



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

## Issued by the Chief Inspector

Name of designated centre:	Elm Green Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	New Dunsink Lane, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	27 June 2024
Centre ID:	OSV-0000133
Fieldwork ID:	MON-0042860

## 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
Thursday 27 June 2024	08:00hrs to 14:15hrs	Helena Budzicz
Thursday 27 June 2024	08:00hrs to 14:15hrs	Aislinn Kenny

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

This was an unannounced inspection focused on the use of restrictive practices. Residents in Elm Green Nursing Home had a good quality of life, and those who spoke with inspectors were unanimous that their rights and independence were promoted and respected. Residents were generally supported in making choices about their daily routines and life spent. Residents said that they liked living in the centre and that the staff were always respectful and kind to them. Notwithstanding this, the inspectors identified that some practices were not appropriately risk-assessed in the restrictive practice register. These findings are discussed throughout the report.

The atmosphere in the centre was peaceful and relaxed, and care was observed to be delivered in an unhurried manner. Inspectors observed that breakfast was served in the residents' bedrooms or the day rooms in the centre. Staff were observed speaking with residents kindly and respectfully and interacting with them in a friendly manner. Bedrooms were personalized to the residents, containing family photographs and personal belongings, creating a sense of home and comfort.

Inspectors observed residents moving without restrictions in various areas throughout the centre; for example, some residents were going outside of the centre, some were walking in corridors, and others were sitting in communal rooms. There was a comfortable familiarity between the staff and residents, and everyone appeared to be comfortable in each other's company. Some residents chose to remain in their bedrooms, listening to the radio, talking to their visitors, and reading the daily newspaper. Inspectors saw that there was unrestricted access to the centre's courtyards or balcony.

The inspectors observed residents engaging in social activities led by a member of the care staff in various areas of the day room. Inspectors were informed that residents frequently went on day trips on the centre's bus, with different outings planned each month. Some of the residents were supported to go home over the weekend or do different outings according to their interests and capabilities. All residents could access the oratory, hairdresser room and indoor smoking room.

The inspectors observed that mealtime in the centre's dining rooms was a relaxed and social occasion for residents, who sat together and conversed together. Residents were happy with the choice and frequency of activities and told the inspectors that staff would give them another meal if they didn't like something and that there were always plenty of choices and food available. Other residents complimented the deserts prepared in the centre. The inspectors saw that there were adequate numbers of staff available to provide assistance with residents' meals in their bedrooms or in the dining room, and this was provided discretely and in a manner that supported residents to maintain their independence and dignity.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were observed to receive care and support from staff, and the care was person-centred and respectful. There was evidence of assessment and analysis tools used for managing responsive behaviours and detailed supportive plans were in place to ensure the safety of residents and staff.

The centre had adequate arrangements for regular residents' reviews by a general practitioner (GP), psychiatric nurse consultant, geriatrician, psychiatrist of old age, and the community liaison team (CLT) from a local hospital.

Residents had an opportunity to voice their compliments, complaints and concerns at resident meetings, which took place on a regular basis. They had access to advocacy services, the contact details of which were on display in the centre.

Inspectors observed that there were no restrictions on residents' visitors, and visitors were seen coming in and out during the day. Some family members were seen supporting residents for their hospital appointments.

## Oversight and the Quality Improvement arrangements

Overall, the findings of the inspection reflected a commitment from the provider to ongoing quality improvement, with a continuous focus on providing person-centred care and promoting residents' rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to the use of restraint as substantially compliant in some areas. While good practice was identified on the day of the inspection, areas for improvement were highlighted and discussed with the management of the centre on the day, and they are described in this report.

There was a restraint policy in place, including emergency or unplanned use of restrictive practices that guided staff in the use of restrictive practices. The policy was reviewed at regular intervals to ensure it contained current and up-to-date information.

From the training records available, inspectors were assured that staff were supported and facilitated to attend training relevant to their roles and responsibilities, such as safeguarding vulnerable people, residents' rights, dementia and responsive behaviours and restrictive practices.

The pre-admission assessment was completed prior to admission of each resident, and it included a restrictive practices review to ensure that the centre could meet the residents' needs after admission. On admission, care plans were developed to guide staff on the care required.

The restrictive practices identified on the centre's register included physical practices such as bed rails, alarm mats, and controlling access to cigarettes and lighters for residents who smoke, as well as environmental practices such as door locks, swipe access control, and window restrictors. Inspectors saw that consent for the use of bed rails was sought according to the centre's policy, and appropriate risk assessment and care plans were in place. However, on the day of the inspection, inspectors observed that other equipment was in use, such as grab handles on the side of the resident's bed, low-low beds with crash mats, bed wedges, bed bumpers, reclining chairs and lap belts and some beds were positioned against the wall. The management of the centre informed inspectors that they discussed these practices with the residents or their representatives. For example, they informed them that the bedrail doesn't need to be in use when the bed is positioned against the wall. However, these practices were not appropriately risk assessed and monitored as restrictive practices, enablers or alternatives for restrictive practices on the restrictive practice register. It was evident that there was a lack of understanding and recognition of the differences between restrictions and enablers. These practices were also not reflected in the associate care plans.

A governance structure was in place to support the oversight of restrictive practices. The centre's nursing staff collated and monitored information on restrictive practices in the centre's KPIs (Key Performance Indicators) on a weekly basis. Weekly reports were completed and submitted to the group operational management for review. A restrictive practice register was in place, and an overall overview of the restrictive practices used in the centre was provided. This register was reviewed on a four-month basis. However, the centre's policy on restrictive practices advised that the register should be reviewed every month.

There was evidence that the completed audits for bed rails and a restraint and enablers audit were analysed, and action plans were developed where improvements were required. The audits' outcomes were used for continuous quality improvement plans in the centre; however, while there was clear evidence of the reduction of restrictive practices recognised in the centre, the restrictive practices/ enablers seen in use on the day of the inspection were not included in the audit's findings.

The person in charge informed the inspectors that they were planning to implement a restrictive practice committee to provide additional oversight and support to residents and staff members.

Overall, the inspectors found that there was a culture supporting positive risk-taking and residents' rights were respected in Elm Green Nursing Home. While opportunities for improvement in the monitoring of restrictive practices were identified during the inspection, it was clear that residents enjoyed a good quality of life to the best of their abilities.





## 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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