



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

Name of designated centre:	Ashford House Nursing Home
Name of provider:	Byrne and Morrin Limited
Address of centre:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 May 2019
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0026959

## 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 environmental<sup>1</sup> 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

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<sup>1</sup> 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
31 May 2019	Michael Dunne

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

This was an unannounced inspection to review the use of restrictive practice in the centre. Prior to the inspection visit the person in charge (PIC) completed a self-assessment questionnaire which reviewed the centre's current responses to managing restrictive practice in the centre from a qualitative and quantitative perspective.

Ashford House is located in Dun Laoghaire, south Co Dublin and provides accommodation to 78 residents in a selection of single and double ensuite bedrooms. The centre had recently been renovated to a high standard with the accommodation spanning over three floors on the lower ground, ground and first floors. There was appropriate directional signage available in the centre to orientate residents to key locations such as the dining room, sitting rooms, exit locations and other facilities within the home. There was an activity screen available which informed residents of key activities occurring in the centre and in the community.

The centre was clean, bright and well maintained. There were sufficient seating for residents to enjoy with each unit having its own dedicated sitting room and dining room. There was access to additional drink and snacks outside of the regular mealtimes.

During the centre walk around it was noticed that many residents were up and about. Some residents were seen to be mobilising around the home using mobility aids whilst others were seen to be mobilising independently. Staff were seen to be assisting residents who needed extra support or supervision to mobilise. All residents observed were wearing appropriate clothing and footwear and were well groomed. The person in charge confirmed that residents were free to move about the home. Residents who wished to exit their floor were given a swipe card or code to gain access to the lift. Residents who wished to leave the home were also given a swipe card or code to use. There was no restriction on family or friends visiting the home and indeed it was observed during the course of the inspection that many residents had received visitors throughout the day.

A number of residents were observed being supported by staff to attend to their personal care tasks. This was done in a courteous and respectful manner taking account of resident's communication abilities. Staff were observed knocking on resident doors prior to entry and explained clearly to the residents the purpose of the visit. It was evident to the inspector that the staff team knew the residents very well and were aware of resident's individual needs.

Resident rooms were tastefully decorated and were personalised according to resident taste. Double bedrooms contained dividing screens to ensure that where residents shared the same bedroom that their privacy and dignity was protected. Rooms were large enough in size to ensure that residents were able to move about their bedrooms unhindered and could access and use their individual facilities. There were a range of both individual and group activities underway on each of the three units. Residents were observed to be involved in one to one activities or in group activities with the staff. The centre had a sonas programme structured into their

weekly activity schedule. Sonas is a therapeutic activity programme specifically designed to engage people with dementia. The inspector observed a chair based exercise programme, residents participating in the exercise were in receipt of individual support from the activity worker who ensured that all residents involved received the required level of support to enjoy the session. Sensory boards were placed in key locations throughout each unit in order for maximum exposure to the residents.

The inspector attended a mealtime lunch service and found it to be a pleasant experience for the residents. Residents were supported to have their meal in a variety of locations according to their choice. Family members also attended the meal service and were observed assisting their relatives with eating their meal. Where residents needed additional support with eating this was provided by the staff team who communicated with each resident according to their communication abilities. This communication was carried out in a person centred manner where staff afforded residents time to express themselves and make their own choice about which meal to have.

Observations confirmed there were sufficient staffing levels on each floor to be able to provide proactive care and support to the residents. Examination of the roster showed that there was the required skill mix amongst clinical and non-clinical staff on site. In discussions with the inspector staff were able to explain and detail their understanding about restrictive practice. Staff described current practices and how they could restrict resident's individual choice and autonomy. The staff team were very knowledgeable about the use of bedrails in the centre and on how they could restrict a resident's freedom. Staff were able to explain the process that is in place to assess whether a resident would be suitable for bedrail use or not. They were cognisant that where restrictive practice was in place that it must be the least restrictive possible, for the shortest duration and reviewed at regular intervals. They were familiar with the centres policy on restraint and described training that they attended which informed their current practice.

The inspectors spoke with numerous residents during the inspection and on the whole all those spoken with were happy living in the home. One resident told the inspector that "staff are very kind, they make sure that you are looked after". Residents went on to say that they felt included in the life of the home. They were particularly happy with the range of activities on offer and were complimentary about the weekly visits to the dementia table at Lexicon Library. The dementia table uses technology to engage and stimulate people with advanced dementia. All residents spoken with said that they felt safe in the home. Others were knowledgeable about the complaints procedure and said that they could speak to any member of staff if they had a problem.

A residents committee meeting was held every 6 weeks where families were encouraged to attend and advocate for their relatives where appropriate. Access to independent advocacy was by telephone, the inspector was informed that community advocacy did not have sufficient capacity to attend on a regular basis. Residents were however supported to participate in the recent elections and cast their ballot.

## Oversight and the Quality Improvement arrangements

There was evidence available to the inspector that indicated the centre was committed to a restraint free environment. The home had reviewed their current list of restrictive practices and this internal review had led to a 50% reduction in the use of bedrails. Discussions with the management team showed that the centre trialled alternatives to bed rails such as low entry beds with floor sensor mats placed by the side. There was an understanding within the centre that alternatives could also be restrictive themselves and would require regular monitoring. The centre had developed an information guide on the safe use of bedrails which was issued to all new residents or their representatives upon admission. This guide explained the risks associated with bedrail use and the reasons why they may be introduced.

Records seen showed that all new residents to the home had a comprehensive assessment in place prior to taking up residence. This ensured that the home was able to meet the needs of the resident through the development of person centred care plans for each individual resident. Care records observed showed that residents were indeed involved in their care plan construction and these plans took account of resident likes and preferences. There was evidence to suggest that care plans were reviewed on a four monthly basis or as and when necessary. There was evidence seen that the home had trialled least restrictive options as a means to reduce the level of the restrictive practice. The rationale for the use of restrictive practice and relevant consent forms were also seen in resident files.

There was restrictive practice register in place which was reviewed and updated on a weekly basis. The register correctly identified the list of restrictive practices currently in operation in the centre at the time of the inspection. Information on restrictive practice was reviewed and analysed at the clinical governance meeting which was held on a monthly basis. The centres restraint policy was updated in 2018 and due for review in 2021, current restrictive practice within the centre was consistent with the policy.

The care home facilities were easily accessible by the residents. It was a purpose built facility with a focus on supporting residents with dementia. There was a sensory room and reminiscence room available for residents to use.

Staff training roster was reviewed and showed that staff had received the training necessary to support residents with dementia and had also received more specific training around restrictive practice. As mentioned earlier in this report staff were able to recognise various forms of restrictive practice that could impinge upon resident's autonomy and were able to use knowledge gained during training to inform their practice. The centre had developed an addition to their daily handover called the

“daily shout” where topics pertinent to residents care would be discussed. It was noted that restrictive practice featured as part of this process. The home had produced a quality improvement plan to examine where they could make additional improvements to reduce restrictive practice in the centre. The plan was made available for the inspector to review during the inspection.

## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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