



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

## Issued by the Chief Inspector

Name of designated centre:	Gormanston Wood Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Gormanston, Meath
Type of inspection:	Unannounced
Date of inspection:	03 July 2024
Centre ID:	OSV-0000131
Fieldwork ID:	MON-0043735

## 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 3 July 2024	09:30hrs to 15:00hrs	Sheila McKevitt

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

The inspection of Gormanston Wood Nursing Home was unannounced and carried out as part of the 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 respect for residents was promoted in the centre and person-centred care approaches were also evident. Several residents spoke with the inspector on the day of inspection.

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. However, residents' rights were not upheld to the same degree in all four units. For example, the inspector found that although residents were supported by staff to remain independent and have their rights upheld, the internal and external environment required review to ensure it supported a rights-based approach to care.

Following an introductory meeting, to explain the process of the restrictive practice thematic, the assistant director of nursing accompanied the inspector on a walk around of the centre. The inspector spoke with many residents during this walk around. One resident told the inspector that "staff were brilliant" and another said they "look after me very well".

Residents were being assisted with personal care and some were having their breakfast in their bedroom. The inspector observed that during personal care the residents' bedroom door was closed hence, their privacy and dignity was maintained by staff. However, a high number of bedroom doors did not have a privacy lock in place. This denied residents the right to maintain their privacy while in their bedroom. Staff were seen to engage with residents in a kind and respectful manner during this time. Staff spoken with were generally aware of the reason for some restrictions, however they were not aware why two residents had bed rails in insitu.

Residents knew their way around the centre and the location of their own bedrooms, which were seen to provide a comfortable personal space to maintain their clothes and personal possessions. Residents had personalised rooms with pictures and personal furniture. Signs to orientate and direct residents throughout the centre were clear and well-positioned.

There were a number of secure outdoor areas for the residents to use. On the day of inspection the inspector observed only one being used by the residents. The inspector observed that residents in one of the four units could not access the two gardens off the unit. The doors to both these gardens were locked and staff held the key to open the doors. This restricted the residents living in this unit access to the gardens; as the unit was secure, they were also restricted from leaving the unit.

The smoking area used by residents in one unit was not safe as there was no access to a fire blanket, fire protective clothing or call bell. In addition, one internal smoking room did not contain fire protective clothing for use by the residents. There was no

safe equipment available to enable residents to ignite their cigarettes independently. Therefore, some had their lighters restricted from them denying them the right to smoke when they wished to do so.

The complaints procedure and details of advocacy services were accessible to residents in all units. Information regarding meal choices and the activity schedules were on display and available to the residents also.

The residents were seen to be engaged in activities during the inspection. On the morning of inspection some residents were taking part in an arts class. Many of the residents expressed that this was really important to them. In the afternoon there was a music session planned. Residents spoken with were very happy with the activities provided for them.

Residents spoken with at lunch time in the dining room gave positive feedback about the food served and the choice at every meal. Meals were pleasantly presented and looked appetising and although the daily menu was displayed in the dining room, residents who required the consistency of their diet altered did not receive the same choice as those residents who could eat a normal diet.

Mealtimes were seen to be a very social experience for the residents on three of the four units. On dementia unit, some residents were served their lunch in the dining room where they were seated at individual bedside tables and ate their lunch alone. These residents did not have access to condiments and did not enjoy the same dining experience as residents on the other three units.

Residents needing assistance during the meal were given this in respectful and calm manner. Residents were able to have their say on the service received during regular residents meetings.

Overall, the inspector found that the culture in Gormanston Wood Nursing Home was one where the well-being of the residents was promoted and where a rights-based approach to care delivery was in its infancy.

## Oversight and the Quality Improvement arrangements

The provider had a comprehensive governance structure in place to promote and enable a quality service. The person in charge and the other staff members spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and, when in use, their use was for the shortest amount of time. A small number of bedrails and lap belts were used in the centre at the time of inspection and there were no sensor alarms in use. However, six residents had access to their cigarettes and, in some cases, their lighter restricted.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. This had been submitted to the Chief Inspector prior to the inspection. The findings from this inspection was that they were substantially compliant with the standards relevant to restrictive practices.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy, caring for adults with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) policy, positive risk-taking policy, and a consent policy. However, the restraints policy was not detailed enough to guide practice.

There was a restrictive practice committee in the process of being set up in the centre. A restraints register had been established to record the use of restrictive practices and it was updated on a monthly basis. There was a restrictive practice audit in place which indicated how compliant the staff were in being guided by the policy and identified when improvements were required, however, the audit tool required review to ensure it covered all areas of restrictive practice.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. There were two different restraint risk assessments in use, one included the alternatives trialled and one did not, therefore some residents assessments did not reflect the alternatives trialled prior to restraint being used. Residents with restrictions in place were found to have detailed care plans in place and although the care plans of those using bed rails stated they were to be checked hourly when in use, the inspector observed that these checks were not recorded for all those with bedrails in use.

The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors, which were wide. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible. The inspector was satisfied that residents were not unduly restricted in their movement around the centre and within their specific unit.

Residents had access to a multi-disciplinary team (MDT) to support in their assessments including assessments of restrictive practices. The MDT comprised of the physiotherapist, occupational therapist and general practitioner (GP) and there was evidence that each resident with restraint in use had been assessed. However, the restraint consent form did not reflect all those consulted with prior to the clinical decision being made to use each form of restraint. Consent was sought from the residents if appropriate.

Staff were appropriately trained in safeguarding vulnerable adults, responsive behaviours, restrictive practice, and ongoing training was scheduled to ensure all staff training remained current. However, further training was required in relation to a rights-based approach to care, assistive decision-making and advocacy.

A restraint-free environment was being promoted to ensure a good quality of life was experienced by residents. However, further improvements were required to ensure the practice was fully established and to ensure a rights-based approach to care was embedded in the culture and the independence of residents was promoted in accordance with the centre's statement of purpose.

## 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.

<b>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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### 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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