



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

Issued by the Chief Inspector

Name of designated centre:	Garbally View Nursing Home
Name of provider:	Garbally View Nursing Home Ltd
Address of centre:	Brackernagh, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	22 October 2024
Centre ID:	OSV-0000343
Fieldwork ID:	MON-0042533

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
Tuesday 22 October 2024	10:00hrs to 16:00hrs	Fiona Cawley

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. Through observations and conversations with residents, it was evident that residents were supported to have a good quality of life and were encouraged and supported by staff and management to be independent. The inspector found that residents were very well cared for by staff and that they were encouraged and supported with choices and preferences. Feedback from residents was that staff were very kind, caring and attentive to their needs.

On arrival to the centre, the inspector met with the person in charge. Following an introductory meeting, the inspector walked through the centre giving an opportunity to review the living environment, and to meet with residents and staff. Many of the residents were up and about in the various areas of the centre, while others were having their care needs attended to by staff. There was a pleasant atmosphere throughout the centre and friendly, familiar chats could be heard between residents and staff.

Garbally View Nursing Home, which provides accommodation for 36 residents, is a two-storey building located in Ballinasloe, County Galway. The centre provides care for both male and female adults with a range of dependencies and needs. Living and bedroom accommodation was on the ground floor. There were a variety of accessible communal areas in the centre for residents to use, depending on their choice and preference, including day rooms and a dining room. Bedroom accommodation comprised of single and multi-occupancy bedrooms, a number of which had en-suite facilities. All areas were bright and spacious and were found to be appropriately decorated. Communal rooms were styled with comfortable furnishings to provide a welcoming, homely environment for residents. Bedrooms provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments, photographs and other memorabilia. A visitors' room was available, providing residents with a choice of a comfortable space to meet with friends and family members in private.

The premises was laid out to meet the needs of the residents. The building was bright, well ventilated and comfortable throughout. Corridors were unobstructed and sufficiently wide, with appropriate handrails in place to assist residents to mobilise safely. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of accessible toilets and bathroom facilities available to residents. Call bells were available in all areas of the centre and the inspector observed that these were responded to in a timely manner. The centre was observed to be clean, tidy and well maintained.

Residents knew their way around the centre and the location of their own bedrooms. Residents had access to all areas inside the centre other than staff areas and store cupboards. The front door of the centre was locked by means of a key code. Staff informed the inspector that some residents had the code. A number of residents told

the inspector that they often went out to the local shops or on trips with family and friends. There was also access to an external enclosed garden which contained a variety of suitable outdoor furniture and seasonal plants. There were a number of access points to the garden which were accessible by means of a fob which was held by staff. Staff told the inspector that residents did not have access to a fob and that when a resident wished to go out, a staff member opened the doors for them. Staff told the inspector that when residents wished to go out, a staff member usually accompanied them. 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 told the inspector that they were able to go outside for fresh air or walks if they wished.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was one bedrail in use in the centre on the day of the inspection, at the request of the resident, with an appropriate risk assessment in place. A small number of residents, who were assessed as being at risk of falling, used low beds with sensor alarms in place that alerted staff when the resident moved. These alarms were only used during the night and there were no alarms in use during the day. Overall, staff demonstrated a good understanding of what constituted restrictive practice and the importance of providing a restraint-free environment where possible.

The inspector spent time in the various areas of the centre observing staff and resident interaction. As the day progressed, residents were observed in the various areas of the centre getting on with their day, and were observed to be content and relaxed in their environment. The majority of residents spent their day in the day rooms chatting to one another and staff, listening to music, watching television or reading. Some residents chose to remain in their bedrooms relaxing in their own company. One resident told the inspector that they preferred their own company and that they were very content in their bedroom. Another resident described how they liked to spend their day between the day room and their bedroom, depending on what activities were planned for the day.

Residents and staff were heard chatting to each other throughout the day. Staff were observed interacting with residents in a positive, considerate manner. Care delivery was observed to be unhurried and respectful. Communal areas were appropriately supervised by staff and those residents who chose to remain in their bedrooms were frequently checked to ensure that they were safe and comfortable. Items of importance such as the call bell, water, mobility aids and television remote controls were placed within easy reach for the residents. It was evident that residents' choices and preferences in their daily routines were respected. Personal care was attended to a good standard, and staff provided care to residents in an unhurried fashion. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector chatted and interacted with the majority of residents during the course of the inspection. There were a number of residents who sat quietly in the communal areas and who were unable to speak or interact with the inspector. These residents were observed to be relaxed in their surroundings. Those residents who were able to

Speak with the inspector were happy to chat about life in Garbally View and spoke positively about their experience of living in the centre. A number of residents explained their reasons for moving to the centre and told the inspector that they were very happy with their decision. Residents told the inspector that they were happy with their life in the centre. One resident said that they were well cared for in the centre. A resident told the inspector that the centre was 'home from home', while another described the centre as 'wonderful'. Residents told the inspector that they could decide for themselves how to spend their day. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents said that they were able to get up whenever they preferred and were able to do what they wanted during the day.

Residents described the various activities available to them in the centre including bingo and music, and they said they could choose to participate or not. The inspector observed group and one-to-one activities taking place during the day of the inspection including outdoor walks and a daily newspaper review. Residents were also supported to take part in activities that involved an element of positive risk-taking. There were opportunities for residents to go out on trips with staff or friends and families. For example, a number of residents had attended a local horse fair, taken part in a guided tour of a local town and visited a local mill.

Residents were provided with opportunities to meet as a group and provide feedback on the quality of the service they received. This was evidenced in the minutes of resident meetings reviewed by the inspector. Various issues were discussed at meetings including restrictive practice, residents' rights, the complaints process and advocacy. It was also evident that residents were consulted about their care, such as the quality of food and activities, infection control practices and access to physiotherapy services.

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. The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. Residents had access to an independent advocacy service.

Residents were facilitated to exercise their civil rights and were provided with opportunities to vote in recent elections.

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. The inspector observed the lunchtime period. The majority of residents attended the dining room and the dining experience was observed to be a social, relaxed occasion. Residents who required assistance were supported in a quieter environment where residents were provided with assistance in a sensitive and discreet manner. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going to the centre throughout the day. 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 regard to restrictive practices, person-centred care, and promoting residents' rights. The inspector found that there was effective governance and leadership in the centre that supported a positive approach to promoting a restraint-free environment in the centre.

The person in charge had completed a self-assessment questionnaire in relation to restrictive practices prior to the inspection and submitted it to the Office of the Chief Inspector for review. This document demonstrated that the provider was striving to ensure residents' rights were upheld and respected.

The person in charge facilitated this inspection and they confirmed that the centre actively promoted person-centred care in a restraint-free environment, in line with national policy and best practice.

The registered provider had a policy in place for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. Staff were provided with access to this document.

There were effective governance arrangements in place to support oversight in relation to restrictive practices. The centre maintained a record of all restrictive practices used in the centre. This record was reviewed on a regular basis to ensure use of restrictive practice remained appropriate and proportionate to the assessed needs of the residents. A risk assessment was completed for all identified restrictive practices in use. Restrictive practice care plans were in place which outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months ensure they contained up-to-date and relevant information.

There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits. Restrictive practice audits had been completed regularly by the person in charge. Where areas for improvement were identified, action plans were developed and completed. The use of restrictive practice and restrictive practice audit results was discussed at regular staff meetings, including restrictive practice committee meetings and management meetings.

The centre had access to sufficient resources to ensure that the rights, health and wellbeing of residents were supported. There was 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 instead as an alternative to bed rails. The physical environment was set out to maximise resident's independence with regards to flooring, lighting, signage, and handrails along corridors.

There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised. The centre employed activity staff who provided both group and one-to-one activities for residents. Staff had the required skills, competencies and experience to fulfil their roles. Staff were supported and facilitated to attend training relevant to their role such as the use of restrictive practice in the centre and safeguarding vulnerable people.

Overall, the inspector found that there was a very positive culture in Garbally View Nursing Home where staff and management recognised the rights of residents to live in an environment which was restraint-free.

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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