



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

Issued by the Chief Inspector

Name of designated centre:	Newpark Care Centre
Name of provider:	Newpark Care Centre Limited
Address of centre:	Newpark, The Ward, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 February 2024
Centre ID:	OSV-0000150
Fieldwork ID:	MON-0042017

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 28 February 2024	09:20hrs to 16:30hrs	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. The single storey building had 69 single and one triple bedroom all of which had ensuite facilities. The centre provided long-term care to residents, many of whom had a diagnosis of dementia.

The nursing home was accessed by calling the front door bell and a keypad, the receptionist controlled the front door from the front foyer during the day and staff controlled it from one of the nurses' stations once the receptionist was off duty. Entry from the front foyer into the home was controlled by means of a keypad and release button. Entry from the centre into the foyer was controlled by a key pad. Residents who required assistance or supervision of staff or relatives to leave were seen to be in receipt of support to do so. The inspector was informed that none of the residents had the capacity to exit the nursing home unassisted and therefore the code for the key-pad was not discreetly on display.

The centre provided dementia friendly environments with décor and furnishings designed to assist residents to be as independent as possible. There was good use of signage throughout the building which facilitated residents to find their way around the home. There was effective use of lighting to assist residents mobilise safely throughout the building and each resident had access to a light over their bed.

The corridors were wide and free from clutter with hand-rails on either side, facilitating residents to mobilise independently. The inspector observed a number of mobile residents living with advanced dementia wandering around freely and safely throughout the centre. Residents were observed to wear appropriate footwear with mobility equipment available for those who required aids to mobilise.

Residents who wished to smoke used one of the enclosed courtyards. All residents had unhindered access to one of the three enclosed courtyards, including those living in the dementia friendly unit of the centre.

The nursing home had some physical restraints in use. The inspector saw that they had six residents with their bed positioned up against a wall and one bedrail on the outer side of their bed, two with bed alarm mats and four with motion sensors alarms in use.

Residents' privacy and dignity was maintained. When staff entered residents' bedrooms they announced their arrival before entering and informed the resident about the purpose of their visit. During the inspection residents were observed to be interacting with staff in a friendly manner. Staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents.

Where residents required support with their personal care needs staff supported residents in an unhurried way. For example, staff were observed sitting beside residents assisting them with their lunch in an unrushed manner.

Throughout the day the inspector found many examples where residents were encouraged and supported to retain their independence. For example, some residents at lunch had specialised cutlery which enabled them to independently eat their meals.. They also had access to condiments and drinks at their dining room table.

Residents told the inspector that they were happy with their bedrooms and commended the support they received from staff. The inspector saw a number of resident bedrooms and found them to contain sufficient space for residents' personal belongings. There was a lockable facility in all bedrooms.

Residents were also able to personalise their own rooms and many contained items personal to that individual. There were no restrictions on when residents could access their bedrooms. However, some of the bedrooms and en-suite doors could not be locked as there were privacy locks in the doors viewed and therefore residents could not lock these doors if they wished.

Residents had access to a schedule of activities and went out on trips to places of interest. A group of residents had recently been out to an organised event in the National Concert Hall which they said was most enjoyable. They told the inspector that they were looking forward to the next trip out.

Religious services for all denominations were catered for. The inspector was told that the voting register was updated so that all residents had access to vote when required and they had all been given information in relation to the upcoming referendum.

Residents said they had their say and their voice was heard. One of the residents had been appointed chairperson of the residents committee and told the inspector about how well supported they were in their role by the provider, person-in-charge, activities staff and other residents. They said they discussed all issues that impacted their life in the centre and were confident that issues they brought to the attention of the management team were addressed. The minutes of these monthly meeting were available to residents on two different residents' notice boards.

The inspector observed the complaints policy on display together with contact details for the Sage advocacy service. Residents and their relatives who spoke with the inspector voiced no complaints.

Residents were seen to receive visitors throughout the day and there was a private space for residents to receive guests other than in their own room. Residents and their relatives confirmed that there were no visiting restrictions in place.

Oversight and the Quality Improvement arrangements

The centre was on the pathway to achieving a restraint-free environment and staff were working hard to maximise residents' rights and choices. 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.

Discussion with the management team confirmed that they were eager to ensure that the centre did not use restrictive practices and where they were used that their use was proportionate and deemed to be the least restrictive option.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. The person in charge was the restrictive practice lead and had ensured that each member of staff had completed training on restrictive practice.

A sample of records of residents with restraint in use were reviewed. Each resident had a comprehensive assessment completed together with a risk assessment for the restraint in use. Resident care plans were produced on the basis of information gathered at the assessment stage. Care records viewed by the inspector confirmed that resident's views and preferences were incorporated into the care plans and that they were well-written and easy to follow. Although, some comprehensive assessments were not always fully completed.

The centre had a restraints register in place to record the use of restrictive practices in the centre. This document was updated on a weekly basis and reviewed by the person in charge. A restrictive practice committee had been established, they met on a monthly basis to review the restrictive practices in use and to discuss how and if alternatives to restraint could be trialled. The inspector noted that members of this committee included representatives from the management team, nurses and health care assistants. The inspector had a discussion with the person in charge about expanding the membership to include a representative from other areas of the centre such as, administration, housekeeping and catering.

The use of restrictive practice was closely monitored. A monthly audit of restrictive practice related documents was completed by the person in charge. Resulting action plans had implementation dates in place. In addition, the use of restrictive practice was discussed at the senior management team meetings. The annual review included a section on the use of restrictive practice and together with the quarterly returns to the Chief Inspector of Social Services showed a reduction in the use of all forms of restrictive practice.

Discussion with various members of staff confirmed that they had attended a range of appropriate training such as restrictive practice, dignity in care, dementia care training and felt that this training informed their understanding of restrictive practice and how it could impact on the individual. Those who had not attended restrictive practice training to date were booked in to attend training in March and April.

The person in charge had developed a post restrictive practice training questionnaire for staff. They were checking each staff members knowledge of restrictive practice by asking them a set of questions based on the training they received, the centres restrictive practice policy and the role they held in the centre. On the morning of this inspection the person in charge had come in early to complete this questionnaire with night staff.

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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