



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

Issued by the Chief Inspector

Name of designated centre:	Villa Marie Nursing Home
Name of provider:	Villa Marie Nursing Home Limited
Address of centre:	Grange, Templemore Road, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 February 2024
Centre ID:	OSV-0000437
Fieldwork ID:	MON-0042888

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
Wednesday 14 February 2024	09:30hrs to 16:00hrs	John Greaney

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

This was an unannounced inspection focussed 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 centre and the use of restrictive practices had been kept to a minimum.

On arrival at the centre the inspector was welcomed by the person in charge and one of the directors. The inspector had an introductory meeting with the person in charge to outline the format of the inspection. Following the meeting the inspector walked around the centre with the person in charge. The inspector observed that some residents were having breakfast in the dining room and others were on their way to the sitting room. Other residents were in their bedrooms receiving personal care. The atmosphere in the centre was relaxed and calm. The design and layout of the centre did not restrict the residents' movement. The inspector observed residents in the centre's communal areas throughout the day of the inspection.

Villa Marie nursing home is located on the outskirts of the town of Roscrea in Co. Tipperary. The oldest section of the building has two storeys, however, the first floor only contains offices and staff facilities and is not accessible by residents. The premises has had two single-storey extensions over the years to reach its current bed capacity of 30 residents. There were 29 residents living in the centre on the day of the inspection. Bedroom accommodation comprises 18 single-rooms and six twin-rooms. Eight of the single-rooms and four of the twin-rooms have en-suite facilities containing a shower, toilet and wash hand basin. There are a further two bathrooms shared between four single rooms, also containing shower, toilet and wash hand basin. The remaining ten residents share two bathrooms each containing a shower and toilet and one also has a bath. There is one additional toilet located adjacent to the sitting and dining rooms.

Communal space comprised a large sitting room with an adjacent conservatory. The conservatory led to an internal courtyard and residents were free to access this area independently. There was also a dining room containing six dining tables with capacity for four residents at each table. As it was Valentine's day, the dining tables were each decorated heart shaped confetti and there was also a rose on each table.

On arrival to the centre, the inspector observed that there was adequate parking for visitors to the centre. The front door is locked and accessed with a key code by staff. The inspector saw that the key code was available, inside the door, in a format for residents or visitors without a cognitive impairment to access, while reducing the risk

that residents with poor safety awareness could leave the centre. On the day of inspection all doors to the internal courtyard were unlocked and the courtyard was readily assessable to residents. Residents were seen mobilising independently around the centre.

The inspector saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors that spoke with the inspector were complimentary regarding the care their relatives received. Residents and visitors were seen chatting together in the centre's conservatory, the sitting room or in their bedrooms.

Staff were seen to be patient and kind and care delivery was observed to be unhurried throughout the day. The inspector saw many positive meaningful interactions between staff and residents and it was evident that staff had a good knowledge of residents' hobbies and interests.

Residents confirmed to the inspector that they felt safe in the centre and their privacy and dignity was respected. Staff were observed providing assistance in a manner that enabled residents to maintain their independence and dignity. Staff demonstrated good understanding of safeguarding procedures, and responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspector observed the dining experience. Residents were complimentary of the food and the choice of food available. Food appeared appetising, was well presented and residents were allowed ample time to have their meal in a relaxed and unrushed manner. Most residents were offered long blue plastic aprons as clothes protectors. Management were requested to review the use of these aprons and explore other options that may promote a more dignified mealtime experience. Staff discreetly assisted the residents during the meal times. Mealtimes were seen to be a sociable occasion with residents interacting with staff and fellow residents throughout the mealtime experience.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The centre had two activities staff providing activities in the centre over six days of the week. The inspector observed group activities taking place in the morning and afternoon on the day of inspection. Residents enjoyed group exercises, bingo, boccia, ball and hoop games and particularly enjoyed music entertainment in the centre. An external musician visited the centre monthly. There were no outings to the community organised by the centre and residents' access to the community was facilitated by family members.

Residents had access to televisions, radios, national and local newspapers. While there was Wi-Fi in the centre, the signal was poor and did not extend throughout the centre. The inspector saw that one resident had their own Wi-Fi modem for use with their own personal computer.

Oversight and the Quality Improvement arrangements

The inspector found that staff and management of the centre were committed to promoting and achieving a restraint-free environment to ensure and maximise residents' rights and choices. A self-assessment questionnaire had been completed by the management team prior to the inspection and submitted to the Chief Inspector of Social Services. This questionnaire detailed the service's responses to restrictive practices within the centre and provided a summary of all the approaches that the service was taking to reduce and eliminate restrictive practices.

The registered provider of this designated centre is Villa Marie Nursing Home Limited, a company comprising two directors. It is a family owned and operated centre. The person in charge is supported by one of the directors, who deputises for when the person in charge is absent from the centre. There is a stable management structure with clear lines of authority and accountability in place to provide effective oversight of the service.

There was a restraint policy in place which provided guidance on the introduction, use and monitoring of restrictive practices. Staff had attended training on safeguarding residents from abuse, responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and dementia care. Staff were knowledgeable on how to protect residents from harm.

The centre maintained a record of all restrictive practices used in the centre. The register identified that there were three residents using bed rails on the day of the inspection. There were four residents using sensor floor mats at night that would alert staff should a resident leave their bed. These are used as falls prevention measures, and when used appropriately can support residents' independence rather than being restrictive. A review of care plans for residents who had restrictive measures in place confirmed that there had been communication with the resident and their family member if appropriate about their introduction. In instances where bedrails were in use, an appropriate risk assessment was carried out before beforehand. There was a regular review process in place to ensure that restrictive practices were proportionate and were in place for the least amount of time needed.

There was a complaints policy in place and notice on display, identifying for residents and visitors the procedure for making complaints. Both the policy and notice required updating to ensure that it accurately reflected the updated regulation in relation to complaints. A review of the complaints log identified that complaints were recorded and investigated. The inspector identified that it would have been more appropriate

for one of the complaints to have been investigated under the safeguarding policy due to the nature of the complaint. The issue raised in the complaint was addressed to the satisfaction of the resident. There was also a need for the complaints officer and review officer to attend training on effective complaints handling as this is a requirement of the regulations.

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 director were always available to them and were always responsive to their needs and requests. In addition to this informal feedback, there were regular residents' meetings, where issues such as meals and mealtimes, laundry, activities, hygiene and staffing were discussed. A satisfaction survey had been completed in June 2023 and 25 questionnaires were returned. The feedback was overwhelmingly positive, however, there was no associated action plan to identify who was responsible for addressing any suggestions made by residents and to confirm that they had been addressed.

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

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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