



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

Issued by the Chief Inspector

Name of designated centre:	Darraglynn Nursing Home
Name of provider:	Darraglynn Nursing Home Limited
Address of centre:	Carrigaline Road, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	31 May 2024
Centre ID:	OSV-0000220
Fieldwork ID:	MON-0043818

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 31 May 2024	08:45hrs to 14:15hrs	Robert Hennessy

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

The inspection of Darraglynn 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*. It was evident that there was a respect for residents promoted in the centre and a person centred approach was taken

There were 25 residents living in Darraglynn Nursing Home on the day of inspection. The centre was situated on a sloped site with resident accommodation on the ground floor and facilities such as the laundry and storage in the basement, with secure access to this level to the rear of the building. There are 22 single rooms and two shared rooms in the centre. Many of the rooms are en suite and the other residents had bathrooms in very close proximity to their bedrooms. The shared bedrooms were large and had large areas which the residents could use the privacy curtains to undertake activities in private. Residents' rooms were spacious and had been decorated in a personalised manner.

During a walk around of the centre, residents were seen having breakfast and being offered choices of what they would have. The lunch time choices for later in the day were available to residents. Other residents were being assisted with personal care in the privacy of their rooms. It was evident that residents were getting up at their own time in a relaxed and calm manner.

The centre was well maintained and clean, areas had recently been painted and refreshed. There were old pictures of areas familiar to the residents hung throughout the centre. The corridors and rooms were wide for residents to mobilise. There were hand rails in the centre to assist resident mobilising.

The dining area looked out over the mature garden which was well furnished and maintained. The door to the enclosed area was open for the residents to use. The weather on the day of inspection was good and residents were seen using the outdoor area. The front door was key coded, the code was available to residents that were able to use this.

The residents were engaged in activities during the inspection. The activity co-ordinator was seen undertaking one to one activities with the residents followed by group activities. Residents spoken with were very happy with the activities available. Residents spoke about going on outings such as shopping on regular basis with family members. There was an extensive activity program in place for the residents, with an activity co-ordinator and people coming in from the local community to provide activities.

One resident that was under 65 in the centre was supported by an outside service for activities that were more suitable and person centred for the resident. One resident who had just moved to the centre, requested a larger television for their room and this was provided by the centre. WIFI was available to residents and this enabled

residents to have television systems that they could access many channels of their choosing and use tablets and other devices for entertainment.

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. The daily menu was displayed in the dining room. Mealtimes were seen to be a very social experience for the residents and staff engaged with residents in a positive manner. Residents needing assistance during the meal were given this in respectful and calm manner.

All staff were seen interacting with residents in a positive and respectful manner throughout the day of inspection. Staff were aware of the restrictions in place for some residents in the centre and understood the rationale for the use of these restrictions. Staff also had knowledge on how to work for residents that had behaviours of concern. The management of the centre also knew the residents and their needs well. The staff team also knew the visitors to the centre and were very welcoming to them.

In the hallway there was information about the centre and regarding making complaints. The inspector viewed the complaints log in the centre, at the time of inspection there was no complaints open, there was evidence that previous complaints had been managed and closed out to the complainants' satisfaction.

Overall, the inspector found that the culture in Darraglynn Nursing Home promoted the well-being of the residents and a person centred approach was the goal of the staff working in the centre.

Oversight and the Quality Improvement arrangements

The provider had a comprehensive governance structure in place to promote and enable a quality service. The PIC and the other staff members spoken with on the day of inspection were committed to ensuring restrictive practices, such as bedrails, were kept to minimum. Staff in the centre strove to uphold the rights of the residents.

The centre had a policy on restraint which was up to date and reviewed. Staff members spoken with on the day of inspection displayed awareness of the policy and its function.

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 inspector reviewed the care plans for residents who had bedrails in use and found that detailed care plans had been developed. The inspector also viewed care plans for a resident, who experienced behaviours of concern. Personalised strategies and interventions were outlined for staff, and these were seen to coincide with the guidance provided in the centre's policy. These interventions were seen to promote care and responses which were least restrictive.

Where necessary and appropriate, residents had access to low-low beds, instead of having bed rails raised. The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors. Resident 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.

Where restrictions were in place there was evidence that they were used for the shortest time and the time the restriction was put in place to when it was removed was monitored and recorded.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised the physiotherapist, occupational therapist and general practitioner when required. Documentation reflected consultation and discussion was an on-going process regarding people's care and welfare including restrictive practice.

Consents forms were used and signed by the resident. Documentation was also in plan to review the restrictive practices in place on a regular basis. Evidence that restrictions had be removed for residents that did not require them after assessment was provided and the rationale for keeping the restrictions, which were at a low level, were also made available. 7

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, and ongoing training was scheduled to ensure all staff

training remained current. There was adequate staff in the centre during the day and night from the staffing roster.

The centre maintained a log of complaints where the complaints, resolution and complainants satisfaction were recorded. Clear documentation was available to show how complaints were dealt with and the processes gone through to resolve the complaint.

A restraint-free environment was championed in the centre to support a good quality of life that promoted the overall wellbeing and independence of residents 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.

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.
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