



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

Issued by the Chief Inspector

Name of designated centre:	Ashlawn House Nursing Home
Name of provider:	Ashlawn Nursing Home Limited
Address of centre:	Carrigatoher, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	24 July 2024
Centre ID:	OSV-0000407
Fieldwork ID:	MON-0044352

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
Wednesday 24 July 2024	09:30hrs to 17:00hrs	John Greaney

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 centre. The inspector found that residents living in this centre were well cared for and supported to live a good quality of life by a dedicated team of staff that knew them well. Feedback from residents was that staff were kind, caring and attentive to their needs.

The inspector arrived in the centre in the morning and was met by the director of nursing (DON) and the assistant director of nursing (ADON). The inspector observed that there was ample parking available for visitors to the centre. The front door is secured by an electronic key coded lock. Directions on how to unlock the door are written by the keypad in small lettering. The code is not explicitly stated and therefore it would be difficult for residents with a cognitive impairment to open the door and leave the centre unaccompanied. Following an introductory meeting with the DON and ADON, the inspector walked through the building and observed residents in various areas of the centre. Many of the residents were up and about, while others were having their care needs attended to. The atmosphere was calm and relaxed throughout the centre.

Ashlawn House Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area of County Tipperary, approximately six kilometres from the town of Nenagh. It is a single storey facility, which was purpose-built and has been extended on two occasions to reach its current capacity of fifty two residents. It is a family owned and operated centre. Bedroom accommodation comprises of forty single and six twin bedrooms. Most of the bedrooms are en suite with toilet, shower and wash hand basin; some are en suite with toilet and wash hand basin only. Two bedrooms are not en suite but have a shared toilet and there is a communal shower close by. In the main part of the centre there is bedroom accommodation for 40 residents. Communal space here comprises a large sitting room, a large dining room, a sun room, a visitors' room, a library and an oratory. There is a secure outdoor area with a number of doors through which it can be accessed from the centre. There is a 12-bedded dementia specific unit that predominantly accommodates residents with a cognitive impairment. It is self contained with its own communal sitting and dining space. It has also got a secure outdoor space that is landscaped to a high standard and is readily accessible to residents.

Residents were seen to be engaged in activities over the course of the inspection. On the morning of the inspection residents in the dementia unit were completing jig saw puzzles with the support of a healthcare assistant allocated to providing activities on

that day. A designated activity staff member was supporting residents in the main part of the premises to participate in activities. The morning time is predominantly given to one to one time for residents that like to spend time in their bedrooms. There was bingo in the afternoon and a number of residents from the dementia unit were assisted to the main sitting room to participate in this activity. There was a very relaxed atmosphere and some residents were seen to interact with each other in a jovial manner. Residents spoken with were generally positive about the programme of activities, however, some stated that they would like to access the community more often. There was one trip to the local library so far this year and a trip to a local coffee shop was planned.

The lunchtime experience was observed. Residents requiring assistance during the meal were given this in respectful and calm manner. Residents spoken with in the dining room gave positive feedback about the food served and the choice available at mealtimes. Meals were pleasantly presented and appeared appetising.

Friends and family members were facilitated to visit residents and the inspector observed visitors coming and going over the course of the day. Visitors expressed their satisfaction with the quality of the service provided to their relatives.

The inspector spent time in the various communal areas of the centre observing staff and resident's interaction. Residents moved freely around the centre. Residents knew their way around the centre and the location of their own bedrooms. A large number of residents spend their day in the various communal rooms while others preferred to relax in the comfort of their bedrooms and were supported to do so by staff. Residents were seen to be happy and content as they went about their daily lives and it was evident that residents' choices and preferences in their daily routines were respected.

Friendly, familiar conversations were overheard between residents and staff throughout the day. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. Personal care and grooming was attended to in line with residents' needs and preferences. Staff that spoke with the inspector were knowledgeable about residents and their individual needs. Residents were appropriately supervised and supported by staff throughout the day.

Throughout the day, residents were very happy to chat about life in the centre and the feedback was generally very positive. One resident described the centre as 'a very nice place to live' while another stated that 'staff are very kind and are there if I need help with anything'.

Oversight and the Quality Improvement arrangements

The provider had a clearly defined governance and management structure in place to support the provision of a quality service. The person in charge and the other staff members spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and, when in use, their use was for the shortest amount of time. Seven residents had bedrails, of which four had bed bumpers, and one resident had a lap belt at the time of inspection. There were also four residents using sensor alarms to alert staff when residents got out of bed.

The assistant director of nursing had completed the self-assessment questionnaire in January 2024 and had assessed the standards relevant to restrictive practices as being compliant in seven themes and substantially compliant in one theme. The findings of this one day inspection are that the service was compliant.

The registered provider of Ashlawn House Nursing Home is Ashlawn House Nursing Home Limited, a company comprising two directors. The management structure was clear with the management team consisting of a person in charge, an assistant director of nursing, two clinical nurse managers and one senior staff nurse. In addition, there were two registered nurses on duty 24 hours a day, supported by health care assistants, activities staff, cleaning, catering, maintenance, and administration staff. The management team had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care.

Adequate arrangements were in place to monitor and continuously evaluate the quality of the service. There was a senior management team comprising one of the directors, the DON, ADON, CNMs and senior staff nurse that met monthly. While there wasn't a specific restrictive practice committee, the use of restraint was reviewed at senior management team meetings. A review of records and discussions with management indicated that the use of restraint was constantly reviewed and minimised as much as possible.

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 to support freedom of movement. 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.

Residents are consulted formally through residents' meetings that are held approximately every three months. There are also resident' surveys and separate family surveys. Any suggestions for improvements are addressed through action plans and records viewed by the inspector indicated that matters are addressed to the satisfaction of residents and their families.

Overall, the inspector found that there was a positive culture in Ashlawn House 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.
-----	---