



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

Issued by the Chief Inspector

Name of designated centre:	Mountbellew Nursing Home
Name of provider:	Mountbellew Nursing Home Limited
Address of centre:	Mountbellew, Galway
Type of inspection:	Unannounced
Date of inspection:	14 March 2024
Centre ID:	OSV-0000362
Fieldwork ID:	MON-0043123

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
Thursday 14 March 2024	09:30hrs to 15:30hrs	Una Fitzgerald

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

The inspector found that residents had a good quality of life and were supported by staff to remain independent and to have their rights respected and acknowledged. Residents felt safe in the centre and said that they felt that their opinions mattered and that their rights were respected. They said they were glad of the support they had from staff and felt that their freedom was not restricted.

This inspection of Mountbellew Nursing Home was unannounced and carried out as part of the programme of thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the National Standards for Residential Care Settings for Older People in Ireland. From observations made by the inspector it was evident that there was an ethos of respect for residents promoted in the centre and person-centred care approaches were observed throughout the day.

Mountbellew Nursing Home is a designated centre for older people, registered to accommodate 35 residents. There were no vacancies on the day of this inspection. The centre is situated along the main street of Mountbellew town. On entry to the centre, the inspector's first impressions were that this was a well-maintained centre. The centre was visibly clean. The inspector found that there was a welcoming feel to the centre. Multiple residents were sitting in the conservatory area that looks onto the main road. Residents told the inspector that they enjoyed sitting in this brightly lit area watching the activity and movement of people out on the main road.

Residents' accommodation was organised over two levels. Bedroom accommodation in the main, consisted of single en-suite bedrooms, with a number of twin rooms also. Residents told the inspector that they were happy with their rooms. Rooms were personalised with photographs and mementos, which provided glimpses into residents' previous lives and family connections.

The inspector saw that residents were free to access all areas within the building. A smoker's room was in use and was suitably equipped. The main door of the building was open, providing easy unrestricted access. While there was a key pad code on the door, the code was available to residents.

The inspector observed that notices were displayed, encouraging residents to make their concerns known, and advising them about the advocacy services available. Relatives confirmed that there was good communication. There was no restrictions on visiting and that staff ensured residents were facilitated to go out. Residents were supported to maintain personal relationships in the community. They visited local shops, places of interest and coffee shops with family, staff and the activity personnel. Residents spoke about this and how much they enjoyed going out. For example, they spoke of going out on weekly shopping trips. Residents said they liked to go up to a local restaurant and pub for a beverage. One person explained how they walked to the local shop whenever they wished.

The centre is embedded in the community. Local schools visit weekly and perform for residents. The transition year students had completed multiple school projects that have been informed by resident knowledge. The inspector heard staff engaging in social

conversation, and during the conversations they spoke about community events, such as, the upcoming St Patricks day parade.

In the morning, the inspector spent some time in the main sitting room, where mass was on the television. Afterwards a choice of drinks and snacks were provided to all residents. The room was supervised by staff at all times who were familiar with the residents. There was a relaxed atmosphere and open conversations were held on current events of interest to the residents. For example, a discussion on the Cheltenham races was observed. Many residents reminisced about their memories of attending horse racing events.

In the afternoon there was an arts and craft session held. There was one full-time staff assigned to the activities programme. The activity staff member was seen to ensure that all residents had personal social time during the day, even those who wished to remain in their bedrooms.

Resident meetings were held every two months. Issues and feedback raised were acknowledged and addressed by the provider.

Meals were served to residents in their bedrooms and in the dining room; most residents had their lunch in the dining room. Meals were carefully presented and a choice of dishes was on offer at dinner and tea time. Snacks and drinks were served between meals, and it was apparent that residents looked forward to the extra cups of tea. In general, staff actively engaged with residents and there was good socialisation seen during the day.

Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance, management and leadership in the centre. There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The systems in place supported quality improvement on the use of restrictive practices, person-centred care, and in the promotion of residents' rights. The person in charge had completed the self-assessment questionnaire prior to the inspection and had assessed the standards relevant to restrictive practices as being compliant. The findings of this one day inspection supported the self-assessment.

The provider ensured that arrangements were in place to monitor and evaluate the quality of the service. 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. The policy was centre-specific. Audits on the use of restrictive practices were completed.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Training was delivered on site and staff were required to attend in person. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed very good understanding of residents' needs, behaviours and rights. This ensured that the staff had the knowledge to implement care practices that are restraint-free or that minimise the use of restrictive practices. Staff were appropriately supervised by management.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. A number of residents, who were assessed as being at risk of falling, had motion sensor alarms in place that alerted staff when the resident moved. The alarms when triggered sounded outside of the resident bedroom. This system was unobtrusive as it only alerted the staff to check on the resident, and was not restrictive. The inspector observed that when the alarms rang, staff attended to the resident to provide them with any assistance.

The centre had a record of restraints in use in the centre. On the day of inspection, there were eight residents with bedrails in use. The inspector found that information on the use of bedrails was collected on individual residents. Each bedrail had an appropriate risk assessment completed. There was evidence of consultation with the resident and where possible the resident consented. Risk assessments were reviewed at regular intervals as required.

The provider ensured the centre was resourced with equipment that ensured care could be provided in the least restrictive manner to all residents. Residents had access to low-

low beds. The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that residents were not unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

Residents told the inspector they were very satisfied with the length of time it took to have their call bells answered. Residents added that the staff attended to the request at the time as opposed to returning at a later stage. On a walk of the premises the inspector observed that all residents had their call bell within easy reach.

In summary, the inspector identified that the provider was actively promoting a restraint-free environment in the centre. The provider and staff were taking a positive and proactive approach in reducing and eliminating restrictive practices. Residents told the inspector that they enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The residents spoken with were very satisfied that they were supported to live as independently as possible without unnecessary restriction.

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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