Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kilmainhamwood Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilmainhamwood, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0000144
Fieldwork ID:	MON-0043378

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[1] 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 1 May 2024	09:55hrs to 14:30hrs	Sheila McKevitt

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

This was an unannounced inspection to monitor the use of restrictive practices in the centre. This centre had a positive approach towards minimising restrictive practices and implementing a human rights based-approach to care. Residents spoken with and their relatives told the inspector that their rights were upheld.

The use of physical restraint in this centre was minimal, particularly taking into account the profile of the residents living in the centre and their level of dependency. The inspector saw that one resident had two bedrails in use, at the resident's request. A small number of residents used floor sensor mats and one resident had a sensor alarm at their bedroom door; these alarms were only activated at night-time. These alternatives to restraint did not obstruct residents' movements.

The nursing home was accessed by calling the front door bell. A receptionist or member of staff controlled the front door from the reception desk which also doubled as a nurse's station. This area was constantly supervised. Although some external doors required a keycode to open them, the codes were on display above the key pad to facilitate those residents who could go out independently to do so. The keypads located on doors leading into the gardens were disabled during the day, which meant that residents had unrestricted access to the outdoor space.

Visitors were asked to sign the visitors' book and those visitors spoken with confirmed that there were no visiting restrictions. Residents and their visitors had access to three safe and secure gardens, the doors of which were open, making them accessible to residents. Some residents were seen wandering in and out independently, one resident said how she enjoyed her walk in the garden every morning.

One resident showed the inspector around their bedroom and said they were facilitated to decorate it with personal items. They said their bedroom was cleaned every day and complimented the service provided by the household staff. They also explained how they had a lockable facility in their bedroom. The inspector observed that all residents had this facility in their bedroom.

There were no restrictions on when residents could access their bedrooms and some were seen relaxing in their bedroom doing their own thing, while others were entertaining their visitors. Residents had access to a small private visitors room together with the sun lounge where they could meet their visitors in private. All bedroom and en-suite doors could be locked by the resident and all shared bedrooms had privacy screening around the individualised bed spaces. This enabled each resident to maintain their privacy.

The inspector observed that staff were kind and caring towards residents, greeting them as they passed and stopping to chat with residents as they met them along the corridors, in the main foyer and in the residents' sitting room. The staff appeared calm and very much focused on their individual needs, they appeared to know the residents well.

Residents had access to activities both inside and outside of the centre. They frequently went out on trips to places of interest, with different outings planned each month. They told the inspector about the trip planned for the following week at a local country-style

café which was a firm favourite with residents. They also had interesting activities come into the centre the previous week they had an Alpaca farm visit which they thoroughly enjoyed. There was an Alzheimer's tea party planned for the afternoon of the inspection to celebrate Alzheimer's tea day. The inspector observed the tables set up with china crockery, three-tiered cake stands and the tables on display appeared pretty and inviting.

Residents' religious needs were met. The local priest was in celebrating Mass in the morning, residents were all given the choice to attend or not and one resident who had decided not to attend said his choice was respected. Eucharist ministers from the local parish church came in each week to offer residents Holy Communion. One resident walked to the nearby village church each week to celebrate Mass and at times other religious celebrations taking place.

Residents were registered to vote and some spoken with told the inspector that they had voted in the recent referendum.

Residents were supported to establish links with the local community, for example, they attended the coffee shops in the area. Children from local schools came in during religious festive seasons and musicians from the area performed for residents on a weekly basis. The residents said they loved this. Life according to the residents was good in the centre. They told the inspector that they had a great choice of activities, some of the gentlemen said they enjoyed the musicians who came into the centre, another explained how they enjoyed getting the bus from outside the nursing home into the local town.

Residents had their voices heard at residents meetings, which took place on a regular basis. They had access to advocacy services, the contact details of which were on display in the centre.

Residents spoken with were clear on the fact that they had no complaints about life in the centre. They said if they had, they could speak to any member of staff and it would be resolved. The complaints procedure was on display. Residents said they felt safe and secure in the centre and it was a lovely place to live.

Residents were safeguarded against abuse with a robust safeguarding policy. The procedure in place to safeguard residents' finances was reflective of their policy.

This was a centre where residents' rights were upheld and where there was a positive risk-taking approach to care.

Oversight and the Quality Improvement arrangements

The management had achieved a restraint-free environment and continuously ensured residents' rights were upheld and their choices were respected.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being.

Where restrictive practices were used, they had ensured that their use was proportionate and deemed to be the least restrictive option. The records reviewed showed that there was a multi-disciplinary approach taken to making decisions about the use of restraint. The resident, their next-of-kin (with the residents consent) and members of the multi-disciplinary team were involved in the decision making process. Residents with restraint in use had a restraint assessment and a mental capacity assessment completed, and these were reviewed within a four monthly period. These documents outlined the alternatives that had been trialled prior to restraint being used. In addition, each resident had a person-centred care plan in place outlining what and how these restraints were to be used, applied and for how long. Records were available which showed that where restraints were in use they were checked and/or released by staff in line with the centre's restraint policy.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. This policy needed to be updated to include all the alternatives to restraint that were available in the centre. The person in charge was the restrictive practice lead and a restraint register had been established to record the use of restrictive practices in the centre and was updated each month. This information was included in the centre's annual review of quality and safety, and used to inform the quality improvement plan.
The person in charge had also established a restrictive practice committee who met on a quarterly basis to discuss the use of restraint in the centre. Their focus was reducing its use. The minutes of these meetings were reviewed and the inspector observed that only registered nurses attended. The person in charge confirmed that when everyone had completed the training on restrictive practices, a representative from each department would be invited to join the committee.

The contents of the restraints register and the restraint risk assessments assured the inspector that alternatives to restraint were trialled prior to any form of restraint being used. It also assured the inspector that the use of restraint in the centre had been reduced and staff had access to alternative less restrictive equipment. The focus was now on ensuring the rights of residents were upheld at all times.

A sample of resident records were reviewed and the inspector saw that each resident who were using some form of restraint had a restrictive practice assessment in place and the resident with bed-rails had a bed-rail assessment. Resident care plans were developed on the basis of information obtained during their bed-rail assessment. In addition, care records reviewed showed that the resident with bed-rails in use was checked every two hours and checks were consistently recorded by staff. Care records viewed by the inspector confirmed that resident's views and preferences were incorporated into the care plans and consent forms and both documents were easy to follow. The management team planned to put restraint documentation on the audit schedule and this would assure them that the relevant records were in place to reflect the decision made by the resident or staff to use restraint as a last resort.

Discussion with various members of the staff and a review of training records confirmed that some staff had completed training on restrictive practice and felt that this training informed their understanding of restrictive practice and how it could impact on the individual, however, all staff needed to complete this training. Staff had not completed training on a human rights-based approach to care or on the fundamentals of advocacy in health and social care to date, however this training was planned for all staff.

The management team had established links with the local community and ensured that residents were facilitated to live the best life possible while upholding their rights. This is a centre where the inspector was assured that residents' rights were upheld.

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.

Appendix 1

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.