



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballard Lodge Nursing Home
Name of provider:	Dulinaois Limited
Address of centre:	Borris Road, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	25 September 2023
Centre ID:	OSV-0005507
Fieldwork ID:	MON-0040411

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
Monday 25 September 2023	09:00hrs to 14:00hrs	Sinead Lynch

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

Management and staff promoted a restraint free environment with positive outcomes for residents. Residents told the inspector that they did not feel restricted as they were assisted to do what they wanted by staff or independently had the freedom to do whatever they chose.

The inspector was informed that the only restrictive practices currently operational in the centre related to the key pad securing the front door and the use of two bedrails. The inspector reviewed these with the person in charge. The code was displayed to exit and enter the front door. However, some residents were restricted in relation to their capacity to use the code.

The inspector was met by the person in charge and the registered provider representative. There was an opening meeting where the person in charge detailed the use of restrictions in the centre and how they use the 'positive risk taking approach'. The person in charge informed the inspector that they try to maintain the residents' freedom as much as possible and want the residents to detail how they want to live while residing in the centre.

One registered nurse was nominated to undertake professional training in restrictive practice, in turn she was responsible for delivering this training to all other staff in the centre. Following this training, staff were aware of the measures in place to minimise restrictive practice. Staff had increased the opportunity for residents to participate in activities of their choice. On the day of the inspection one resident was leaving for their regular day out with a voluntary organisation. The resident told the inspector that they 'enjoyed getting out and about to do something different'.

Residents talked to the inspector about their day-to-day experience of living in the centre, their bed times, routines and activities during the day. One resident said they 'love to go to the front of the building and people watch while sitting on the wall'. One resident was returning from her daily walk with a staff member where they said they 'felt refreshed'. Residents that spoke with the inspector informed them that staff treated them well offering 'refreshments and treats' which made it feel like being at home.

Residents were very involved in making decisions in the centre. Minutes from residents meetings showed where different residents wanted different items added to the menu. This was actioned immediately and resident's feedback about the meals was very positive.

There were adequate staff available in the centre to meet the needs of residents. There was an appropriate skill mix in order to meet residents needs without resorting to physical restraint.

The centre was relatively small but very comfortable for the 24 residents residing there. Residents had access to a communal room to meet with other residents and visitors or could enjoy their own personal space in their bedroom.

Oversight and the Quality Improvement arrangements

There were strong governance arrangements to oversee the quality and safety of the service provided to residents including all aspects of restrictive practices. The person in charge was supported by the registered provider representative, a clinical nurse manager and a team of nurses and healthcare assistants.

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 the importance of promoting a restraint-free environment.

Management and the staff team had given great consideration to reducing the use of restraint. The quality improvement plan demonstrated how the centre had reduced from three bed rails to two. The management and staff had trialled alternative measures to reduce the use of bed rails in a safe manner.

Residents had access to a multi-disciplinary team (MDT) to assist in the process of restrictive practice assessments. The MDT comprised of an occupational therapist, a physiotherapist, the residents general practitioner and psychiatry of old age, when required. Staff consulted with residents and their nominated person (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.

Residents had access to a wide range of assistive equipment (for example, low low beds) to enable them be as independent as possible together. 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.

Care plans and assessments were reviewed on a regular basis. These 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 which 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.

In conclusion, a restraint-free environment was promoted 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.
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