



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

Name of designated centre:	The Park Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Plassey Road, Castletroy, Limerick
Type of inspection:	Unannounced
Date of inspection:	14 May 2019
Centre ID:	OSV-0000435
Fieldwork ID:	MON-0026817

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

¹ Chemical restraint does not form part of this thematic inspection programme.

limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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 on:

Date	Inspector of Social Services
14 May 2019	Breeda Desmond

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

This was a good service that strove to provide care and facilities for people to have a good quality of life. The culture promoted a rights-based approach where residents' rights were to the fore. Residents spoken with relayed that they choose how they lived; those choices included respecting their daily routine from the time they got up, meals, mealtimes, and venue for their meals; whether to participate in activities; where to entertain their visitors to the time they went to bed. They reported they spent a lot of time in the garden in the last few weeks as the weather was so good. They were encouraged and facilitated to go to plays, concerts and gigs or out with their friends.

The inspector spoke with residents in their bedrooms, day rooms and dining rooms. The atmosphere was relaxed and care was delivered in an unhurried manner. Staff actively engaged with residents, asking them their preferences and engaging in normal socialisation. Bedrooms were decorated in accordance with people's choice and many had brought furniture, paintings and mementos from their homes.

The inspection started with a walk around the centre and some residents were in the process of getting up, some were relaxing, reading and listening to the radio by their bedside, while others were relaxing in one of the lounges, some had visitors. The entrance to the centre had a flower border on both sides and the inspector observed a resident bedding up and watering flowers; she had gone to the garden centre with the person in charge the day before and bought an array of plants. Gardening was this resident's passion and she was enabled to continue her love of gardening, independently. The inspector observed that while the outdoors gardens could be freely accessed, the main entrance was secure with keypad code and residents were not offered the access code to allow freedom of movement.

The inspector observed there was a wide range of stimulating and engaging activities throughout the day that provided opportunities for socialisation, recreation and learning. Residents said they were encouraged and enabled to attend activities and their choice to attend these or not was respected. For example, on the day of inspection there was an art class and residents reported their enjoyment and how they had learned so much since joining the class as some had never drawn or painted before. Fit for life class was on in the day room while other residents were having hand massage. Visitors were observed throughout the day in the seating areas and visitors rooms upstairs and downstairs.

Residents relayed that meetings were held every two months and they had opportunity to raise issues and discuss matters concerning the centre and how it was run, including the activities programme. Minutes from these meetings were reviewed; while lots of issues were discussed, there was little evidence to show that issues raised were reflected in subsequent meetings. This would provide further assurances that people's feedback was taken on board and actioned. Residents had access to advocacy services. There were information posters displaying this information and the advocate was invited to residents' meetings to outline their remit and support, if

needed.

Oversight and the Quality Improvement arrangements

This was a good service that promoted a restraint-free environment through effective leadership. The provider had a robust governance structure in place to promote and enable a quality service which included the regional manager, director of care and quality manager; on site, the person in charge and deputy person in charge were responsible for the service.

Information relating to restrictive practice was compiled on a weekly basis and a report was submitted to the registered provider for review as part of their quality improvement strategy. This weekly report provided oversight of restrictive practices at individual and service level, where information was analysed to enable practice reviews and change practice accordingly. Monthly meetings with senior management along with quarterly national meetings with the other persons in charge from sister centres provided additional opportunities to discuss restrictive practices and share ideas regarding promoting a restraint-free environment.

There were several policies in place including one to promote personal liberty and a restraint-free environment together with supporting policies for emergency or unplanned use of restrictive practice to guide practice. A risk register was maintained; staff spoken with were familiar with it and had good oversight of the restrictive practices in place for residents.

When reviewing restrictive practice, both the individual and the other residents were taken into account and consulted with, when possible. For example, it was assessed that the stairwell upstairs needed to be made secure with keypad access. The environment and liberty of the other residents upstairs were assessed regarding the imposition of this restrictive practice. All residents had free access to the lifts, but one resident used the stairs as part of their daily wellness exercise regime so they were offered the access code to freely use the stairs at their convenience.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised the occupational therapist, physiotherapist, general practitioner and old age psychiatry, when required. Staff consulted with residents and their next-of-kin (when applicable) regarding all aspects of care including restrictive practice. Relatives reported that consultation and discussion regarding their care and welfare was an on-going process.

Staff had up to date training on vulnerable adults, behaviours that challenge and restrictive practice. The induction process for new staff included information on restrictive practice and promotion of the values of their statement of purpose in conjunction with their commitment in promoting a restraint-free environment.

The inspector observed that care was delivered in accordance with the ethos

espoused in the statement of purpose regarding promoting people's autonomy and independence. Staff actively engaged with residents and there was lovely banter and socialisation seen and personal care was delivered in a professional manner.

Pre-admission assessments including communication needs were assessed by the person in charge to ensure the service was able to meet the needs of people. People were routinely admitted from the acute care setting where restrictive practice of bedrails were in place; the use of bedrails were discussed with the incoming resident, and alternatives were tried, consequently, there has been a significant reduction in the use of bedrails in the centre, year-on-year.

A sample of assessments and plans of care were reviewed and these had detailed person-centred information to direct individualised care. A baseline of the resident's care needs was established including communication, routines and behaviours. This enabled staff to easily identify a change in a resident's communication needs; a behavioural support record helped establish the possible cause of changes in behaviours including the possibility of infection; this enabled staff to implement appropriate actions to deliver safe person-centred care. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care. Following assessments and care planning, the MDT input was sought to support the assessments and decision-making process to enable best outcomes for residents. Written consent was sought from residents for care and interventions when required.

People had access to a wide range of assistive equipment (for example, low low beds) to enable them be as independent as possible together with free access to the lifts to access both floors. The physical environment was set out to maximise people's independence regarding flooring, lighting and handrails. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources, equipment or technology. Staff spoken with understood the inherent risk regarding restrictive practice such as bedrail usage.

In conclusion, a restraint-free environment was championed to support a good quality of life that promoted the overall wellbeing of residents while living in the centre.

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.
-----	---