



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

Issued by the Chief Inspector

Name of designated centre:	Araglen House Nursing Home
Name of provider:	Araglen House Nursing Home Ltd
Address of centre:	Loumanagh, Boherbue, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	15 September 2023
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0040667

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
Friday 15 September 2023	10:00hrs to 17:45hrs	Mary O'Mahony

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 the designated centre. Findings of this inspection were that management and staff had a clear commitment to providing person-centred care to residents as well as promoting their independence. Residents' in Araglen Nursing Home had a good quality of life, and the general consensus, was that residents' rights and independence were promoted and respected. On the day of inspection the atmosphere was relaxed and, in general, care was seen to be delivered by kind and knowledgeable staff.

Araglen Nursing Home is a designated centre for older people, registered to accommodate 91 residents, in mainly single, modern, fully ensuite rooms and eight double bedrooms. There were 22 vacancies on the day of this inspection and one resident was in hospital. The vacancies were mainly in the new extension, which is ready for occupation in the very near future. The provider explained that staff recruitment was almost completed, in preparation for new residents, once pre-admission assessments could be arranged. The centre is situated on the outskirts of Boherbue town and was purpose built in 2011. The centre was set in a scenic rural location, it was very nicely presented externally and there was plenty parking spaces to the front of the building.

On entry to the centre, the inspector's first impressions were, that the furnishing and maintaining the centre were of very good quality. There was a fresh, clean smell permeating around the home, resources had been invested in buying new, comfortable furniture, new sets of garden patio furniture, soft furnishings and painting, both internally and externally. The walls were decorated with lovely pictures, placed at a suitable height for residents' enjoyment. Signage was thoughtfully chosen, to aid orientation for residents and visitors. Some areas of the new extension had been opened, and management staff had a plan in place to ensure that the new staff office would be used by staff on that wing once additional residents were admitted. This would ensure good supervision and oversight of care, as well as, maintaining a constant presence of staff for residents in that area who required support and reassurance.

The inspection started with a walk around the centre with the person in charge. The inspector spoke with residents in their bedrooms, sitting room and dining rooms throughout the day. Some residents were in the process of getting up, some were relaxing, and others had visitors. One resident told the inspector that "it is a perfect place" and they went on to say "you are in the right place, not one complaint". Breakfast was served to residents in their bedrooms and some residents said they chose to have lunch in their bedrooms, however the majority of residents dined in the dining rooms. Meals were observed to be carefully presented in the beautifully decorated dining room and a number of choices, including home baked goods, were on offer at all meals.

There was a busy, happy atmosphere in the centre and visitors were present all day. A number of these spoke with the inspector and said they felt their family members were safe there and that there were no unnecessary restrictions on their freedom. However, later in the day one family, and a resident, raised issues of concern which

were brought to the notice of the provider and person in charge, who stated that these issues would be addressed, with a plan for improved communication and interactions, as addressed later in this report.

In general, staff actively engaged with residents and there was a social atmosphere in evidence throughout the day. However, the inspector observed some institutional practices, with large numbers of residents sitting in the main sitting room, set out in two rows, throughout the day. This restricted their privacy somewhat, as all residents could overhear personal conversations with visitors, the inspector, or staff. Some residents were observed to be effected by continuous vocalisations by one resident, and there was not much vacant space in the room to move to an alternative chair. The inspector spent some time in the day room in the morning and observed that suitable, varied music was playing on the large screen TV as well as newspaper reading and one to one interactions. In the afternoon a movie event was attended by a group of residents in the main sitting room, while those who did not wish to be involved sat behind this group, still in the same room. There were a number of alternative sitting rooms and relaxation places available in the centre, which may have been more suitable for the movie activity, and residents' enjoyment would have been enhanced if a second member of staff was present to facilitate two groups. However, one of the staff who organised activities was on holidays on the week of the inspection, and this meant that there was only one staff member, on that week, who was dedicated to coordinating and delivering activities for all 69 residents.

The inspector found that doors to the patios and gardens required key-pad access and all doors were seen to be locked on the day of inspection. Staff stated that this was not the usual situation and said that the doors had been open all summer, for external walks and garden use. Resident confirmed this and spoke of the lovely sunny days spent outside with staff and relatives. However, the day of inspection was windy and occasionally rainy, so staff said that doors were locked for that reason, as there was a high risk of falls in such conditions. Notwithstanding the weather, the inspector did not meet any visitors or residents who had access to, or knowledge of the exit codes, should they wish to put a coat on a resident and go walking outside. Staff readily supplied these codes when asked, but this could be inconvenient at busy times of the day when staff were not so accessible, due to attending to their duties. The person in charge stated that this would be addressed and new options developed to enhance a greater sense of freedom and independence for residents.

The inspector observed that notices were displayed encouraging residents to have their say, and to advise them about the advocacy services available to them. Staff said feedback was encouraged. An effective internal and external advocacy service was in place and this service was currently in use for a number of residents. A number of relatives spoken with said that in general there was good communication with staff, there was no problem visiting and that staff ensured residents were facilitated to go out with them to their homes, when this was requested. Other relatives spoken with said that that they sometimes found there was a delay in addressing concerns and would have to raise issues a number of times before these were addressed. The provider stated that training was scheduled for the complaints' officers, in line with the updated requirements of the regulations on complaints

management, and a number of new personnel had been charged with becoming more proactive in addressing issues with more timely interventions.

Residents were supported and facilitated to maintain personal relationships in the community. For example, they occasionally visited local shops and the 'grotto' with family, or the activity personnel. Residents spoke about this, and how much they enjoyed going out and said they would like more opportunities for this. However, the inspector saw, in minutes of the last residents' meeting, that access to suitable transport restricted outings of more than two residents at the time, which was not conducive to sufficient outings and to group socialisation in the community.

The majority of residents spoken with, praised the staff for their patience, their care and respect. They loved seeing the hairdresser coming in every couple of weeks and enjoyed spending time in "the lovely hairdressing salon", as well as engaging with staff from activities, external musicians and the physiotherapist. This added a social, interesting dimension to their days and they looked forward to these events. Residents spoke with the inspector about the summer parties and also described the great celebration on the day prior to the inspection, when one resident was crowned the "Rose of Araglen". Residents had dressed in lovely dresses for the occasion, their makeup was done and they were provided with appropriate accessories and tasty snacks. Male residents were described as "resplendent" when dressed up as escorts and there was a great afterglow of fun and satisfaction palpable among residents, who said that it was such a "memorable" and enjoyable day. They were looking forward to the photographs of the event and the inspector saw the winning tiara and sash, in the bedroom of the newly crowned "Rose"

The inspector spoke with staff and they stated that they understood their role in facilitating and supporting the psychological and social well-being of residents. They said they helped to facilitate activities, such as providing singing, gardening, shopping and hand massages, especially at the weekends. The person in charge, who was newly appointed, stated that she would continue the work of the previous personnel, and strive to improve the social lives and activities for residents, in order to provide a holistic care model. Nevertheless, while external facilitators were employed to provide some activities for residents' on certain days, the inspector found that residents' social lives and freedoms, would be enhanced by having an additional staff member, dedicated to activities, at times of annual leave and to provide oversight of this aspect of residents' lives at weekends. This was significant as the building had a diverse and expansive layout, including a specialised unit, Bluebell, dedicated to caring for those with dementia. This additional activity staff deployment would provide continuity, ensure all residents were involved, and improve oversight and communication with all staff and management. On the day of inspection there were some one-to-one activities observed, which residents greatly enjoyed, especially in the dementia unit, where staff were seen to sit at tables with residents, chatting, reading and doing card games. Additionally, ball games were initiated and cups of tea were on hand from the unit kitchenette, when requested. These activities were seen to be adjusted to meet residents' needs and capabilities, by a group of caring and responsive staff.

Oversight and the Quality Improvement arrangements

Araglen Nursing Home was a designated centre that generally promoted a restraint-free environment through effective and careful management. There was a clear governance structure in place and the management staff demonstrated a commitment to quality improvement, in respect of restrictive practices and had achieved a very good standard. There was a proactive approach towards positive risk taking in the home, where residents were supported to make key decisions about their life. The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the national standards relevant to restrictive practice in the centre, evaluating the centre as, substantially compliant, in this area. 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 were, generally, two staff member allocated to support the provision of activities in the centre. Training attendance was being monitored in the centre and staff were supported and facilitated to attend training, such as safeguarding, restrictive practice and dementia care. This training supported staff in providing care to residents that maximised their potential, supported their independence and facilitated choice and autonomy. The person in charge stated that a review of some training was being undertaking; for example, additional staff were scheduled to attend restrictive practice training and there was a plan in place to ensure that staff commenced training on a human rights-based care approach, which would further strengthen the ethos of person-centred care. In addition, staff were scheduled to attend refresher training in managing the behaviour associated with the behaviour and psychological symptoms of dementia (BPSD). Observations and conversations with some staff, on the day of inspection, indicated that staff would benefit from a deeper understanding of the issues underlying some behaviours, and also support staff in developing strategies for deflection and distraction techniques, such as external walks and facilitating the use of additional sitting rooms, to afford space and choice. Complaints were seen to be recorded in detail: nevertheless, there were issues relating to poor communication seen in a number of complaints, which indicated that there was a need to ensure learning was disseminated to all staff following a complaint, to prevent a reoccurrence of a similar issue. The person in charge undertook to audit and trend complaints to inform practice and improve interactions and responses to complaints.

Residents were assessed prior to admission, to ensure the service was able to meet their holistic needs, including communication strategies and medical conditions. A sample of these assessments and residents' care plans were reviewed and these were seen to contain relevant information to guide staff on providing relevant, personalised care. Care plans records, seen by the inspector, confirmed that resident's views and that 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 the importance of independent voices, to support residents' wishes and choices.

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' welfare, when bedrails or specific, 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. By way of example, the provider and management team audited and reviewed restrictive practices in the centre, which related to the use of bedrails and this was seen to promote a reduction in their use, where the need for these restrictions had not been demonstrated. Where bed rails were recommended, this was as a result of appropriate assessment and recommendation by the multidisciplinary team, which included a physiotherapist and general practitioner. There was evidence seen that restrictive practice care plans were reviewed on a regular basis, with a focus on elimination of the restrictive practice or trialling a least restrictive alternative. Consent form giving permission for their use, were used in practice. To support and implement best practice, further training was planned, to ensure there were improved outcomes for residents.

Overall, the inspector found that there was a positive culture in Araglen Nursing Home, which promoted the overall wellness of residents, while aiming to promote a person-centred, least restrictive, approach to care. Nonetheless, residents' quality of life would be enhanced by training staff in a human rights-based approach to meeting and understanding residents' needs, refresher training on BPSD to provide for enhanced choice for those with dementia, and training on communication skills to enhance understanding of interactions that promote ongoing confidence in care and support the well-being of all residents.

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.

**Substantially
Compliant**

Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction 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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