



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

Issued by the Chief Inspector

Name of designated centre:	Clontarf Private Nursing Home
Name of provider:	Clontarf Private Nursing Home Limited
Address of centre:	5-7 Clontarf Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	18 July 2024
Centre ID:	OSV-0000127
Fieldwork ID:	MON-0043545

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 July 2024	09:30hrs to 15:00hrs	Fiona Cawley

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. The inspector found that residents living in this centre were very well cared for and very well supported to live a good quality of life by a dedicated team of staff who knew them very well. Feedback from residents was that staff were very kind, caring and attentive to their needs.

The inspector arrived to the centre mid-morning and was met by the assistant director of nursing. Following an introductory meeting, the inspector walked through the building and observed residents in various areas of the centre. Many of the residents were up and about, while others were having their care needs attended to. A number of residents were having breakfast and snacks in the dining room. The atmosphere was calm and relaxed throughout the centre.

Clontarf Private Nursing Home is a three-storey premises situated in the village of Clontarf, a few kilometres from Dublin city centre. The centre provides care for adults with a range of needs and dependencies. The living and accommodation areas were spread over three floors which were serviced by an accessible lift. Bedroom accommodation in the centre was a mixture of single and twin rooms, a number of which were en-suite. There were accessible communal areas available for residents to use depending on their choice and preference including a number of day rooms and a dining room. All areas were bright and spacious with comfortable furnishings to provide a welcoming, homely environment for residents. Bedrooms provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. Many residents had personalised their bedrooms with photos, ornaments and other items of significance.

There was also a quiet room, providing residents with a comfortable space to meet with friends and relatives in private or spend time alone if they wished.

There was a designated outdoor smoking area which was adequate in size and well ventilated. The inspector spoke with one person who smoked, and they confirmed that they could access the area at any time of their choosing.

The building was found to be laid out to meet the needs of residents, and to encourage and support their independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriately placed handrails to assist residents to mobilise safely. Call-bells were available in all areas and were answered by staff in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well-maintained.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were a small number of residents who required the use of bedrails and there was appropriate oversight and monitoring in place. Alternative devices and equipment were also available in the centre to support minimal use of

bedrails. Staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible.

Residents had a restrictive practice care plan in place which outlined the rationale for use of restrictive practices and included any alternatives that had been trialled. Care plans were reviewed at a minimum of every four months.

Residents had unrestricted access to all areas inside the centre, other than staff areas and storage cupboards. Each floor was accessible via a lift and a stairwell.

There were a number of access points to the external grounds including an enclosed garden at the back of the premises which contained a variety of suitable seating areas, seasonal plants and a couple of resident cats. Access to these areas were unrestricted and the inspector observed residents enjoying the outdoors at various times during the day. One resident told the inspector that they enjoyed spending time in the garden and that they loved to have their dinner outdoors whenever the weather permitted. A number of residents told the inspector that they were able to go outside for fresh air or walks whenever they wanted to and that they often went to the local village to visit the shops, hairdressers and cafes. A number of residents told the inspector that they often went out on trips with family or staff.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going in the centre throughout the day. Visitors expressed their satisfaction with the quality of the service provided to their relatives.

As the day progressed, the inspector spent time in the various communal areas of the centre observing staff and resident interactions. Residents moved freely around the centre, and were observed to be socially engaged. Residents knew their way around the centre and the location of their own bedrooms. The majority of residents were observed in the dining area chatting to one another and staff, listening to music, and reading. Other residents who preferred to relax in the comfort of their bedrooms were supported to do so by staff. Residents were seen to be happy and content as they went about their daily lives and it was evident that residents' choices and preferences in their daily routines were respected.

Friendly, familiar conversations were overheard between residents and staff throughout the day. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. Personal care and grooming was attended to in line with residents' needs and preferences. Staff who spoke with the inspector were very knowledgeable about residents and their individual needs. Residents were appropriately supervised and supported by staff throughout the day.

Throughout the day, residents were very happy to chat about life in the centre and the feedback was very positive. Residents told the inspector that they were happy with their life in the centre. Many residents explained the reasons they decided to move into the centre and that they were very happy with their decision. One resident described the centre as 'a good place to live with good laughs' and that 'the staff are good people'. Another resident said they were 'as happy as Larry' and that 'every day

is a good day'. Residents told the inspector that they would use the call bell if they required assistance and that the bell was always answered by staff in a timely manner. Residents said they were able to get up for the day whenever they preferred and were able to do what they wanted during the day. One resident described how they preferred to spend their time in their bedroom reading and listening to music and that staff were always available to them if they required assistance. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries.

There was an activities schedule in place and residents described the various activities available to them including arts and crafts, bingo, exercise and music. Residents said that they could choose whether or not to participate. The inspector observed activity staff supporting residents in a range of activities throughout the day, including group and one-to-one activities. Staff ensured that residents were facilitated to be as actively involved in the activities as possible. Residents who chose not to participate, or who were unable to participate, were observed sitting quietly and contentedly watching the comings and goings around them. Residents also had unlimited access to television, radio, newspapers and books.

Residents were provided with a good choice of food and refreshments throughout the day. Residents were very complimentary about the quality of the food. Residents told inspectors that they had a choice of when and where to have their meals. During mealtimes, residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to enjoy their meals independently.

Residents were provided with opportunities to meet as a group and provide feedback on the quality of the service they received. This was evidenced in the minutes of resident meetings and a residents' satisfaction survey. Residents were aware of how to make a complaint and the provider had a system in place to monitor the level of complaints in the centre, which was low. Residents had access to an independent advocacy service.

The assistant director of nursing informed the inspector that management had identified that there was a need to increase staff awareness of residents' rights and restrictive practice and that training had taken place to address this.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

Oversight and the Quality Improvement arrangements

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement with regard to restrictive practices, person-centred care, and promoting residents' rights. The inspector found that there was effective governance and leadership in the centre that supported a positive approach to promoting a restraint-free environment in the centre. Staff recognised residents' rights to live as independently as possible without unnecessary restriction.

The person in charge had completed a self-assessment questionnaire prior to the inspection and submitted it to the office of the Chief Inspector for review. This document demonstrated that the provider was striving to ensure residents' rights were upheld and respected, and identified staff training in restrictive practice as an area for quality improvement.

The assistant director of nursing facilitated this inspection. At the outset of the inspection, they confirmed that the centre actively promoted person-centre care in a restraint-free environment, in line with national policy and best practice.

Policies were available in the centre, providing staff with guidance on the use of restrictive practices and were reviewed and updated at regular intervals to ensure they contained current and up-to-date information.

The centre maintained a record of all restrictive practices used in the centre. This record was reviewed on a regular basis to ensure use of restrictive practice remained appropriate and proportionate to the assessed needs of the residents. A risk assessment was completed for all identified restrictive practices in use. Restrictive practice care plans were in place which outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months ensure they contained up-to-date and relevant information. Restrictive practice was discussed at regular staff meetings.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. Restrictive practice audits had been completed and action plans were developed, where improvements were required.

Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people. Staff were also provided with training in the use of restrictive practice in the centre.

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 beds and sensor mats as an alternative to bed rails. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised. The centre employed activity staff who provided both group and one-to-one activities for residents.

Overall, the inspector found that there was a very positive culture in Clontarf Private Nursing Home where staff and management recognised the rights of residents to live in an environment which was restraint-free.

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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