



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

## Issued by the Chief Inspector

Name of designated centre:	Deerpark Nursing Home
Name of provider:	Deerpark Nursing Home Limited
Address of centre:	Deerpark Nursing Home, Lattin, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 May 2024
Centre ID:	OSV-0000222
Fieldwork ID:	MON-0043575

## 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 9 May 2024	09:00hrs to 16:10hrs	Mary Veale

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

This was an unannounced focussed inspection on the use of restrictive practices. Residents were supported to live a good quality of life in this centre. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individual residents. There was a person-centred culture of care in the service and the use of restrictive practices had been kept to a minimum and had steadily reduced over the past number of years.

Deerpark Nursing Home is situated near Tipperary town in Co. Tipperary. The centre is registered for 33 beds. The centre provides long-term care and respite care. On the day of inspection there were 33 residents living in the centre. The centre was a purpose built single storey building. The environment was homely, clean and decorated tastefully.

The inspector observed residents in various areas throughout the centre, for example some residents were leaving the dining room following breakfast, some residents were walking in corridors and others were sitting in communal rooms. The atmosphere was relaxed and calm. The inspector observed that a small number of residents were in their rooms on the day of inspection. Some residents had their bedroom doors closed and privacy screens were in use in the shared rooms. Staff were observed discreetly assisting residents and knocking on doors before entering bedrooms.

The design and layout of the centre did not restrict the residents' movement. The inspector observed residents in the centres communal areas and attending the hairdresser in the visitor's room on the morning of inspection. The centre comprised of a single storey building with 13 single bedrooms and 10 double rooms. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, and personal belongings. The centre was suitably and comfortably decorated with many homely features and bright communal areas with lots of natural light.

Residents had access to a large enclosed courtyard garden from areas of the corridor. The courtyard had artificial grass, level paving, comfortable seating, tables, and flower beds. The inspector was informed that residents were encouraged to use the garden space. On the day of the inspection all doors to the internal courtyard were open and residents were observed outside enjoying the sunshine.

An electronic locking system was observed in place on the front door into the main reception area. The risk of having the door electronically locked was regularly assessed and reviewed in the centre's restrictive practice register and it was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. The inspector was informed that residents who were able to use the key-code pad could do so if they wished. The inspector observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents were seen

mobilising independently and with the use of mobility aids around the centre throughout the day.

Residents told the inspector that they were consulted with about their care and about the organisation of the service. Residents said that they felt safe in the centre and their privacy and dignity was respected. Residents told the inspector they liked living in the centre and that staff were always respectful and supportive. Residents told the inspector that their call-bells were answered promptly and they were content and well looked after in this centre.

Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences.

There was adequate supervision of residents with staffing levels on the day of inspection suitable to the assessed needs of the residents. Staff were supported to perform their respective roles with ongoing mandatory and additional training. However; not all staff whom the inspector spoke with were aware of practices that may be restrictive, for example, low beds, and bedrails. A number of staff whom the inspector spoke with did not demonstrate a good understanding of the types of abuse residents could be at risk of and safeguarding procedures.

The centre had an internal smoking area but on the day of inspection there were no residents who smoked.

Residents were complimentary of the home cooked food and the dining experience in the centre. Residents stated that the quality of the food was very good. Residents told the inspector that they could have breakfast in their bedrooms up to 10:30 if they wished. The inspector observed the dining experience at dinner time from the living room. The dinner time meal was appetising, well presented and the residents were not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times. Residents were observed chatting and laughing with staff and fellow residents throughout the meal time experience.

Arrangements were in place for residents to feedback and contribute to the organisation of the service. Residents told the inspector that the person in charge and nurse managers were always available to them and were responsive to their needs and requests. In addition to this informal feedback, there were monthly residents' meetings and an annual satisfaction questionnaire for residents was completed. Residents whom the inspector spoke with said that their family and friends could attend the centre any time other than outside of restrictions during outbreaks of infections. Visitors told the inspector that the centre always communicated with them about changes to care and any concerns they had. Residents were supported to access the SAGE advocacy and the national advocacy agency if required or requested. Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The centre had an activities co-ordinator for providing activities in the centre and the inspector observed group activities taking place in the

morning and afternoon on the day of inspection. Residents enjoyed daily group exercises, bingo, and enjoyed music sessions. A number of residents told the inspector that they enjoyed going to a weekly dance in the local town and the weekly cheese and wine party. Residents were happy with the choice and frequency of activities and told the inspector that staff go out of their way to facilitate their requests and needs. The residents had access to internet services. The inspector was informed by a resident that they particularly enjoyed watching 1980's television series on a streaming channel. Visitors were observed coming in and out of the centre throughout the day and told the inspector that they were always welcome and were assured of the care provided. The inspector was informed that the provider had a dog who visited the centre most days.

## Oversight and the Quality Improvement arrangements

There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The person in charge and nurse management were familiar with the guidance and had been working with the nursing and care team to reduce where possible restrictive practices. The centre had completed the self-assessment questionnaire and had developed a targeted improvement plan. Resources were made available for equipment such as low to floor beds. Sensor mats were not in use in the centre at the time of inspection. Staff had undertaken mandatory training in restrictive practice and in dementia awareness training which included the management of challenging behaviour.

Overall there were good governance structures in place with ongoing auditing and feedback informing quality and safety improvement in the centre. There was good oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. There were also appropriate risk assessments for bed rails, environmental risks and falls with the least restrictive controls in place. Falls management was good in the centre. All incidents were recorded and investigated. Post falls protocol included immediate and appropriate management of the resident with neurological observations monitored for all unwitnessed falls. Reassessment of the resident's needs following a fall included a full review of their risk for falling again, with their care plan changed accordingly.

Complaints were recorded on an electronic system and were robustly investigated. The registered provider had integrated the update to the regulations (S.I 628 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. A small number of complaints had been received in since the previous inspection in October 2023. All of these complaints were satisfactorily dealt with. Complaints and incidents were audited and trends identified and learning informed safety improvements in the centre.

The centre maintained a register of restrictive practices in use in the centre. 6 of the 33 residents had bedrails in use. Other examples of restrictive practices identified on the register included; comfort chairs, fire exit doors, and the key-coded front door. There was evidence of alternatives trialled, including the duration of the trial and of safety risk assessments performed prior to applying any restrictive device.

The centre had a centre specific policy on the management of restrictive practices which was written in plain English and promoted the rights of residents. The centre had a specific consent form, the inspector observed a discussion form for residents that had a physical restriction which was signed by the resident in conjunction with the nursing staff, general practitioner (GP) and in consultation with the resident's family if appropriate. Restrictive devices were discussed at handover, at the centres restraint reduction meeting and formally reassessed at a minimum of every four months or sooner if indicated. There was ongoing safety monitoring in place for all restrictive devices in line with centre's policy and the national policy. Restrictive

practices were monitored daily and the centre had undertaken to reduce or eliminate restrictive practices where possible.

Restrictive practices were audited quarterly and plans to improve the service included further in house training for all staff in restrictive practices and training in positive training support. There was evidence that nursing management were undertaking regular spot checks of restrictive devices.

The inspector summarised that there was a positive culture, with an emphasis on reducing restrictive practice use in Deerpark Nursing Home. Improvements were required in staff training. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.



## 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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