



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

## Issued by the Chief Inspector

Name of designated centre:	Windmill House Care Centre
Name of provider:	Windmill Nursing Home and Retirement Village Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	17 January 2024
Centre ID:	OSV-0005522
Fieldwork ID:	MON-0041200

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

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<sup>1</sup> 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
Wednesday 17 January 2024	10:30hrs to 16:45hrs	Mary O'Mahony

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

This inspection of Windmill House Nursing Home was unannounced and carried out as part of the programme of 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 an ethos of 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, and they said that they felt "at home" there.

Windmill House Nursing Home is a designated centre for older people, registered to accommodate 40 residents. There were five vacancies on the day of this inspection. The centre is situated on the outskirts of Churchtown Village and was purpose built as a designated centre in 2004. On arrival at the centre, the inspector's first impressions were that the centre was maintained to a high standard and it was surrounded by well-tended gardens. The front door was easily opened with a push-button entrance and inside in the reception hallway there was a fresh, clean appearance. It was apparent to the inspector that resources had been invested in painting of the centre, comfortable armchairs, colourful, interesting pictures and good-quality soft furnishings. The walls were decorated with residents' artwork and informative notices relating to residents' rights and access to advocacy services. There was a busy, lively atmosphere in the centre and the inspector observed that visitors were present in the morning and throughout the day. They spoke with the inspector and said that there were no unnecessary restrictions on residents' freedom, they were consulted about care issues and they felt assured that their family member was safe in the centre.

The inspector spoke with residents in their bedrooms, sitting room, the foyer and in the dining room, throughout the day. The inspection started with a walk around the centre, and some residents were observed to be in the process of getting up, some were relaxing in their beds, and other residents were walking to their preferred chairs for the forthcoming activity. While breakfast was served to residents in their bedrooms and in the dining room, most residents had their lunch in the dining room, where two sittings were accommodated. Meals were seen to be served with care and there were choices on offer at each meal. Snacks and drinks were served between meals, and it was apparent that residents looked forward to the home-baked treats available. There was a good level of social interaction seen during the day and there was a nice variety of meaningful activities on offer.

Bedroom accommodation mainly consisted of single, en-suite bedrooms, with eight twin rooms, which were also furnished with full en-suite facilities. Planning permission was being sought for an extension as the provider was hoping to reduce a number of the smaller twin rooms and to allow for more single-occupancy bedrooms, to ensure greater comfort, more space and enhanced privacy for residents. Residents living in the centre on the day of inspection told the inspector that they were happy with their

rooms, especially having toilet and shower facilities in such close proximity. The bedrooms were personalised with photographs of their activities and of family and friends. Residents had access to personal headphones, particularly in shared bedrooms, as well as mobile phones, tablets, DVD players and radios, daily newspapers and personal TVs. Phones were observed to be charging for some residents.

An activity notice board, clocks, and good signage informed residents of the day, the time and the location of their bedrooms, supporting their cognition and independence. There was easy access to the gardens and patios from the hallway and the main communal area. Residents who liked to smoke were seen going in and out independently, through a side door in the hallway, to avail of a cigarette in the smokers' hub. Residents informed the inspector that they spend many happy days in the garden during the spring and summer months. A raised flower bed was being prepared for summer planting, which residents really looked forward to. They were not in "any humour to go out" on the day of inspection as there was heavy frost on the paths and the grass. They told the inspector about all the outings they had in the centre's bus, and said that a group of them were scheduled to go to see a play in the near future. Throughout the day a number of residents went out with relatives and friends and the person in charge said that this was encouraged. The inspector observed photographic collages displayed on the walls, confirming the summer outings, and the activities, such as baking, art, Halloween dress up, Christmas parties, birthdays and visiting "animal farms". Decorations were already on display for Valentine's Day.

In the morning and afternoon, the inspector spent some time in the main foyer, which was the activity hub of the centre. A musical, *Evita*, was playing on TV and residents were familiar with the songs such as "Don't Cry for Me Argentina". Residents were seen to sing along and they said they enjoyed the variety of shows available to them. In the afternoon, there was a game of bingo, personal one-to-one time and ball games, led by an energetic and enthusiastic activity coordinator. The activity staff member was seen to ensure that all residents had personal time during the day, even those who were confined to bed. A group of staff brought a birthday cake to one resident and they gathered around the resident for a photograph, much to the resident's enjoyment. The inspector saw that the physiotherapist provided an individual service to some residents on the day and they also delivered a group balance and activity session, which was attended by 25 residents. This was a weekly event and residents said they felt it kept them "strong, as well as active". One person in particular was very enthusiastic about the session, as they stated that wanted to be on "top form" for their upcoming 90th birthday party. The session was lively and fun and residents were supported to be involved by the activity coordinator, as well as four attentive, healthcare attendants.

Efforts were made to ensure privacy while personal care was being administered and signage was seen on bedroom doors, when care was being carried out. In addition, staff were seen to knock on bedroom doors prior to entry, and were heard to explain interventions to residents. The inspector saw that residents were free to access all areas within the building. Codes for key fob access were made available in a discreet

manner, on the wall near relevant doors, for those residents who could use them for independent exiting.

Residents were seen to be familiar with staff and called them by their first names, as they all wore name badges. They described staff as "kind" and "respectful". Throughout the day, management staff were observed supervising staff, responding to residents and speaking with relatives. A number of relatives spoken with said there was no issue visiting at any time and that staff ensured residents were facilitated to go out, whenever they wanted to. Residents were supported to maintain personal relationships in the community. They visited local shops, places of interest and coffee shops with family, staff and the activity personnel. Residents spoke about this and how much they enjoyed going out as it gave them a sense of "involvement in the community".

The inspector viewed the minutes of monthly residents' meetings. From the records documented they were glad of the support they had from staff and felt that their freedom was not restricted. Residents explained how they loved seeing the hairdresser coming in, as well as medical staff, external musicians, the physiotherapist and the chiropodist. They had enjoyed a visit from an advocacy agency who explained how they could access an advocate and the benefit of independent advocacy. They felt they had increased sociability because of all the interactions. Each activity, such as the artwork, was seen to be targeted to meet residents' needs and capabilities. Residents and relatives spoken with stated they were involved in decision-making about their care, and said that there were ongoing discussions with staff and the GP.

## Oversight and the Quality Improvement arrangements

Windmill House Care Centre was a designated centre that promoted a restraint-free environment, through effective and knowledgeable management. The local management team, consisting of the person in charge, the assistant person in charge and the clinical nurse manager (CNM), were supported by the group's operation manager and the quality and safety manager. They demonstrated a commitment to quality improvement in respect of restrictive practice and constantly reviewed it to ensure they were meeting national and best-practice guidelines. There was a proactive approach towards positive risk-taking in the home, where residents were supported to remain as active, and independent, as possible. The person in charge had completed the self-assessment questionnaire on restrictive practice prior to the inspection, and had returned the completed questionnaire to the Chief Inspector. They had assessed their centre against the national standards, relevant to restrictive practice, and evaluated the centre as compliant in this area. Following this inspection, the inspector concurred with this assessment outcome.

Staff confirmed to the inspector that there were adequate nursing and care staff to meet the needs of residents and there was a daily programme of activities available. The roster seen confirmed this and residents told the inspector that they were well supported by staff. Staff were facilitated to attend training, such as safeguarding, restrictive practice, human rights and dementia care. The content of the training guided staff in providing care to residents, which prioritised choices and autonomy. Observations and conversations with some staff, on the day of inspection, indicated that staff had a good knowledge of the alternatives to restraint and an understanding of the issues underlying behaviours associated with dementia. They explained how residents would be facilitated to go out for a walk, to engage in some meaningful activity or to go to the privacy of their room, to prevent escalation of their behaviour or any personal distress. The inspector viewed records of these events in relevant care plans. These documents were used by staff and the medical team to understand the behaviour triggers and to plan how best to support such residents, in a non-pharmaceutical way. Complaints were seen to be recorded in detail and learning was disseminated to staff following any complaint. The person in charge said they trended complaints, to inform effective responses and to prevent reoccurrence of similar issues.

Residents were assessed prior to admission, to ensure the service was equipped to meet their diverse needs. A sample of these assessments, and the resultant care plans, were seen to contain information to guide staff on providing relevant, person-centred care. Care plan records, seen by the inspector, confirmed that residents' views, and those of their families, were incorporated into care interventions. The management team also described how residents had been facilitated to avail of the support of an advocacy service, which demonstrated an understanding of residents' rights, the regulations for the sector and the importance of independent, external voices, to support residents' wishes and human rights.

There was a restraint policy in place and the practices observed in the centre, reflected the key elements of this policy, which was based on the national policy on the use of restrictive practices in nursing home settings. A weekly and daily log was maintained on the use of any restrictive practice. Staff documented the hourly checks of residents' condition when bedrails or specialised chairs were in use. Members of the management team spoke with the inspector about the processes in place to monitor and reduce the use of restrictive practices. There were only two bedrails in use on the day of inspection and nine sensor mats (devices which alarmed on movement), to alert staff in a timely manner when anyone, assessed as at high risk of falls, attempted to walk unaided. Where bedrails were recommended, this was as a result of appropriate assessment by the multidisciplinary team, which included a physiotherapist and general practitioner. There was evidence seen that restrictive practice care plans were reviewed regularly, with a focus on ensuring the use of the least restrictive alternative. A consent form giving permission for the use of any form of restraint was available in care plans. To support and implement best practice, training was ongoing, resulting in an improved quality of life for residents.

Overall, the inspector found that there was a positive, enabling culture in Windmill House Nursing Home, which promoted the overall wellbeing of residents, while aiming to promote a person-centred, collaborative, approach to care.

## 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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