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:	Teach Altra Nursing Home
Name of provider:	Newmarket Nursing Home Limited
Address of centre:	Scarteen, Newmarket, Cork
Type of inspection:	Unannounced
Date of inspection:	04 September 2024
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0044395

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 4 September 2024	09:30hrs to 16:30hrs	Breeda Desmond

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

This was a good service that strove to provide a human-rights based approach to care to support people have a good quality of life; a restraint-free service and environment was promoted and encouraged that enabled residents' independence and autonomy. The inspector spoke with several residents during the inspection, in the day room, dining room, and residents' bedrooms. The atmosphere was relaxed and care was delivered in an unhurried manner. Residents reported that staff encouraged them to part-take in different activities, were kind, helpful and good fun.

Teach Altra Nursing Home is a single-storey facility with basement, which is registered to accommodate 42 residents. On arrival to the centre the inspector was guided through the risk management procedures of hand hygiene and signing-in process. The inspector advised the person in charge that the purpose of this inspection was to review themes associated with a restrictive practice thematic inspection.

Some residents were in the process of getting up, some were relaxing and listening to the radio or TV in their bedroom, others were in the day room waiting for mass on the television, and some residents were in the dining room having breakfast. One resident explained that he invites the person in charge to join him for breakfast, usually twice a week, and he enjoys catching up and chatting about local events and news. Another resident explained that their friend collects them and they go out playing cards every Monday night, and have a lovely evening with their friends catching up with the local news. A staff member was observed to take two residents out for a long walk (in the morning and afternoon) as part of their daily routine and in accordance with their holistic care needs.

Residents spoken with at lunch time in the dining room gave positive feedback about the food served, the choice at every meal. Meals were pleasantly presented and looked appetising. While the daily menu was displayed in the dining room, it was not easily accessible and difficult to read. Meal times were protected in that medications rounds were undertaken before and after meal times to enable residents enjoy their dining experience uninterrupted. Staff actively engaged with residents and there was lovely socialisation seen and assistance was given in a respectful manner.

Mid-morning and mid-afternoon refreshments were served in the day room and residents' bedrooms; this was undertaken in a social and relaxed manner. The activity programme was variety and seen to be good fun, interactive and residents were encouraged in accordance with their ability. Residents reported that they looked forward to the different activities including the exercise programme that was facilitated later in the morning. There were two full-time activities staff and they each brought different expertise and interests so the choice of activities was varied and included arts and crafts, interactive games, exercise programmes, card playing, music, dancing and singing for example.

A volunteer came on site on a daily basis and said rosary in the oratory at 2pm and residents reported that they found this very comforting. One resident with additional communication needs had a specialist headset to use the TV to view soccer matches and other programmes. The person in charge ensured that all staff had the necessary information and skills to provide appropriate care to another resident with impaired vision.

While access to the front reception was secure, the code information was displayed as part of the butterfly icon enabling residents and visitors to independently access reception. Advisory signage was displayed on long corridors to orientate residents to areas such as the day rooms, dining room and bedrooms.

Bedroom accommodation comprised single and twin occupancy bedrooms. Several of which had been refurbished since the last inspection with new flooring, furniture, soft furnishings and curtains, as well as refurbishment of communal rooms, handrails and corridors – all of which were re-painted. Bathroom and en suite facilities were being upgraded incrementally to enable easier access by residents to showers. Other improvements included upgrading of bedroom TVs to larger SMART TVs. Most televisions were wall-mounted, and at an appropriate height for residents to view while in bed or sitting out in their armchair.

The inspector observed that residents were dressed smartly in clothes and accessories of their choice. Age appropriate background music was playing in the dayroom, and dining room during meal time. While in the day room residents had their own table to rest their cup of tea, glasses and magazine or newspaper. Residents' rang call bells throughout the day and these were observed to be answered quickly; residents spoken with reported that usually there was no delay in their call bell being answered during the day and night time.

Residents had access to advocacy services and there were information posters displaying this information which reflected the change in legislation and current material available. Other information displayed for resident to peruse included the complaints procedure, safeguarding officer on site, annual review, residents' guide, and inspection reports as well as local community information and health-related leaflets. A pictorial display explained how to make a complaint in a format that was easily accessible to residents and visitors.

The enclosed courtyards were freely accessible to resident. They were well maintained with newly painted garden furniture, and flower beds set with colourful flowers and shrubs. These spaces were visible from corridors and were bright and cheerful. In one of these gardens, the smoking area for residents' was located. This had a call bell, fire extinguisher, fire blanket and fire apron for residents' safety.

Visitors were seen calling throughout the day and they were made welcome, were known to staff who actively engaged with them.

Oversight and the Quality Improvement arrangements

The provider had a robust governance structure in place to promote and enable a quality service. The person in charge was responsible for the service on a day-to-day basis. The person representing the registered provider was easily accessible by the person in charge and supported the service in promoting a restraint-free environment including facilitating ongoing professional training, staff development, and was open to feedback and suggestions in promoting a rights' based approach to delivery of care. The regional manager was also easily accessible and was on-site on a regular basis and came to the centre during the inspection to support the person in charge and staff.

The person in charge had completed the self-assessment of the service regarding restrictive practices, overview and management regarding promoting a restraint-free environment. This included audits such as restrictive practice assessment and implementation in line with national policy, medication audits which included psychotropic prescriptions, privacy and dignity of residents and activities; all of which informed the clinical governance meetings. While they assessed the service as mostly compliant, they identified some areas for improvement and implemented changes to staff training and competencies.

There were policies in place including one to support and promote a restraint-free environment including emergency or unplanned use of restrictive interventions to guide practice. Staff had information differentiating non-cognitive symptoms of dementia, for example, delusions, hallucinations and anxiety with associated pathways to the holistic management of longstanding responsive behaviours. Another policy supported staff in the safety and appropriate management of residents' property and finances. While the service was a pension agent for one resident, systems in place protected residents in line with current legislation and best practice. Regarding management of complaints – the complaints procedure displayed was in an accessible format and easy to follow, however, the associated policy did not reflect the procedure displayed and required updating to ensure they correlated.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, and manual handling and lifting with ongoing training scheduled to ensure all staff training remained current. A review of the duty roster demonstrated adequate staffing levels for day and night duty. Residents reported that call bells were answered quickly and call-bell audit results verified this.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised physiotherapy, general practitioner and old age psychiatry when required along with access to the national screening programme. Documentation reflected consultation and discussion was an on-going process regarding people's care and welfare including restrictive practice. The delirium screen tool formed part of the validated assessment tools available to staff to support behavioural management to rule out concerns such as

infection. An additional assessment formed part of the care documents which differentiated delirium, dementia and depression.

The service was home to residents under 65 years old. The person in charge was proactive regarding seeking support for additional services for these residents such as day services, personal assistant hours and sourcing accommodation more suited to their assessed needs.

At the time of inspection, restrictive practices in use included bed rails, bed bumpers, low low beds, alarm mats, a wanderguard bracelet, and the occasional administration of psychotropic medications. Psychotropic medication usage was under constant review; where a resident was identified as requiring an increased amount of PRNs, the GP reviewed the resident's prescription and adjusted it accordingly in consultation with the resident when possible. Residents had access to assistive equipment such as wheelchairs and walking frames to enable them to be as independent as possible. Many aspects of the physical environment enabled independence, for example, the flooring of many bedrooms, hallways and communal areas did not have floor sashes to enable freer mobility, especially for residents using mobility aids. Good lighting on wide corridors also facilitated safer mobility.

Pre-admission assessments including people's communication needs were completed to be assured the service could cater for residents' assessed needs. A sample of assessments and plans of care were reviewed, and in general, these demonstrated appropriate assessment to inform individualised care including their social, recreational, hobbies and interests. Some were excellent and provided a holistic picture of the resident such as their interest in traditional music, and horse racing for example. However, some did not include medical histories, others were not updated with the changing needs of the resident, to inform holistic care.

Behavioural support plans were evidenced with the associated observational tool (Antecedent, Behaviour, Control) to enable possible cause of changes in behaviours to be established to enable staff to implement appropriate actions and supports to deliver safe person-centred care. In addition, the 'PINCH ME' tool was used to determine the possible cause of behaviours such as infection or dehydration for example.

Consent forms were examined; where possible, the resident signed their own consent regarding interventions including restrictive practice; however, it was not differentiated when a resident was unable to sign their consent due to cognitive impairment for example and the next of kin signed that the restrictive practice was discussed with them. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care and this was observed on inspection. Other documentation showed the workflow for monitoring restrictive practice.

Transfer documentation to ensure residents would be cared for in accordance with their current needs were not comprehensively completed in the sample seen. One resident, who was at risk of choking, did not have this information included for

example. The resident's current clinical status or infection history was not include in the transfer information in another transfer letter.

The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources, equipment or technology.

In conclusion, a restraint-free environment was championed to support a good quality of life that promoted the overall wellbeing and independence of residents in accordance with their statement of purpose.

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.