropriately furnished. One resident was seen using the outdoor area to go for a walk with their family member.

In the hallway there was information about the centre and regarding making complaints and advocacy services. Information regarding meal choices and the activity schedules were on display and available to the residents also. The inspector viewed the complaints log in the centre, at the time of inspection there was no

complaints open, there was evidence that previous complaints had been managed and closed out to the complainants' satisfaction.

The residents were seen to be engaged in activities during the inspection. The activity co-ordinator was seen undertaking one to one activities with the residents in their rooms followed by group activities, one of which the person in charge also participated in. Residents spoken with were very happy with the activities available and spoke with fondness about the bingo sessions. Residents spoke about going on outings such as shopping and going to a nearby park. The activities facilitator spoke about plans to visit a garden centre with a café when the weather improved.

Residents spoken with at lunch time in the dining room gave positive feedback about the food served and the choice at every meal. Meals were pleasantly presented and looked appetising. The daily menu was displayed in the dining room. Mealtimes were seen to be a very social experience for the residents and staff engaged with residents in a positive manner. Residents needing assistance during the meal were given this in respectful and calm manner. Residents were able to have their say on the service received during regular residents meetings. It was evident to the inspector that the person in charge spent time with the residents and was well known to them.

Overall, the inspector found that the culture in Norwood Grange promoted the well-being of the residents and a person centred approach was the goal of the staff working in the centre.

Oversight and the Quality Improvement arrangements

The provider had a comprehensive governance structure in place to promote and enable a quality service. The person in charge and the other staff members spoken with on the day of inspection were committed to ensuring restrictive practices, such as bedrails, were kept to minimum. Staff in the centre strove to uphold the rights of the residents.

The centre had relevant policies in place to protect residents' rights such as restraints policy, safeguarding policy, behaviours that challenge policy and a consent policy. Staff spoken with on the day by the inspector were knowledgeable on how these policies were put into practice.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. This had been submitted to the Chief Inspector prior to the inspection.

The inspector reviewed the care plans for residents who had bedrails in use and found that detailed care plans had been developed. The inspector also viewed care plans for residents, who experienced behaviours of concern. Personalised strategies and interventions were outlined for staff, and these were seen to coincide with the guidance provided in the centre's policy. These interventions were seen to promote care and responses which were least restrictive.

Where necessary and appropriate, residents had access to low-low beds, instead of having bed rails raised. The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors. Resident had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible. The inspector was satisfied that residents were not unduly restricted in their movement around the centre.

Where restrictions were in place there was evidence that they were used for the shortest time and the time the restriction was put in place to when it was removed was monitored and recorded.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised the physiotherapist, occupational therapist and general practitioner when required. Documentation reflected consultation and discussion was an on-going process regarding people's care and welfare including restrictive practice.

Consents forms were used and signed by the resident themselves or their representative if appropriate. Documentation was also in plan to review the restrictive practices in place on a daily basis.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, and ongoing training was scheduled to ensure all staff

training remained current. There was adequate staff in the centre during the day and night as seen on the staffing roster.

The centre maintained a log of complaints where the complaints, resolution and complainants satisfaction were recorded. Clear documentation was available to show how complaints were dealt with and the processes gone through to resolve the complaint.

A restraint-free environment was championed in the centre to support a good quality of life that promoted the overall wellbeing and independence of residents in accordance with the centre's statement of purpose.

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.

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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