



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

Issued by the Chief Inspector

Name of designated centre:	Swords Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Mount Ambrose, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	04 June 2024
Centre ID:	OSV-0000181
Fieldwork ID:	MON-0043162

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
Tuesday 4 June 2024	08:00hrs to 13:25hrs	Helena Budzicz

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

This was an unannounced, focused inspection of the use of restrictive practices in the designated centre. This centre has a positive approach to restrictive practices and is working towards implementing a human rights-based approach to care. Residents were well-presented in their appearance and told the inspector they were happy living in the home.

The staff members were observed to provide care in a caring and compassionate manner. Staff and residents engaged well with one another and were comfortable in each other's company. It was evident to the inspector that the person in charge was also well-known to the residents and had spent time getting to know them. The visitors and residents confirmed they found the staff nice and had no issues or concerns, but if they had, they were confident that any issues raised would be addressed.

There was sufficient space within the centre for residents to mobilise around according to their abilities. Staff on duty demonstrated that they were aware of each resident's interests and hobbies and how and where they liked to spend their days. Residents who spoke with the inspector confirmed that they were free to choose where they spent their days and could have a lie in their bedrooms when they wished.

Overall, the centre was well-maintained, with suitable furnishings, equipment and decorations. Residents were also able to personalise their own rooms, and many contained items that were personal to that individual. There were signs to orientate and direct residents throughout the centre. The inspector observed that there was free access to the garden area.

The residents' dietary requirements were well-catered for, and all residents were offered a choice on the daily menu. Residents were being assisted with personal care, and some chose to go to the sitting room. They were seen chatting with each other or watching TV while enjoying their breakfast. Others decided to have their breakfast in their rooms. It was evident during the day that residents were engaging in lively conversations, fostering a sense of community and companionship.

Residents spoken with at lunch time in the dining room gave positive feedback about the food served and the choice available at every meal. The dining room was directly accessed by the kitchen, and the chef assisted with serving meals, ensuring they were served warm and presented appetisingly. Residents were observed to be given a choice of drinks and meals.

Residents had access to a schedule of activities, and they told the inspector that they were happy with the choice and frequency of activities. One resident said that 'the atmosphere in the centre is good. The exercises, the quizzes, the music, we do

everything. I found things here I haven't had since I was a child. It's better than a college. The staff never refuse to do anything for us.'

The inspector reviewed the minutes of the residents' meeting, which indicated that comments raised by residents were listened to, actioned and reviewed if the residents were happy with the implemented changes. Residents were supported to access national advocacy agencies if required or if they requested this.

Visitors were observed visiting their loved ones without restriction throughout the day. Residents and their relatives confirmed that there were no visiting restrictions in place.

Oversight and the Quality Improvement arrangements

In general, there was effective oversight of restrictive practices in the centre, and it was clear that the provider was working towards a restraint-free environment in order to maximise resident's rights and choices.

Prior to the inspection, the person in charge completed a self-assessment questionnaire, which looked at the centre's responses to restrictive practices within the centre.

A restraints policy was in place, which clearly guided how restrictive practice was to be managed in the centre. This policy also includes emergency or unplanned use of restrictive practices that guide staff in the use of restrictive practices.

The pre-admission assessment was completed prior to each resident's admission and included a restrictive practices review to ensure that the centre could meet the residents' needs after admission. The inspector reviewed the care plans for residents who had restrictions in use and found that detailed care plans had been developed.

The centre had a low incidence of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). 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.

Restrictive practices were reviewed monthly, and the review considered the type of restraint, the alternatives trialled, and the results of each trial. Where restrictions were in place, there was evidence that they were used for the shortest time, and the time from when the restriction was put in place to when it was removed was monitored and recorded. A restrictive practice committee was in place, and there was evidence that restrictive practices were reviewed on a regular basis.

Discussions with various members of staff and a review of the training record confirmed that they had attended a range of appropriate training such as restrictive practice, dignity in care, dementia care training, safeguarding of vulnerable adults and residents' rights training.

Restrictive practice data were collected weekly through the centre's key performance indicators (KPIs) and a variety of audits. There was evidence that the audits were analysed, and action plans were developed where improvements were required. The outcome of the audits was used to develop continuous quality improvement plans in the centre.

In summary, the inspector identified that the provider was actively promoting a restraint-free environment in the centre. The residents spoken with were satisfied

that they were supported to live as independently as possible without unnecessary restriction.

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.
-----	---