



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

Name of designated centre:	Cuan Chaitriona Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	The Lawn, Castlebar, Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	23 October 2019
Centre ID:	OSV-0000334
Fieldwork ID:	MON-0027334

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
23 October 2019	Una Fitzgerald
23 October 2019	Amy Collins

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

The feedback from the residents spoken with during this inspection was highly complementary of the staff and the overall running of the centre. Inspectors spent time observing staff and resident engagement and found that staff were patient, respectful and kind. The staff displayed excellent knowledge of each resident. Inspectors spoke with nine residents individually. Conversations had with residents clearly identified that residents were happy with the service provided. Residents felt safe in the centre and did not feel that there were any restrictions put on them in how they spent their day. Residents did not report that staff restricted their freedom of choice or movement. For example, one resident stated "I'm my own boss".

From resident conversations, inspectors summarised that overall residents lived a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The person in charge had developed an information booklet for resident and relative information on promoting a restraint free environment. Inspectors observed that the centre welcomed family members throughout the day and provided an onsite kitchenette. This kitchenette was occupied throughout the day and was stocked with a selection of drinks and snack food for resident and family use.

On arrival, inspectors did a tour of the centre with the person in charge. The use of communal rooms varied in their purpose to allow residents adapted day time living experiences. Inspectors observed activity in a variety of communal rooms ranging from sitting and dining spaces to reduced sensory, religious reflection and activity rooms. Residents were observed coming and going from the communal rooms unrestricted. For example: in the Lawn dining room, inspectors observed a resident sitting having finished their breakfast and mobilised independently at a time chosen by them.

A large sitting room was the primary communal space, with variety of seating, a large television and various points of interest throughout the room. Leading from the communal room were four large toilets easily accessible for residents to avail of. On the opposite corridor an oratory was observed to be in use by residents throughout the day. The Sunshine room allowed for a quieter communal area with access to reading material, free exit onto a courtyard and a variety of seating. This room was also used as an activities room which included music therapy. A separate sensory room was available for residents to use at their leisure. This room was smaller in size and provided a large armchair with a viewing point to the surrounding countryside.

The Harbour Cottage and its refurbishment was a recently completed project. The residents had been actively involved in the renovation. The redevelopment of the room was taken from a local point of interest to residents local to the area. The residents committee had been involved in the naming of the room and agreed that Harbour Cottage was a fitting name. Detailed resident committee meeting minutes were available to demonstrate this decision making process.

The Butterfly room was decorated in a traditional style and provided residents with day room activities and a dining option. This room had a piano in place and was used by residents. There was an unlocked door onto an internal courtyard that included

multiple points of interest.

Residents were observed mobilising independently around the centre and accessing their rooms throughout the day independently. Some residents had chosen to lock their bedrooms and were key-holders to their bedroom door. Residents were aware that staff held a master key to access the door. Residents were satisfied that this was for their personal safety in an emergency. Resident bedrooms were located down to the left of the main reception in close proximity to the main communal living rooms. Inspectors observed that all staff knocked on resident bedrooms and waited for a reply prior to entering the room.

There was one main access and egress point in the building at the main reception. The front door was locked by means of a keypad. There were no restrictions on residents accessing the key code, staff confirmed that the code to the door was available to all residents who wished to go outside, subject to them having sufficient awareness and capacity to be safe. In addition to the main entrance door there were two other exits onto an internal courtyard that could be accessed at any time with no restrictions.

The activities programme was varied in nature and held in all communal rooms throughout the day. The activities programme was delivered by three activity coordinators seven days a week. Residents told inspectors that they were very happy with the schedule in place.

Oversight and the Quality Improvement arrangements

Inspectors found that there was a positive culture in the centre towards promoting a restraint-free environment. Overall inspectors found that the management team, the administration staff and the healthcare staff delivering the care on the day of inspection were clear in their understanding of the risks of restrictive practices and their potential impact on residents.

The information requested by inspectors was presented in an easy to understand format and delivered in a timeframe that facilitated the inspection. Inspectors requested to review the complaints log. There were no complaints logged in respect of restrictive practices. Residents had open access to an external advocacy service and a local person facilitated residents committee meetings. The contact details were on display along the main corridor on clear view for residents to access the service.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the office of the chief inspector for review. This document clearly identified that the management team were striving to ensure that residents' rights were upheld and that each resident had a voice. The inspector also reviewed the minutes of the last management meeting and found evidence that restrictive practices and the promoting of a restraint free environment had been an agenda item. The monitoring of restraint use was reported weekly through a Key Performance Indicator (KPI) report along with monthly reporting and a quarterly restraint committee. Minutes reviewed outlined that in the previous 12 months there had been a reduction in restraint use by 72% and efforts for further reduction were also identified via the resident committee meeting minutes from June 2019. A recent restraint audit had been completed in October 2019 reviewing the use of restraints, this included bedrails, lap belts, bed alarms and wandering alarm bracelets. Inspectors judged that progress had been made and that the management team were committed in ensuring that the centre was actively working towards a restraint free environment.

The person in charge had a restraint record that was used to record restrictive practices currently in use in the centre. This record was kept under constant review by the person in charge and was comprehensive and detailed.

The numbers using bedrails on the day of inspection was 6. On review of the documentation the inspectors found that two of the residents had completed consent forms to have them in position and four were used as restraint measures following the national policy guidelines bedrail assessment. The care plans relating to restrictive practice were person centred and guided care. Each bedrail in use had a restraint release review chart that was recorded every two hours.

The centre had access to equipment and resources that enabled care to be provided in the least restrictive manner to residents. Inspectors were informed of a business case submitted to roll out the provision of new beds with reduced length of bed rails. Where necessary and appropriate, residents had access to low low beds and alarm mats instead of having bed rails raised. The physical environment was set out to

maximise resident's independence regarding flooring, lighting and handrails along corridors.

Some residents used tilted chairs that had been prescribed in consultation with an occupational therapist. These chairs have the potential to be restrictive as they can inhibit a person from standing up and mobilising independently. However, the residents using these chairs were immobile and the chairs were prescribed for valid clinical reasons and were not intended as a restrictive measure.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and non-violent crisis intervention. Policies were in place and inspectors suggested a review of same to ensure that their use of the term "enablers" was in line with evidence based best practice. Staff confirmed that there were adequate staff and a good skill mix in order to meet residents' needs. Inspectors spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint.

Each resident had access to locked storage in their bedrooms. At the request of individual residents' small sums of money was kept securely in a secure safe. The systems in place were clear and transparent and ensured that the residents could access this money at any time.

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.
-----	---