



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

## Issued by the Chief Inspector

Name of designated centre:	Flannery's Nursing Home
Name of provider:	Flannery's Nursing Home Limited
Address of centre:	Chapel Road, Abbeyknockmoy, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	02 November 2023
Centre ID:	OSV-0000341
Fieldwork ID:	MON-0041045

## 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.

---

<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 2 November 2023	09:50hrs to 15:45hrs	Fiona Cawley
Thursday 2 November 2023	09:50hrs to 15:45hrs	Maria Myers

## 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. From what residents told the inspectors and what they observed, it was evident that residents were supported to enjoy a good quality of life in this centre.

Inspectors arrived in the centre mid-morning and were met by the person in charge. Following an introductory meeting, inspectors walked through the centre and observed residents in various areas including the dining room and day room. Many residents were up and about, while others were having their care needs attended to. The atmosphere was calm and relaxed throughout the centre.

Flannery's Nursing Home was a single-storey purpose-built facility situated on the outskirts of Abbeyknockmoy, County Galway. The centre provided accommodation for 60 residents and comprised of single and multi-occupancy bedrooms, all of which were en-suite. There were a variety of communal areas available for residents to use depending on their choice and preference including a large lobby, two lounges (Lisheen and Abbey), two dining rooms, and an oratory. All areas were bright and spacious with comfortable furnishings and domestic features which provided a homely environment for residents. Bedrooms provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. 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 building was bright and well ventilated. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available throughout the centre to assist residents to mobilise safely.

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

As the day progressed, the majority of residents were observed in Lisheen lounge chatting to one another and staff, listening to music, reading and participating in activities. Other residents were observed relaxing in the quieter Abbey lounge. Inspectors spent time in the various communal areas of the centre observing staff and resident interaction. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. Inspectors observed that personal care was attended to in line with residents' wishes and preferences. Friendly chats were overheard between residents and staff throughout the day. A small number of residents chose to spend time in their bedrooms and they were supported to do so by staff. It was evident that residents' choices and preferences in their daily routines were respected. Staff who spoke with inspectors were knowledgeable about residents and their individual needs.

Throughout the day, residents were happy to chat with inspectors about life in the centre. Inspectors spoke with residents in the communal areas and in their bedrooms. Residents told inspectors that they were happy with their life in the centre. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. A number of residents explained the reasons they decided to move into the centre and that they were very happy with their decision. One resident told inspectors that life in the centre was 'very good, very comfortable'. Another resident said 'this is a nice warm place'. Residents told inspectors that they would use the call bell if they required assistance and 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 explained that they 'could do what they liked, when they liked'. Residents told inspectors that staff were kind, caring and attentive to their needs. 'Staff are beautiful, one better than the other' and 'staff are very good and kind' were among some of the comments made by residents.

Residents described the various activities available to them in the centre including arts and crafts, exercise and music, and they said they could choose to participate or not. Residents said they could go outside whenever they wanted. A number of residents told inspectors that they often went out on trips with family or staff. Inspectors observed group and one-to-one activities taking place during the day of the inspection. There was also an interactive baking session held in the afternoon. The session was well attended and residents were observed to be enjoying themselves.

Friends and families were facilitated to visit residents, and inspectors 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.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were three residents using bedrails on the day of the inspection. There was a variety of alternative devices and equipment in use in the centre to support minimal use of bedrails. For example, a number of residents who were assessed as being at risk of falling used low beds with sensor alarms in place to facilitate the safe monitoring of a resident without the requirement of a physical restriction.

Residents were observed mobilising freely throughout the centre during the course of the inspection. Residents had access to all areas inside the centre other than staff areas and store cupboards. There were a number of access points to the external grounds which contained a variety of suitable seating areas and seasonal plants. These areas were accessible by means of a keypad. Staff told inspectors that when residents wished to go out, a staff member usually accompanied them with their permission. Staff said that residents could go outside unaccompanied if safe to do so and that if necessary discreet supervision would be provided to maintain their safety whilst respecting their wishes.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. During

mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre.

Residents had the opportunity to meet together and discuss management issues in the centre including activities, care issues, and nutrition. This was evidenced in the minutes of resident meetings which included action plans. 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.

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

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 respect to restrictive practices, person-centred care, and promoting residents' rights.

The person in charge facilitated this inspection. At the outset of the inspection, they confirmed that the centre actively promoted person-centred care in a restraint-free environment, in line with national policy and best practice. Throughout the day, inspectors observed that the person in charge was very well known to residents and staff and that they were a very strong, positive presence in the centre.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. A quality improvement plan was developed following the completion of the self-assessment. This plan outlined areas for improvement relevant to restrictive practice including staff training in positive behaviour care planning, advocacy and human rights.

The person in charge ensured that the centre's admissions were carried out in accordance with the statement of purpose. Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support.

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 monthly to ensure use of restrictive practice remained appropriate and proportionate to the needs of the residents. A risk assessment was completed for all identified restrictive practices in use. Residents had a restrictive practice care plan in place which contained person-centred details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months. Restrictive practice was discussed at weekly management meetings and monthly clinical governance 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.

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 two activity staff who provided both group and one to one activities for residents, seven days a week.

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



## 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

<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.
-----	---