



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

Issued by the Chief Inspector

Name of designated centre:	Willowbrook Nursing Home
Name of provider:	Galteemore Developments Limited
Address of centre:	Borohard, Newbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	20 June 2024
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0042160

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 20 June 2024	08:30hrs to 14:30hrs	Sinead Lynch

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

This was an unannounced focussed inspection on the use of restrictive practices. Improvements in restrictive practices would enhance the quality of life and autonomy of residents living in the centre. The culture within the service promoted person-centred care however, not all the restrictions in place were identified by staff as a restrictive practice.

On arrival to the centre residents were observed in communal areas and some residents remained in their bedrooms. Breakfast was being served and staff were assisting residents with their meals while other staff were assisting residents with personal hygiene needs. Staff were observed to be interacting with residents in a respectful manner by knocking the bedroom doors before entering or calling out to a resident to inform them of who they were before they entered.

From observation staff were very aware of resident's wishes and also guided by their care plans. Staff were clearly aware of what restraints each resident used and required and were always seen to ask residents if they were ok before leaving them.

There were enclosed gardens accessible to residents and their visitors with safe paving in place and adequate seating. Residents were observed to be out for walks, some alone and others residents supported by staff.

Residents' were observed enjoying activities in the centre. On the day of the inspection, mass was planned for the afternoon. Residents were encouraged to join activities and to attend outings. One resident who spoke with the inspector said they enjoyed an afternoon going out for coffee and shopping with some staff. While another resident said they loved to go to the pub for a pint.

There were no restrictions on when residents could access their bedrooms or the communal areas. Some residents remained in their bedroom throughout the day while other residents attended activities in the centre. One resident informed the inspector that it was their wish to remain in their room for the day, however, they would join the other residents for Mass in the afternoon.

Minutes of residents meetings were reviewed by the inspector. There appeared to be a good attendance for each meeting which took place regularly. Residents said they had a say in how the centre was run, they attended the resident meetings where they voiced their opinion and they said that they were listened too.

There was an external advocacy service made available to residents, details of which were displayed on the notice board. Some residents had previously accessed these advocacy services with the support of management and staff.

Overall, residents and visitors who spoke with the inspector expressed a high level of satisfaction with the service provided. Residents stated that they were well looked after and felt safe in the centre.

Oversight and the Quality Improvement arrangements

The governance and management structure in the centre was well-established and worked effectively. There was a person in charge who commenced in their role in 2023. They were supported in their role by a clinical nurse manager (CNM) and a team of nurses and healthcare assistants.

The centre had made good progress in their aim to become as least restrictive as possible for their residents to live a fulfilled life. The training provided to staff in relation to restrictive practice had encouraged them to take a positive risk approach. However, there were two staff who had yet to receive this training.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessments and care planning were used to safeguard and maximise residents' well-being.

The person in charge and the clinical nurse manager (CNM) had prepared a register of restrictive practices in place in the centre. This register was well maintained and updated as needed. However, there were restrictions in place that were not identified on the restrictive practice register. These included a resident's assisted bathroom on the 1st floor which was not available for residents use. This was not accessible to a resident who was residing on this floor. In preparation for meal times the staff were assisting residents in the day room. Staff applied protective covers over the residents' clothes without seeking prior consent. Resident's rights were not upheld and decisions were being made for residents by staff without prior consultation.

Some of the restrictive practices that were recorded were; four bed rails, nine low-low beds and two lap belts. The identified restrictions were risk assessed and documentation indicated that lesser restrictions had been trialled prior to their use. There were very detailed care plans in place indicating the reason for their use,

continuing to obtain residents consent each time they were applied and ensure the restraint and release check list for each resident was maintained. In addition, care records reviewed showed that residents with restrictive practices in place were checked every two hours and these checks were consistently recorded by staff. Care records viewed by the inspector confirmed that resident's views and preferences were incorporated into the care plans and they were easy to follow.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. There was a restrictive practice group set up in the centre involving members of the multidisciplinary team and a restraints register had been established to record the use of restrictive practices in the centre and was updated as required. There was a restrictive practice audit in place which indicated how compliant the staff were in being guided by the policy and residents requests and also identified when improvements were required.

Overall, the inspector found that there was a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre and their loved ones. However, the management team had yet to ensure that resident's rights were upheld in relation to restricting residents from using an assisted bathroom on the 1st floor and the automatic use of items to protect residents clothing at meal times.

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.
-----	---