



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

Issued by the Chief Inspector

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| Name of designated centre: | Lawson House Nursing Home |
| Name of provider: | Lawson House Nursing Home Limited |
| Address of centre: | Knockrathkyle, Glenbrien, Enniscorthy, Wexford |
| Type of inspection: | Unannounced |
| Date of inspection: | 01 March 2024 |
| Centre ID: | OSV-0000244 |
| Fieldwork ID: | MON-0042450 |

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 1 March 2024 | 09:10hrs to 16:00hrs | Catherine Furey |
| Friday 1 March 2024 | 09:10hrs to 16:00hrs | Aisling Coffey |

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

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre. This inspection found that residents were supported to enjoy a good quality of life in the centre and that the culture within the service promoted person-centred care. Inspectors found that the provider was working towards maintaining a restraint free environment where residents were able to live a fulfilled life.

On arrival the inspectors was met by administrative staff who informed the inspectors that there was a recently-declared outbreak of Influenza in the centre affecting a small number of residents. The director of nursing and person in charge met with inspectors and an introductory meeting was commenced. The inspectors completed a walkabout of the centre and many of the residents were observed to be up and about in the various communal areas, while other residents were having breakfast or being assisted with their personal care. Some residents were in isolation as they had been confirmed with Influenza, and others were symptomatic of the virus. These residents were supported to isolate by a dedicated team of staff. Visitors were permitted in line with national guidance, and all residents not affected by the outbreak could receive visitors and go about their day as usual.

Lawson House Nursing Home is situated in Glenbrien, close to Enniscorthy in Co. Wexford. The centre is close to local amenities and provides accommodation for a maximum of 65 residents. On the day of the inspection, there were 60 residents living in the centre, two of whom were in hospital. The design and layout of the designated centre promoted resident's independence and their free movement around the majority of the internal areas of the centre. The cinema room was noted to be locked on the day of inspection, and inspectors were told that this was based on a risk assessment for one resident. On further assessment by the management team, this was deemed not to be necessary and as locking the door was restrictive in nature to all residents, the lock was removed. Bedroom accommodation is laid out over four wings; Slaney, Suir, Nore and Barrow. Many residents' bedrooms were nicely decorated with personal belongings such as photographs and memorabilia. The centre was clean and tidy in all areas. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

There is a secure external courtyard which can be accessed from a number of glass doors leading from the main circulating corridors leading from each wing, and from the coffee area and garden lounge. Nonetheless, these doors were locked. This had also been identified on the previous inspection. The provider had completed a thorough risk assessment to support this, which was viewed by inspectors. One door to the courtyard was kept unlocked, however this was located on the Slaney wing which was not easily accessible to all residents. Management committed to reviewing the access to the garden to ensure residents could walk freely out into this lovely, safe area.

Throughout the day, inspectors observed residents being provided with assistance to make individual choices and to maintain and maximise their independence. There was a homely, relaxed atmosphere in the centre. All areas of the centre were bright and spacious with comfortable furnishings. Some residents chose to sit in the comfortable seating areas on the corridors and others spent time in the lounges or their bedrooms.

The inspector spent time throughout the day speaking with residents and observing staff and resident interactions. Residents told the inspector that the staff were very nice and they felt safe within the centre. This was validated by the respectful and empathetic interactions the inspector observed between residents and staff on the day. Staff were observed assisting residents in a respectful and unhurried manner. Observations confirmed that staff were aware of residents assessed needs and were able to provide care and support in line with resident's preferences.

The activities schedule in the centre was varied and included well-loved favourites such as Bingo, arts and crafts and quizzes. Special occasions such as birthdays were celebrated by residents and their families and staff, and pictures of these gatherings were displayed on the walls. Significant dates such as Valentine's Day and Mother's Day were celebrated and the centre was decorated for these occasions. Residents told inspectors they loved the live musicians that regularly played in the centre, and others said they looked forward to going on more outings when the weather picked up. Due to a recent resignation, an activities coordinator, who was dedicated to implementing the activities programme, was only on duty three out of seven days for the past two weeks. The management team was actively recruiting for the post and planned for the return of full-time activities. In the absence of dedicated activity staff, the healthcare assistants and nurses were tasked with also implementing activities. There was a challenge in implementing this, and in particular due to the Influenza outbreak which required enhanced staff support.

There were a variety of formal and informal methods of communication between the management team and residents including conversations, meetings and satisfaction survey. Residents' told the inspector that their concerns and complaints were taken seriously and acted on in a timely manner. Residents also had access to an independent advocate. Residents who could not express their own opinions were represented by a family member or a care representative who represented their best interest. Surveys and minutes of meetings reviewed by the inspector showed a high level of overall satisfaction with the service provided. Some surveys identified that that residents and family members would like to be able to go outside more. The management team committed to reviewing this, in conjunction with reviewing the access arrangements to the garden.

Oversight and the Quality Improvement arrangements

Overall, there was a positive culture in the centre towards promoting a restraint-free environment and respect for residents' rights and dignity. Management and staff had spent time focusing on the consideration of each residents' human rights and the reduction of the use of restrictive practices in the centre. Some further work was required to ensure that materials such as bed wedges were acknowledged as restrictive, and fully risk assessed as such prior to use.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed five of the themes relevant to restrictive practices as being substantially compliant and three as complaint. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that restrictive practices were appropriately used and reviewed. As part of the quality improvement plan following completion of the self-assessment, the management team ensured that restrictive practice was discussed at each staff and governance meeting with the aim of identifying restrictive practice and promoting a restraint-free environment. Audits of restrictive practice were completed regularly and there was evidence that any areas for improvement were actioned to specific individuals for completion.

There were sufficient numbers of staff working in the centre each day, with an appropriate skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was good oversight of staff training in the centre. Staff had up to date training on safeguarding of vulnerable adults, behaviours that challenge and restrictive practices. Staff in the centre also completed training on human rights and complaints management. There were up-to-date policies and procedures on the use of restraint and the management of responsive behaviours.

The person in charge conducted pre-admission assessments of each resident, to ensure the service could meet the needs of people. Following admission, care plans were developed to guide staff on the care to be provided. Residents had a restrictive practice care plan in place which were person-centred and contained details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months.

The inspector observed that responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well managed. Some residents were observed walking with purpose around the centre and staff were seen to discreetly monitor these residents to ensure their safety whilst they mobilised around the unit. One resident who displayed responsive behaviours was supported in a calm and caring manner by a member of staff.

There were detailed behaviour support plans in place to guide staff, when required. This allowed staff to provide person-centred care to the person and avoid an

escalation which may require the need for the use of a restrictive intervention management practice.

The provider had arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which recorded and monitored the use of each restraint. The identified restrictions were risk assessed and residents had access to a multi-disciplinary team to assist in their assessments. Arrangements were in place for the oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. While there were appropriate risk assessments for restrictive practices such as bedrails in place, this did not extend to the use of lap belts and improvement was required to ensure that all restrictive equipment was classed as such.

The restrictive practice register outlined that there were 12 residents using bed rails on both sides of the bed. A further 12 were described as using one bed rail. Inspectors saw that in some circumstances, when one bed rail was in use, the other side of the bed was against the wall. Beds positioned in this way should be deemed restrictive, in that they restrained the personal freedom and mobility of the resident while in bed. Similarly, the register identified that bed wedges were used as an alternative to bedrails, however management had not identified that these wedges, on some occasions constituted a restrictive practice. The management team outlined that some of the residents were able to remove the bed wedges; nonetheless, a full review of this equipment was required, and consequently, a review of the actual numbers of restrictive practices on the centres restrictive practice register.

The inspector saw evidence that when bedrails were in place at the request of the resident that there was evidence of consultation with the resident and a signed consent form. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment. Where necessary and appropriate, residents had access to alarm mats instead of having bed rails raised.

In summary, while some areas for improvement were identified, there was a positive culture supporting the creation of a restraint free environment. Residents enjoyed a good quality of life in Lawson House Nursing Home 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.

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| Substantially Compliant | 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

| Theme: Leadership, Governance and Management | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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. |

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| 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

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| 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

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| 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

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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |
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