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

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| Name of designated centre: | St. Anthony's Nursing Home |
| Name of provider: | Kilduff Care Co. Limited |
| Address of centre: | Kilduff Castle, Pallasgreen, Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 November 2024 |
| Centre ID: | OSV-0000428 |
| Fieldwork ID: | MON-0045154 |

## 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 |
|---|---|---|
| Tuesday 19 November 2024 | 10:15hrs to 16:55hrs | Rachel Seoighthe |

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

This was an unannounced inspection to review the use of restrictive practices in St Anthony's Nursing Home. Overall, the inspector found that residents living in the centre were supported to live a good quality of life, which was enhanced by the provision of meaningful activities and regular social engagement. Resident feedback was very positive overall and the inspector heard comments such as 'the staff care for us very well here'.

The inspector arrived to the centre on the morning of the inspection and noted that there was controlled access to the front door. A member of staff opened the door to allow the inspector to gain entry. Following an introductory meeting with the management team, the inspector spent time walking through the centre with the person in charge, giving the opportunity to meet with residents and staff. The atmosphere in the centre was relaxed and welcoming.

St Anthony's Nursing Home is a purpose built, two-storey facility located in the village of Pallasgreen, Co. Limerick. There was stairs and a passenger lift access between floors. The designated centre is registered to provide accommodation for 61 residents who require long term and respite care. The centre was at full occupancy on the day of inspection.

The inspector noted that the centre was accessible and homely. Resident private and communal accommodation was laid out over both floors and residents could move freely between floors. Resident bedroom accommodation consisted of single and twin bedrooms with en-suite facilities. Resident bedrooms were clean and tidy, and many were personalised with items such as fresh flowers, birthday cards, ornaments, soft furnishings and photographs. Lockable storage, call bell facilities and televisions were available in each resident bedroom. The inspector observed that equipment was in place in some resident bedrooms, such as sensors alarms, crash mattresses and low profiling beds.

On the walk around the centre, the inspector noted that some exit doors were fitted with an alarm device, which was used to alert staff when the doors were opened. The person in charge advised the inspector that this system was in place to mitigate potential risks associated with the proximity of the centre to the main road. Key coded locks were fitted on all utility and clinical room doors, as a safety measure. Residents who could go out independently were given a key code to access to the front door and the reception was attended from 8am until 8pm daily.

There were a variety of communal rooms available for resident use, including several sitting rooms, a dining room known as 'Bridie's kitchen' and a parlour room. There was brightly coloured, comfortable seating arranged within the spacious ground floor sitting room, and many residents spent time relaxing in this area during the inspection. Furnishings were arranged into various seating areas, giving residents the opportunity to take part in different activities or read and watch television.

Signage was displayed at resident seating level in the ground communal sitting room, to advise residents' that the room was supervised continuously, from 10am until 10pm. The management team recognised some residents may consider that this level of supervision was restrictive, therefore residents were offered the choice of using alternative communal areas. Some residents were seen spending time in the parlour, which was a smaller sitting room beside the reception area, and several residents were observed relaxing independently in a communal sitting room on the first floor of the centre. The provider had arranged portable call bell units for residents, which could be used in communal areas throughout the centre.

There was an outdoor seating area at the front of the centre, where furniture was provided and a pergola was fitted for shelter. This area was accessible via doors leading from the communal sitting room, and offered views of the local castle and farmland. There was a small sensory garden and chicken coup located here, for resident interest.

Several residents were attending the local day care centre on the day of inspection, which was a regular weekly outting. Many other residents were engaged in activities in the centre, with the support of staff. The inspector noted that a group of residents were busy making christmas decorations with activities staff on the morning of the inspection, which would later be donated to the local christmas fair.

The inspector noted many pleasant interactions with residents and staff during the inspection. A large group of residents were seen attending a 'reading club' in the communal sitting room in the afternoon. Each resident was offered an opportunity to read a different article aloud, with the aid of a microphone. One resident a expressed concern that they may not be able to read an article accurately, and they were immediately reassured by activites staff, who advised gently that 'there is no right or wrong way to do it.' Residents appeared to really enjoy this activity and one reading initiated an interesting discussion about advertising and christmas shopping in present times, and in times past.

The inspector spoke with one resident who queried the arrangements for voting in the upcoming general election. A member of activities staff spent time speaking with the resident and described to them the arrangements in place to facilitate all residents to cast their vote in the centre, one week prior to the election. The management team informed the inspector that local political canvassers were scheduled to visits residents in the centre, as they would do if a resident was residing in their own home.

Several residents informed the inspector that they were satisfied with the quality of food provided, and they were confident that they could request an alternative choice, if they wished. Menus were displayed on dining tables in 'Bridies kitchen' and a word search activity was printed on the back of each menu, for resident interest and discussion. Pictorial images of meal-time options were also available for resident information. Small refridgerators were provided for residents in some communal rooms, and the provider had arrranged a new portable refreshment trolley with a safety device, which was being trialled at the time of inspection.

There was a schedule of activities in place, which included art, parachute games, individual therapy for residents with a cognitive impairment, singalongs, movie afternoons and bingo. Outings away from the centre for events or short shopping trips in the locality were strongly encouraged, and residents could avail of the centres' transport service. Corridor walls displayed photographs of resident and staff events, such an easter bonnet parade, a boat trip, and a visit to Bunratty Folk park. The schedule of upcoming activities included visits from local schools and a trip to the pantomime and local Christmas fair. The centres' monthly newsletter was displayed for resident information. Residents were supported to practice their religious faiths and a catholic mass service took place weekly in the centre. Information regarding advocacy services and the centres' complaints procedure was displayed on a residents' information board.

Visitors attended the centre during the inspection and arrangements were in place to ensure residents were supported to meet with their visitors in communal areas or in their bedrooms.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was a positive attitude towards the use of restraint in the designated centre. There was a considered approach towards the introduction of any restraint and positive risk taking was supported. The management team recognised that while there were risks associated with the use restrictive practices, and the benefit of implementing some restrictive practices outweighed the potential harm.

The person in charge completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being compliant, with the exception of the theme 'Responsive Workforce', which related to staff training. This theme was assessed as being substantially compliant, and the management team implemented a quality improvement plan to achieve compliance with this standard. The registered provider of St Anthony's Nursing Home was Kilduff Care Co. Limited. There was an established governance structure in place. A director of the company was the person in charge, and they facilitated this inspection. The person in charge was supported by a director of care, and an assistant director of nursing (ADON), who deputised in their absence.

There were sufficient staffing resources in place to enable staff to respond in an unhurried, person-centred manner and to ensure that resident's individual needs were met. There were a minimum of two nurses on duty 24 hours a day. A team including clinical nurse managers, nurses, administration, healthcare assistants, activities, house-keeping, catering and maintenance staff made up the staffing compliment. The management team demonstrated good knowledge of residents care needs and a commitment towards reducing the use of restrictive practices in the centre.

There was good oversight of staff training in the centre and training records demonstrated that the majority of staff had completed restrictive practice training. Staff spoken with were able to discuss issues around restrictive practices, and staff were aware that the management team should be consulted regarding the application of any new restraint. Following completion of the self-assessment questionnaire, the clinical management team had devised a training programme, which focused on the management of responsive behaviours. Staff spoken with described how they would respond to any episode of responsive behaviours in the least restrictive manner.

There were management systems in place to ensure effective monitoring of the service. There was a schedule of clinical and environmental audits, to ensure that quality of care and experience of residents were monitored, reviewed and improved on an ongoing basis. The use of restrictive practice and supporting documention was audited to ensure the appropriate use of restraints. The completion of daily safety checks and restraint release records was audited by the management team.

The use of restrictive practices was underpinned by an up-to-date restraint policy. This policy guided on the use of environmental, physical, mechanical and chemical

restraints, and supported staff decision-making around the use of restrictive practices. The management team were aware that alternatives such as low profiling beds, could create additional risks, and that they required ongoing review. Restrictive practice usage was recorded in a restrictive practice register, which included the date of the initial implementation of the restraint, the rationale for use, and any adverse outcomes.

A multi-disciplinary restrictive practice committee met bi-annually review the use and potential reduction of restrictive practices in the centre. A restrictive practice guide was available for residents and families. A review of the guide found that it explained what restrictive practices were, and possible reasons for their use, such as to support a residents' behaviours. Residents were informed that they had a choice about using restrictive practices and the guide stated, 'if you do not want the restrictive practice, that is ok.' Positive risk taking was described, and resources to support resident decision-making were signposted in the information booklet.

There was a multi-disciplinary involvement in decision making around the use of all restrictive practices and reduction in the use of bedrails in the centre was evident. Records demonstrated that use of bedrails had reduced from 11 in 2022 to one in 2024, as seen of the day of inspection. A review of records and discussion with the resident who retained the use of an outside bedrail, demonstrated that this was their will and preference. A bedrail risk assessment was completed and the outer bedrail was noted to be covered with a protective bumper, as a control measure to reduce the risk of any impact injury, although this was deemed to be low risk. There was restrictive practice care plan in place, and evidence of regular review and discussion with the resident around alternative equipment available. A record of consent for use of the restrictive practice was in place and it was signed by the resident. The resident informed the inspector that they were comfortable and felt secure with the bedrail raised.

The centre had reviewed and revised the consent documentation in use. On occasions where residents were unable to give their consent, the document indicated that a multi-disciplinary decision was made around the use of restrictive practice. Records confirmed that least restrictive options were discussed first, and there were examples found where bed wedges and draw sheets were provided to residents as an alternative to bed rails. There were sufficient resources and equipment available to ensure that care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low profiling beds and crash mattresses, instead of having bedrails raised.

There was a review procedure in place to ensure that restrictive measures were still required in the care of the resident. The inspector viewed resident care records which demonstrated occasions where use of some restraints were eliminated completely. For example, records demonstrated that a resident had required a low profiling bed and a crash mattress due to a deterioration in their mobility. The management team engaged the multi-disciplinary team to review the residents' treatment plan. Following this review, the residents' mobility improved, the residents' care plan and the use of a low bed and crash mattress were eliminated.

A review of daily electronic records showed that the application of any restraint was recorded at the outset, and checked two hourly, in line with national policy. There were sensor devices, including floor mats in use in the centre, and records demonstrated that this equipment was used as a part of the centres' falls prevention strategy. Sensor and alarm mats alarmed to alert staff to residents' movement, should the residents who were at risk of falling mobilised without the support of staff. A small number of residents were assessed requiring high levels of supervision and were at risk of becoming disorientated and wandering from the centre. Those residents wore alarm bracelets to alert staff of any potential risk to their safety.

There were a several residents living in the centre who smoked. Records demonstrated that smoking risk assessments were completed, which detailed the risks associated with residents' smoking independently and the control measures in place to mitigate the risks identified. The staff controlled and facilitated access to cigarettes and lighting materials of one resident as a safety precaution. The resident described their understanding of this arrangement to the inspector, and stated that their cigarettes were 'kept safe'.

A member of the clinical management team, with special interest in dementia care, was undertaking a review of care plans for residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A sample of care plans reviewed were person-centred and provided guidance to staff on how to support residents who experienced responsive behaviours. Adverse incidents of responsive behaviours were recorded in nursing progress notes. The management team recognised the need for more efficient use the use of the antecedent, behaviour and consequence tool (ABC), to analyse what happened before, during and after a responsive behaviour occurred. Records demonstrated some good practice around management of responsive behaviours. For example, a residents' care plan was revised to support in the management of a new responsive behaviour. The care plan interventions were successfully implemented by the care team.

There was a policy and procedure in place to support the management of resident complaints. Records reviewed by the inspector demonstrated that residents' complaints and concerns were listened to and acted upon in a timely manner. Resident committee meetings were held regularly and this forum offered residents' the opportunity to express their views about the quality of the service. Records of resident meetings demonstrated that there was discussion around a variety of topics such as complaints, safeguarding, and menus. Information gathered from resident meetings was used to improve the quality of the service and detail any actions completed following discussions with residents.

In summary, the inspector found that the staff and management in St Anthony's Nursing Home were working hard to reduce the use of restrictive practices in the centre and to support residents living in the centre to have a good quality of life that supported their rights, wellbeing and independence.

# 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.

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| **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 | |
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| 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 | |
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| 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. |

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| 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** | |
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| 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** | |
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| 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** | |
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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |