



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Lodge
Name of provider:	Firstcare Beneavin Lodge Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	07 March 2024
Centre ID:	OSV-0000117
Fieldwork ID:	MON-0042099

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 7 March 2024	09:10hrs to 14:50hrs	Helena Budzicz

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

Overall, the inspector found that the management of the centre had a clear commitment to provide person-centred care to residents based on their preferences, needs and abilities.

Firstcare Beneavin Lodge is a purpose-built designated centre with 70 registered beds. Accommodation was provided for 57 residents on the day of the inspection, and it was comprised of 64 single-occupancy rooms and three twin-occupancy rooms with en-suite bathroom facilities. The living and accommodation areas were spread over two floors, which were serviced by an accessible lift. The design and layout of the designated centre promoted residents' independence and freedom of movement around all areas of the centre.

The inspector observed that the centre was warm, welcoming, bright and spacious throughout. The residents told the inspector that they had been well-supported by staff in adjusting to living in the centre since their admission and that they were satisfied with the quality of the service they received.

Bedrooms had sufficient storage facilities for residents' personal items and a lockable space. Many bedrooms were decorated with items of personal significance, including ornaments and pictures. The inspector observed that traditional memorabilia, photographs, boxes with summaries of residents' lives and interests, and artwork were displayed along the corridors, with colourful murals on some doors. The inspector was informed that individual door murals help residents with cognitive impairment find their own bedrooms.

The inspector observed that the key-pad codes were located beside the secure doors to ensure freedom of movement for residents who were deemed safe to do so. All residents had access to the courtyard area, which was being spring-cleaned on the day of the inspection.

There was a relaxed atmosphere throughout the centre on the day of the inspection. Residents were observed to be up and about in the various communal areas of the building. Some residents were in the lounges watching and chatting, some were watching Television in their bedrooms or in the communal areas, while other residents were taking part in group activities such as bingo.

The inspector observed staff providing care to residents in an unhurried fashion. Friendly, respectful conversations between residents and staff could be overheard in various areas of the centre throughout the day.

Residents spoken with were aware of the complaints policy which was displayed throughout the centre. Residents who spoke with the inspector said they are supported about their choices regarding how they want to spend their day, if they want to keep their bedroom door locked, or if they want to have their meals at different times. The inspector reviewed the minutes of the residents' meeting, which

indicated that comments raised by residents were listened to, actioned and reviewed if the residents were happy with the implemented changes.

Visitors were observed visiting their loved ones without restriction throughout the day. One visitor who spoke with the inspector said that 'they felt free and welcomed by staff to come and visit their relative whenever they wanted to'. They also mentioned that 'the management and staff working in the centre are very approachable and they can speak with them if they have any issues or concerns regarding the care needs of their family members.'

Oversight and the Quality Improvement arrangements

This inspection found that the Firstcare Beneavin Lodge was well-managed and that the provider had ensured they had good oversight of the quality, safety and effectiveness of the service provided for residents and worked effectively, promoting a restraint-free environment. The person in charge had completed the self-assessment questionnaire prior to the inspection and identified a quality improvement plan with respect to the use of restrictive practices in the centre.

A restraints policy was in place, which clearly guided how restrictive practice was to be managed in the centre, in accordance with national policy and best practice guidance.

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. The training records showed that staff received training on restrictive practices, understanding dementia, responsive behaviours, and residents' rights training. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed a good understanding of the definition of restraint and a good understanding of residents' needs and rights.

There were arrangements in place to monitor and evaluate the quality of the service and to assess performance in relation to the management of the restrictive practices. The person in charge identified a quality improvement plan, and there was a structure in place through quality meetings to review and discuss findings, implementation, and review the changes implemented. For example, the management of the centre was able to clearly outline the data collected and monitored in the restrictive practice register, which showed a significant reduction in the use of restrictive practices on a quarterly basis. The provider ensured the centre was well-resourced with equipment that supported the provision of care in the least restrictive manner to all residents.

Residents had access to a multi-disciplinary team (MDT) in relation to risk assessments of restrictive practices. A best practice initiative implemented in the centre with respect to the support of residents' rights was the completion of a 'Residents' health and well-being assessment' for residents using restraints. This was in the form of a questionnaire, and the residents could choose if they would like to continue with the use of restraint. There was evidence that the resident's decisions were respected by staff members, and different alternatives were offered and discussed with residents. The associated care plan clearly displayed the resident's choice, alternatives trialled, and follow-up review.

There was a positive and supportive approach taken by staff towards residents at risk of experiencing 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). The inspector observed instances where residents who were experiencing increased confusion and associated need to 'collect their little children from school' or 'to go home', staff were able to communicate with

residents in such a way that residents felt comforted and visibly less anxious afterwards. Staff offered residents activities aligned with their interests or re-orientated gently to different areas of the centre. It was evident that staff were very familiar with residents' needs and social histories. Associated behavioural support care plans viewed detailed person-centred interventions and de-escalation techniques.

Overall, the inspector found a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life, respecting their individual choices, capacities, and safety.

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.
-----	---