



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

Issued by the Chief Inspector

Name of designated centre:	Gahan House
Name of provider:	Graignamanagh Elderly Association Company Limited by Guarantee
Address of centre:	Gahan House, High Street, Graiguenamanagh, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	18 April 2024
Centre ID:	OSV-0000545
Fieldwork ID:	MON-0043137

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
Thursday 18 April 2024	11:00hrs to 15:15hrs	Catherine Furey

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

Overall, residents spoke positively about their experience of living in Gahan House. The centre had a very homely feel, and the residents told the inspector that they were happy living there and that their rights were respected in how they spent their days. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

The inspector spoke with residents to elicit their opinion on the service being provided in the centre. Residents said that they felt listened to and had the opportunity to make choices in their daily lives. The inspector was told that some residents went out to the shops or post office and others described going for walks in nice scenic areas close to the centre whenever they wanted to. The inspector observed that all of the residents were up and dressed and looking relaxed on the morning of the inspection. Some residents said they only needed minimal assistance when getting up or going to bed, and that staff just "checked in" in each morning and night to see if they need any help.

The centre was bright, clean and nicely decorated throughout. The design and layout of the home promoted free movement between bedroom and communal areas. There was sufficient private and communal space for residents to relax in. Collages of photographs were displayed throughout the centre of various events, such as birthday celebrations. Residents could access two patio areas to the front and back of the centre, which contained seating and tables and seasonal potted plants. There was a garden to the back of the centre, however there were no paths or walkways around or through the grass, which could make it difficult for some residents to travel through.

Residents' bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures, soft furnishings, photographs, and other personal items in their rooms, which gave the rooms a sense of home. There was an internal smoking room at the end of a corridor for residents' use and this was ventilated to the open air and as such, there was no secondary smoke in the adjacent corridor area. Residents who smoked were not restricted in any way from doing so.

Residents said they were happy knowing that they could come and go from the centre when they liked. Residents said they could go down to their doctor or the pharmacy, and that staff could help them make these appointments if they needed to. Residents said that their family and other visitors were welcome to come and visit with them at any time. The inspector saw that visits were occurring in communal areas, residents' bedrooms, or the private visiting room; whichever was the preference of the resident.

Residents informed the inspector that they felt safe living in the house, and the staff were very kind. Residents spoke positively about the management, saying

"they are a great bunch, always looking out for us". One resident informed the inspector that she was delighted to have a room in the centre as it meant she could keep her independence while also feeling secure that there was someone available to help at all times.

The inspector observed that residents were receiving good care and attention, appropriate to the residents' individual needs. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were very familiar with the residents' preferred daily routines, level of care needs and the social activities that they enjoyed.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together at a large dining tables. There was nice music playing in the background during the mealtime and the residents were happily chatting amongst each other and with staff. The food served on the day of the inspection was seen to be wholesome and nutritious. When asked about their food, residents gave high praise, describing the food as delicious, tasty and excellent. Residents said that there was always a choice at mealtimes and plenty of second helpings were on offer. Residents said the food was always hot. The menu was displayed in the dining room, and the tables were nicely laid with cutlery, condiments and fresh flower arrangements. The meal time service was relaxed and unhurried.

Staff were observed to speak with residents kindly and respectfully and to interact with them in a friendly manner. There was a comfortable familiarity between the staff and residents that created a positive atmosphere, and everyone appeared to be comfortable in the company of each other. The inspector also observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Residents were supported to enjoy a good quality of life in the centre. The staff on duty each day were responsible for the organisation of different activities, and were observed to encourage resident participation in events. An activities schedule was in place and the inspector observed that residents could choose to partake in activities including chair-based exercise and word search. External personnel attended the centre to facilitate Bingo and to play live music. Residents generally spent the day how they pleased, with some partaking in the activities, and others preferring not to. Residents were encouraged to maintain links with the community and keep up-to-date with national and international affairs through access to TV, radio, internet facilities and newspapers.

Residents were supported with access to religious activities and Mass was said weekly in the centre by the local parish priest, who residents said stayed to enjoy a cup of tea with them afterwards. Residents had been facilitated to vote in the recent national election and they had access to advocacy services, of which information posters were displayed around the centre.

Oversight and the Quality Improvement arrangements

The culture, ethos and delivery of services in the centre supported a good quality of life for residents. The approach to restrictive practice was one of positive risk-taking. Residents' rights to liberty and self-determination were protected and promoted. The centre was home to residents who were assessed as low-dependency and physical restrictive practices were not in use.

The inspector saw that the staff in the centre were actively promoting positive risk-taking based on informed decisions for residents who wished to maintain their independent lifestyles. While residents to whom the inspector spoke were aware of the keypad code on the front door, the code was not displayed, should a resident forget it and be unable to enter or exit without assistance. Additionally, the lock on the door was not formally assessed by management to ensure that the use of restrictive practices remained appropriate and proportionate to the assessed needs of the residents.

The person in charge had completed the self-assessment questionnaire prior to the inspection and had self-assessed as substantially compliant in two of the themes, based on the fact that staff had not receive formal training in restrictive practices. This resulted in an initiative to introduce this training, and it was underway for a large cohort of staff in the centre on the day of inspection.

The person in charge conducted pre-admission assessments, with the view of restrictive practices used in the residents' previous home environment, to ensure that the centre could meet the residents' needs after admission. There were policies in place to support and promote a restraint-free environment, including emergency or unplanned use of restrictive practices to guide practice in the centre. The policy relating to emergency use of restraint could be expanded to ensure staff were aware of what type of restraint, and for how long, this constituted.

There was adequate supervision of residents with staffing levels on the day of the inspection that were suitable to the assessed needs of the residents. Staff were supported and facilitated to attend training relevant to their role, such as safeguarding of vulnerable people, dementia care, restrictive practices and human rights-based approach to care. The inspector observed that staff were knowledgeable and applied the principles of training in their daily practice.

The inspector saw that the provider and all staff in the centre were aware of the importance of quality of life for residents and were committed to achieving and maintaining a restraint-free environment in order to maximise residents' rights and choices on how to live their lives.

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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