



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

## Issued by the Chief Inspector

Name of designated centre:	Bushmount Nursing Home
Name of provider:	Bushmount Nursing Home Limited
Address of centre:	Bushmount, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	18 April 2024
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0042898

## 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<sup>1</sup> 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.

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<sup>1</sup> 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	10:00hrs to 18:00hrs	Mary O'Mahony

## 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 designated centre. Findings of this inspection were that management and staff had a clear commitment to providing person-centred care to residents, as well as promoting autonomy. Residents' in Bushmount Nursing Home had a good quality of life, and the general consensus was that residents' rights and independence were promoted and respected. On the day of inspection the atmosphere was relaxed and care was seen to be delivered by kind and knowledgeable staff.

Bushmount Nursing Home is a designated centre for older people, registered to accommodate 79 residents, in single bedrooms, some of which have full ensuite facilities. There was one vacancy on the day of this inspection. The centre is situated on the outskirts of Clonakilty town and is located in a large, old red brick building. The original building belonged to the Sister of Charity of St. Paul and the chapel in the centre still has the original stained-glass windows from the convent era. The centre was set on expansive, scenic grounds, with a number of mature trees adding to the peaceful setting. It was very nicely maintained externally and there was plenty parking spaces to the front of the building.

On entry to the centre, the inspector's first impressions were that there was a lively, welcoming atmosphere around the home. Resources had been invested since the last inspection, in internal painting, soft furnishings and furniture. The walls were decorated with lovely pictures, placed at a suitable height for residents' enjoyment. Signage was thoughtfully chosen, to aid orientation for residents and visitors.

The inspector spoke with residents in their bedrooms, sitting rooms and dining rooms throughout the day. Some residents were in the process of getting up, some were relaxing, and others were entertaining visitors. One resident told the inspector that breakfast was served in the dining room or in their bedrooms and other residents said it was their own decision to have lunch in their bedrooms. However, a large majority of residents dined in the dining rooms for all meals. Meals were observed to be carefully presented and a number of choices, including home baked goods, were on offer.

There was a busy, happy environment palpable in the centre and visitors were present all day. A number of these spoke with the inspector and said they felt their family members were safe there and that there were no unnecessary restrictions on their freedom. The inspector found that doors to the patios and gardens were open on the day of inspection, for external walks and garden use. Where any door was key-pad locked between units, staff had come up with a creative way to ensure residents could exit and enter, while safeguarding anyone of risk of absconsion who may need someone to accompany them. This consisted of a small poster of rows of butterflies, representing the numbers required to be keyed in, for access.

The inspector was informed that there was a focus on creating a restraint free environment, while maintaining resident safety. Of the 79 residents in the centre upwards of 16 had been assessed as requiring bedrail use, which had been appropriately risk assessed by an occupational therapist and staff of the centre. In

addition, there were 16 sensor mats in use, as well as two lap belts for safe positioning in wheelchairs. The provider had also invested in a number of low-low beds, for anyone at risk of falling from the bed due to their inability to maintain safe positioning, due to their medical condition. A small number of residents were observed to use tilted chairs that had also been assessed, as to their use, by an occupational therapist. These chairs had the potential to be restrictive as they can inhibit a person from getting up and walking independently. However, residents using these chairs were immobile, due to their deteriorating health, and the chairs were acquired for them, following clinical assessment and, therefore, were not in use as a restrictive practice. Care plans clearly outlined the rationale for use of these specific chairs and described the precautions and checks to be maintained.

Residents spoke of the lovely sunny days spent outside with staff and relatives. They said they were hoping for a "good, fine summer", and a repeat of the garden parties held last year. The inspector met with family members in a number of venues, sitting outside in the large, quaint, nicely planted garden, in the communal rooms and in residents' bedrooms. Visitors, and grandchildren, were seen to walk with residents around the garden paths and some residents expressed their opinions about the trees and plants growing there. Two residents and their visitors were served tea and snacks at a patio table outside in the garden. They told the inspector that this was a common occurrence and that "a cuppa" is always offered at tea rounds.

In general, staff actively engaged with residents and there was a social atmosphere in evidence throughout the day. The inspector spent some time in the day room in the morning and observed that suitable, varied music was playing on the large screen TV as well as newspaper reading and one to one interactions, including beauty therapy. In the afternoon, there was a wonderful live music session and the music from this was heard around the home. Staff and volunteers also attended and sang some requested songs for residents. As found on previous inspections, this was enjoyed by residents and visitors, who spoke very positively about the singers and the staff who accommodated the afternoon session. Staff informed the inspector that a musician also attended the centre each Wednesday morning and facilitated a more low-key session of familiar songs, for those with dementia. All residents were welcome to attend this session. The inspector observed photographs on display demonstrating that therapy dogs visited residents, and staff explained the therapeutic benefits that the residents gained from spending time with these specially trained dogs.

The inspector observed that notices were displayed encouraging residents to have their say, and to advise them about the advocacy services available to them. Staff said feedback was encouraged. An effective internal and external advocacy service was in place and this service was currently in use for a number of residents. The inspector spoke in detail with six relatives. Those spoken with said that in general there was good communication with staff, there was no problem visiting and that staff ensured residents were facilitated to go out with them to their homes or elsewhere, when this was requested.

However, one resident said they observed that some staff were not very communicative at mealtimes as they would like to converse about interesting subjects, as they had lived a very diverse life. To have a staff member sitting at a

dining table helping others to have their meal was seen by this resident as "a lovely opportunity to chat" and find out more about each other, "on a human level". Another resident said that on occasions some staff rush them, do not speak with them, or listen to them, when supporting them to dress, or shower, especially taking on board their wishes and choices. The inspector observed that this resident was not appropriately dressed. The issue was then addressed, to the satisfaction of the resident, by the clinical nurse manager on the unit. Additionally, not all staff wore name badges, which residents said would help them to identify individual staff, as they could sometimes "forgot names", found some names "difficult to pronounce", and they didn't like having to ask someone their name constantly.

The person in charge stated that training was scheduled for staff and for the complaints' officers, in line with the updated requirements of the regulations on complaints management, and said that all personnel will be trained in communicating styles, in the importance of person-centred interactions and in addressing issues of concern in a timely manner. In addition, all staff will be required to wear name badges, as part of the uniform policy and to improve communication.

The inspector met and greeted all residents, and sat and spoke in more detail with twelve residents, at intervals, during the inspection day. Residents described to the inspector how they liked to spend their day and stated that they could approach management staff if they had any concerns. Residents were supported and facilitated to maintain personal relationships in the community. For example, they visited local shops with family and activity personnel. Residents spoke about this, and how much they enjoyed going out. They told the inspector that they were looking forward to the upcoming events in Clonakilty, such as the "old time fair" and "Clonakilty show". The resident, who had previously exhibited their creative work in the show, was seen to be busily knitting and crocheting for local charities. This resident said they felt supported to continue their previous hobbies and their "passion for charity work". The majority of residents spoken with, praised the staff for their patience, their care and respect. They loved seeing the hairdresser coming in every couple of weeks and enjoyed spending time in "the hairdressing salon", as well as engaging with staff from activities, external musicians, visitors and the physiotherapist. This was described as adding "a social aspect" to their days and they looked forward to all the events.

Staff told the inspector that they helped to facilitate activities, such as providing singing, gardening, shopping and hand massage, especially at the weekends. Some staff were working in the centre for a number of years and residents enjoyed the continuity of care which this provided. The person in charge, said she strived to improve the social lives and activities for residents, in order to provide a holistic care model. On the day of inspection there were a number of one-to-one activities held, which residents greatly enjoyed, especially in the dementia unit. In this unit staff were seen to sit at tables with residents, calmly chatting, reading and doing art work. Additionally, ball games were initiated and cups of tea were served from the unit kitchenette, when requested. These activities were seen to be adjusted to facilitate individual residents' capabilities, by a group of responsive staff.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service.

The inspector was satisfied that the person in charge and staff understood, and applied, the guidance and national policy in support of this thematic inspection. Minutes of the governance and staff meetings showed that restrictive practices were discussed, including the importance of risk assessments, behaviour support assessments and care plans. The person in charge and the provider had completed the self-assessment questionnaire and submitted this to the Chief Inspector, prior to the inspection. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that individuals were treated with dignity. The person in charge had assessed the standards relevant to the use of restraint as, substantially compliant, in some areas. The inspector concurred with this evaluation following findings on the inspection; while there was good practice identified, improvements were required as described in this report.

Throughout the day there were adequate staff members on duty in the centre, with a suitable skill mix, to ensure that, generally, care was provided to residents in a manner that promoted their dignity and autonomy. There was good oversight and good uptake of staff training in the centre. Staff had up-to-date training on safeguarding vulnerable adults, responsive behaviour management and restrictive practices. The inspector spoke with staff in various roles and they stated that they understood their responsibilities in facilitating and supporting the psychological and social well-being of residents. They confirmed that they had been facilitated to attend training in reducing the use of restrictive practices. This training course was seen to be documented on the training matrix reviewed.

Staff in the centre also completed, on-line, training modules on promoting human rights. The centre's policy on restraint was recently updated and practice in the centre was seen to be consistent with the policy. Nevertheless, following concerns raised in the complaints and concerns log, about low staffing levels upstairs between the hours of 20.00 and 12mn, the person in charge stated that the provider had put resources in place to facilitate an extra member of the care team on the roster at this time. This was required to provide appropriate supervision of residents in the upstairs of the centre, to prevent falls, provide support for residents and address other risks.

Pre-admission assessments were conducted by senior management, to ensure that the centre was equipped to meet the needs of those being assessed. On admission, care plans were developed to guide staff on the care required. Relevant residents had a person-centred, restrictive practice, care plan in place which outlined the rationale



for use of any such restriction and this assessment included any alternatives trialled. Care plans were reviewed at a minimum of every four months. There were detailed behaviour support plans in place to guide staff, where required. This allowed staff to understand the meaning behind the behaviour and thereby avoid an escalation or the use of a restrictive intervention, such as a sedative medicine. However, the inspector was informed that the 'national transfer documentation' (developed by the HSE to provide consistency across sectors) was not used for all residents' on transfer home or to hospital. This was significant as the document was detailed and designed to inform the receiving medical personnel of the resident' medical and social needs, as well as their wishes and choices. For example, how the resident wished to take their medicines, food consistency, communication styles, if a bedrail or a low-low bed was in use, or not, and to highlight the risks for the resident.

Arrangements were in place for the oversight of safety and risk with active risks around restrictions identified, and controls in place to mitigate these risks. The person in charge provide assurance that staff did not use bedrails without a comprehensive assessment of risk. The provider had arrangements in place for monitoring, and reviewing, restrictive practices. A restrictive practice register was maintained which recorded and monitored the use of each restraint. The identified restrictions were risk assessed and residents had access to a multi-disciplinary team, including the weekly, general practitioner (GP) and physiotherapy visits, as well as, the services of an occupational therapist (O.T.), to assist in their assessments. Hourly checks were maintained when bedrails were in use, mainly during the night. An audit based on the National Standards, on safe services and the use of physical restraints, had been undertaken. The addition of the services of the O.T. meant that residents were assessed more regularly and facilitated to move around more freely, independently or with the help of equipment or staff.

It was apparent to the inspector that efforts were being made to facilitate access and free movement by, maintaining the floor coverings, having good lighting, providing grab rails in bathrooms, as well as handrails installed along corridors. The inspector was satisfied that residents were not restricted unnecessarily, in their movement or choices, due to a lack of appropriate resources or equipment, such as assistive aids for example, walking sticks and walking aids. Where necessary and appropriate, residents had access to low-low beds instead of having bed rails raised.

Complaints were recorded and documentation was maintained separately from residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of, and confident of the process.

Overall, the inspector found that there was a positive culture in Bushmount Nursing Home, which promoted the overall wellness of residents, while aiming to promote a person-centred, least restrictive, approach to care. Nonetheless, residents' quality of

life would be enhanced by improvements in the reduction of restrictive practices, increased staff supervision, as well as follow-up on the understanding and application of training in the human rights-based approach to meeting residents' needs and choices. In addition, training on communication skills was required for some staff, to enhance understanding of residents' need for respectful and attentive daily communication, thereby supporting the ongoing confidence and well-being of all residents.

## 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.

<b>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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### 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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