



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

## Issued by the Chief Inspector

Name of designated centre:	Good Counsel Nursing Home
Name of provider:	Good Counsel Nursing Home Limited
Address of centre:	Kilmallock Road, Limerick City, Limerick
Type of inspection:	Unannounced
Date of inspection:	26 March 2024
Centre ID:	OSV-0000416
Fieldwork ID:	MON-0043172

## 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
Tuesday 26 March 2024	09:30hrs to 16:25hrs	Rachel Seoighthe

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

This was an unannounced inspection to review the use of restrictive practice in Good Counsel Nursing Home. From what the inspector observed and from conversations with residents, it was evident that residents were supported to have a good quality of life in the centre. Feedback from residents spoken with was positive and all residents spoken with told the inspector that the staff were 'very kind.'

The inspector arrived to the centre on the morning of the inspection and noted that there was controlled access to the front door of the centre. A member of staff opened the door to allow the inspector to gain entry. Upon entering the reception area, the inspector was met by the registered provider representative and two residents, who welcomed the inspector to the centre. Following an introductory meeting with the management team, the inspector spent time walking through the centre, giving the opportunity to meet with residents and staff.

Good Counsel Nursing Unit is a purpose built single-storey facility situated in Killamallock, Co. Limerick. It is a family-run centre, registered to provide accommodation for 28 residents who require long term and respite care. There were 28 residents living in the centre on the day of inspection.

The inspector met with the majority of residents living in Good Counsel Nursing Home on the walk around the centre. The atmosphere in the centre was relaxed and residents were observed spending time in the communal sitting room and enjoying breakfast in the dining room. Some residents were receiving support with their personal care needs.

The designated centre was homely and accessible. Resident bedroom accommodation consisted of single and twin bedrooms. The inspector saw that some bedrooms were personalised with items of significance such as ornaments and photographs. There were a variety of communal rooms available for resident use, including a sitting room, a dining room and a visitor's room. There was comfortable seating arranged within the main reception and several residents were seen relaxing and socialising in this area during the inspection.

The inspector observed that the majority of residents were up and about and following their normal routines. Some residents were seen mobilising around the home using mobility aids, whilst others were observed mobilising independently. Residents who required staff assistance with their mobility were supported in a timely manner. Call bells were answered within an acceptable time frame. Staff were seen knocking on resident bedroom doors before entering, to ensure residents' privacy and dignity was respected. Staff were observed engaging with residents, and interactions were noted to be gentle and kind. It was evident to the inspector that staff were familiar with residents and they responded to their needs.

For the most part, residents were seen to move freely within the designated centre. There was controlled access to the front door and residents required assistance from staff to support access to and egress from the centre. There was a well-maintained

outdoor garden which residents could access independently. The door to the garden was alarmed. Staff told the inspector that this alarm was in place to alert them to when residents were in the garden, as the centre was located close to a busy main road.

Noticeboards were placed in a strategic location in the main reception so that residents could have access to information such as advocacy services and the activities schedule. Close circuit television (CCTV) cameras were in use throughout the centre, and the use of CCTV was recorded in the centres statement of purpose. The inspector noted that there was limited signage available to inform residents that CCTV was in use in the centre.

The resident's lunch-time experience was observed by the inspector. The majority of residents were observed dining together in the main dining room and tables were set neatly with condiments provided. Residents were offered a choice of meal and staff were attentive to their needs. Staff used the opportunity to engage positively with residents. The inspector noted staff complimenting one resident on their attire and it was evident that the resident enjoyed this interaction.

The inspector noted that daily menu choices were written in small print on a white-board, displayed in the dining room. The inspector observed that the print was difficult to read. This observation was validated by a conversation with a resident who told the inspector that they did not know what was on the lunch menu, as they could not read the writing on the board. This finding was discussed with the management team.

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 that was person-centred and respectful. The inspector observed that one resident with complex care needs was well supported by staff throughout the day. The inspector spoke with the resident and reviewed their care plan. It was apparent from observations and conversations with the resident and staff, that the resident's care plan was well known and implemented effectively.

Residents told the inspector that they had choice about how they spent their day and several residents who chose to spend time independently told the inspector that this choice was respected. There was an activities schedule displayed in the reception area, and activities included art, baking, and games. On the afternoon of the inspection, a group of residents were observed enjoying a painting activity in the communal sitting room. Several were seen reading, completing word puzzles and playing board games with the activities coordinator. A small number of residents who were in the communal sitting room chose not to participate in the group activity, however they appeared to be relaxed and comfortable, observing the goings on around them. A selection of refreshments was offered and the inspector noted that the atmosphere in the centre was peaceful.

There were no restrictions on residents visitors' and visitors were seen calling during the day.



## Oversight and the Quality Improvement arrangements

Overall, the provider was working towards achieving a restraint free environment for residents living in the designated centre. There was a focus on the reduction of restraints in the centre. Some further work was required in relation to restrictive practice documentation and to ensure that doors which were locked or alarmed, were acknowledged as restrictive, and fully risk assessed.

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 restrictive practices as being compliant, with the exception of the theme relating to the use of information, which the assessed as substantially compliant. The person in charge had devised a quality improvement plan in response to this finding. This plan involved auditing the use restrictive practices, to identify areas for improvement and to enable the reduction of the use of restraints in the centre.

The registered provider of Good Counsel Nursing Home was Good Counsel Nursing Home limited. The registered provider representative and person in charge, who facilitated this inspection, demonstrated good knowledge of residents care needs. Staff communicated well and worked as a team, to ensure care was delivered in a person-centred manner. There was good oversight of staff training in the centre and training records demonstrated that all staff had completed restrictive practice training in February 2024. Staff had up-to-date mandatory training in relation to safe-guarding vulnerable adults and staff spoken with were able to discuss issues around restrictive practices and how they would be able to support residents should they have a concern. Records demonstrated that staff meetings were used as opportunities to educate staff around various clinical topics, including the use of restrictive practices.

There were management systems in place to ensure effective monitoring of the service. An audit schedule was implemented to ensure that quality of care and experience of residents were monitored, reviewed and improved on an ongoing basis.

There was a restraint policy in place which supported staff decision-making around the use of restrictive practices. The management team were aware that alternatives such as low profiling beds could restrict resident movements and that they required ongoing review. Restrictive practice usage was recorded in a restrictive practice register, which was kept under constant review by the management team. On the day of inspection, there were four residents who had bedrails in place. One resident had requested the use of bedrails and a second resident was able to release their bedrails independently. Resident care plans contained information regarding the management of restrictive practices. Consent documentation was in place, however it required updating in line with resident restrictive practice care plans and risk assessments. Daily records demonstrated that restraints such as bedrails were reviewed every two hours, in line with national policy. While the restrictive practice register monitored the use of bedrails and low profiling beds, it did not extend to the use of door locks and restrictions on cigarettes and lighters. Improvement was required to ensure that all restrictions were classed as such.

The inspector noted there were a number of residents who smoked. Records demonstrated that risk assessments were completed, to assess each residents' ability to smoke independently. Care plans were written to guide staff upon the level of access residents should have to cigarettes and lighters. The system for reviewing assessments and care plans required review. The inspector noted that assessment and care plans reviews were not completed simultaneously. As a result, information contained in smoking risk assessments did not align fully with the associated care plans.

Care plans were recorded for residents who experienced responsive behaviours. The care plans were person-centred and provided guidance to staff on how to support residents who experienced responsive behaviours.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low low beds, instead of having bedrails raised.

There was a procedure in place to support the management of resident complaints. Records reviewed by the inspector demonstrated that resident's complaints and concerns were listened to and acted upon in a timely manner. Residents committee meetings were held regularly and this offered residents the opportunity express their views about the quality of the service. Records of resident meetings demonstrated that there was discussion around areas such activities and food. The inspector viewed records of a recent resident survey and noted that results were positive. There was some feedback from residents in relation to menu choices. This information was reviewed by the management team, and used to inform a quality improvement plan.

There was an activities programme in place and the inspector noted that residents social care plans contained person-centred detail. A record of attendance at daily activities was contained in each resident record. The activity schedule included art, baking, puzzles, games and singalongs. Residents had access to independent advocacy services and there was evidence that referrals were made on behalf of residents where required. Radios, televisions, local and national newspapers were provided and wifi was available throughout the centre.

In summary, the inspector found that while there were areas for improvement, the staff and management in Good Counsel nursing home were working hard to reduce the use of restrictive practices in the centre and to support residents living in the centre to have a good quality of life in a homely and caring environment.



## 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.

**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.

### 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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