



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

Issued by the Chief Inspector

Name of designated centre:	Maryfield Nursing Home
Name of provider:	The Frances Taylor Foundation Chapelizod Company Limited by Guarantee
Address of centre:	Old Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	01 February 2024
Centre ID:	OSV-0000064
Fieldwork ID:	MON-0042767

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
Thursday 1 February 2024	09:00hrs to 14:20hrs	Margo O'Neill

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

This was an unannounced inspection to monitor the use of restrictive practices in Maryfield Nursing Home in Chapelizod. During the inspection the inspector found that there was an ethos in the centre of upholding residents' rights, ensuring residents' preferences and choices were respected and ensuring residents' voices were heard. Residents confirmed to the inspector that their right to choice was supported in all aspects of their life. The inspector also found that there was an ongoing drive to reduce the level of restrictive practice used, to move towards a restraint free environment.

The design and layout of the centre enhanced the quality of residents' lives. The centre contains 69 registered beds, all of which are provided in single en-suite bedrooms, which support residents' right to privacy. These bedrooms are located across four units, over three floors. The premises is a purpose built designated centre and the environment was observed to be a safe place, where residents' independence and freedom of movement is encouraged and maximised. Two passenger lifts and stairs were in place to facilitate residents' freedom of movement. There was clear directional signage throughout the centre to enhance wayfinding for residents and visitors.

The centre has a secure dementia specific unit called St. Brigid's Unit; this area has secure doors which require a swipe card for entry and egress. This along with the main exit from the centre, clinical areas such as clinical rooms and sluice rooms were the only areas found to be secure.

Residents had free access to two well-maintained internal courtyards from St Patrick's and St. Brigid's Unit, both contained seating which allowed residents to enjoy the outdoors. A number of safe balcony areas were also available which overlooked the courtyards. An extensive river-side garden to the rear of the centre with wide smooth paths suitable for wheelchairs and safe walking provided a calm and enjoyable space for residents to get exercise and take in river views.

Bedrooms had sufficient storage facilities for residents' personal items and a lockable space. Bedrooms were observed to be spacious and provided sufficient floor space for residents to carry out their activities and mobilise unhindered. Each bedroom was also fitted with shelving unit, a desk and chair to support residents with recreational or occupational activities as required. Residents were free to personalise their bedrooms with furniture, artwork and other items of interest. En-suite bathrooms and communal bathrooms were observed to be sufficiently spacious so that residents could receive support with personal care if required.

Each unit had a dining room and sitting room for residents to take their meals in. These were found to be bright spaces and all had courtyard views and were decorated to a good standard. Residents could also choose to take their meals in their bedrooms as per their preference. Residents were offered a choice of food dishes and drinks at each meal and alternatives were always available and offered if required. Residents reported positively regarding the food choices on offer in the centre and residents meeting records indicated that residents regularly provided feedback on this aspect of the service. Meal times were a relaxing and enjoyable experience for residents who engaged in conversation with other residents and staff.

There was a range of facilities for residents to use such as a hair salon, a library/computer room and a large oratory decorated with religious images and stained glass located by the main reception area of the building. The oratory was open at all times for residents to spend time in and many residents were observed to attend a special service for Saint Brigid's day. All areas in the centre were freely accessible with unrestricted access for all residents to spend time as they wished.

There was a positive approach to positive risk taking in the centre to ensure that residents living in the centre could still partake in meaningful activities. For example; residents who were deemed safe to do so continued to drive and had access to their own car. Appropriate risk assessment were completed to support this.

There was a focus on empowering residents to voice their concerns and to participate in the running of the centre. A resident representative had been appointed and met with the management to provide feedback on the service. Regular resident meetings were also held; records of these meetings provided to the inspector indicated a comprehensive agenda was covered and that there was active engagement from residents, discussion and feedback received by the provider to inform quality improvement and changes in the centre based on residents' preferences. For example, residents voiced that evening supper time was too early and the early morning drinks round was too late in one meeting. As a result management altered the times to meet the needs and preferences of residents. Annual resident satisfaction surveys were completed to gain feedback from residents regarding the service. This information was used to inform quality improvement plans for the service.

There was access to advocacy services for residents who wished to avail of independent support should they require it. This was advertised on notice/information boards on each floor.

Oversight and the Quality Improvement arrangements

The inspector found that staff and management of the centre were committed to promoting and achieving a restraint free environment to ensure and maximise residents' rights and choices. A self-assessment questionnaire had been completed by the management team prior to the inspection and submitted to the Chief Inspector of Social Services. This questionnaire detailed the service's responses to restrictive practices within the centre and provided a summary of all the approaches that the service was taking to reduce and eliminate restrictive practices.

A restrictive practice policy was in place gave clear guidance on how restrictive practice was to be managed. The centre's management outlined to the inspector that they had started a review of restrictive practices to focus on reducing restrictive practices and moving towards a restraint free environment in 2023. The following steps had been taken as part of the quality improvement plan; a restrictive practice committee had been established, a restrictive practice lead and a restrictive practice in-house trainer had been identified and had completed training and were in place to lead on the centre's approach to a restraint free environment. The person in charge outlined that all staff had completed an online training course in restrictive practice and that in-person face to face training was being rolled out to all staff over the coming months.

A restraint register was in place to record the use of restrictive practices in the centre and this was updated on a regular basis by management. This was used for the ongoing monitoring and trending of restrictive practices. From the records provided to the inspector it was clear that the level of restrictive practices used in the centre was progressively reducing. The person in charge clearly articulated, as well as staff who spoke with the inspector, that there was a comprehensive process which included assessment, risk assessment, discussion and education and the trialling of various alternatives before implementing restrictive practices in the centre. Where restrictive practices were required this was as a last resort, for the shortest period of time and with the least restrictive option available.

The inspector reviewed a sample of resident care records. These contained risk assessments and comprehensive person centred care records where restrictive practices were utilised. The rationale for the use of restrictive practice was recorded in relevant consent and clinical decision making forms. Records indicated that there was ongoing review and trialling of less restrictive alternatives where safe to do so and ongoing safety checks. Multi-disciplinary team reviews occurred to review the use of restrictive practices and to assess the impact of these practices on the residents' well-being.

Samples of restrictive practice care plan audits were provided to the inspector. The results of these were in line with the findings of the inspector and indicated overall good compliance.

A resident information leaflet that detailed the safe use of bedrails and explained the risks associated with bedrail use, had been developed and was provided to residents during the assessment process.

There were sufficient resources, such as sufficient staffing levels and alternative lesser restrictive equipment, available to support and promote a restraint free environment.

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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