



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

Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Ormond Healthcare Ltd
Address of centre:	Dublin Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 February 2024
Centre ID:	OSV-0000434
Fieldwork ID:	MON-0042904

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 28 February 2024	09:45hrs to 17:15hrs	John Greaney

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

This was an unannounced inspection with a specific focus on restrictive practices. Based on the observations of the inspector, it was clear that management had a clear commitment to providing person-centred care to residents based on their needs and abilities. Overall, the inspector found that residents had a good quality of life and were encouraged and supported by staff and management to be independent.

On arrival to the centre the inspector observed that there was adequate parking for visitors to the centre. The front door is operated by a keypad controlled lock. The inspector was informed that none of the residents have the code to the door.

St. Theresa's Nursing Home is a two storey premises, located on the outskirts of Thurles, Co. Tipperary. There is bedroom accommodation on both floors. The centre comprises 26 single bedrooms, sixteen of which are on the ground floor and ten are on the first floor.

All communal space is on the ground floor and comprises two sitting rooms, a visitors' room and a dining room. Previously, there had been two doors between the adjoining two sitting rooms but these were recently removed to make it a more accessible space for residents. The first floor can be accessed via stairs and chair lift. There is no elevator and as a result, only residents assessed as being low to medium dependency can be accommodated on the first floor. The inspector observed that one resident would benefit from a formal assessment by a suitably qualified healthcare professional of their ability to safely navigate the stairs independently. The inspector requested that management formally assess all residents that use the stairs.

Once on the first floor, there are two additional steps leading to a wing containing four bedrooms. Two of the bedrooms on this wing have en suite shower and toilet facilities. The remaining eight bedrooms on this floor share a bathroom containing a shower, toilet and wash hand basin. The sixteen bedrooms on the ground floor share three bathrooms, each with shower and toilet facilities. One of these bathrooms previously contained a bath but this was removed during renovations of the bathroom that were still ongoing on the day of the inspection. The provider informed the inspector that residents were consulted prior to removing the bath but this was not documented in minutes of residents meetings or elsewhere.

Staff were observed coming and going from individual residents' bedrooms throughout the day. The inspector observed that all staff knocked on residents' bedroom and communal bathroom doors and waited for a reply, prior to entering.

In addition to communal spaces within the centre, there is an external secure courtyard. There are two access points to this area. On the day of the inspection both doors to the courtyard were locked with a keypad and therefore residents were not free to access the area independently. The inspector was informed that the keypad was only recently placed on one of the doors and this door was previously not locked.

The inspector observed that there were no bedrails in use on the day of the inspection. Four residents used falls alarms. These consisted of an electronic box that was clipped to the residents clothes, and if residents attempted to leave their chair independently, it would alarm and alert staff to come and provide assistance to the resident. There were five residents using large speciality chairs that were provided by the HSE occupational therapy department. The inspector was informed that each resident had been assessed for the use of these chairs but a record of the assessments were not available in the residents' records.

The inspector observed a resident attempt to leave the centre through the front door on a number of occasions. The resident was a recognised absconsion risk. Arrangements in place to supervise this resident were not fully implemented on the day of the inspection, particularly in the evening time when the risk was deemed to be at its greatest..

Residents were encouraged to personalise their own rooms and many contained items personal to that individual. Many residents had decorated their rooms with photos and memorabilia. There were no restrictions on when residents could access their bedrooms. The inspector was informed that residents were involved in choosing the paint colour for the home when it was recently redecorated.

The inspector spent time in the various communal areas of the centre observing staff and resident interaction. The inspector observed that personal care and grooming was attended to a good standard. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. Positive meaningful interactions were observed between staff and residents throughout the inspection. The inspector observed that staff chatted freely with residents on topics of interest to them.

There were a variety of formal and informal methods of communication between the management team. It was evident that management knew residents and their relatives well. Residents were consulted through opportunistic chats and formal residents' meetings.

Through conversations with residents it was evident that residents were happy with the service provided. Choice was respected and care was person-centred. Residents

reported they felt safe in the centre and did not feel that there were any restrictions put on them. Residents told the inspector that they choose where to spend their day, such as what time to get up and return to bed and what activities they wished to participate in.

Communication aids, signage, picture aids, telephones, radios, newspapers, and magazines were available to residents. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The inspector spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. 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. The person in charge had assessed the standards relevant to restrictive practices as being Compliant.

The registered provider is of St. Theresa's Nursing Home is Ormond Healthcare Limited, a company comprising two directors. The provider is involved in the operation of one other designated centre; both directors are also involved in the operation of a third designated centre; and one of the directors is involved in the operation of a fourth designated centre. The latter director is also the person in charge of this centre. The governance structure comprises a person in charge, an assistant director of nursing (ADON) and a clinical nurse manager 2 (CNM 2). Management are supported by a team of registered nurses, healthcare assistants, activities staff, catering staff and housekeeping staff.

Pre-admission assessments were conducted by the person in charge to ensure the service could meet the needs of people. Following admission, care plans were developed to guide staff on the care to be provided. These were seen to be personalised, they would benefit from further detail to ensure they reflected the assessed needs and expressed preferences of each resident.

There were arrangements in place to monitor and evaluate the quality of the service through a programme of scheduled audits. The programme of audits included an audit of restrictive practice, information and the environment. Not all questions in the audits were answered and therefore all areas for improvement were not identified. Additionally, there were not time bound action plans associated with all of the audits to identify when and by whom areas of required improvement would be addressed.

Other areas for improvement identified on this inspection included, ensuring that adequate arrangements were in place for supervising a resident at risk of leaving the centre unaccompanied. There was also a need that adequate arrangements were in place to ensure that residents' ability to use the stairs independently were formally assessed on an ongoing basis.

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. There was a need, however, to

broaden their scope to recognise environmental restrictions. For example, access to external communal space was controlled by keypad and residents did not have access to the code. This restriction was not adequately recognised by management.

Staff confirmed that there were adequate staff, with the appropriate skill-mix to meet the needs of the residents. Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people, dementia awareness, restrictive practice and complex behaviour. While there was a high level of attendance at these training sessions, not all staff had attended. Staff were knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern.

The centre has access to equipment and resources that ensured care could be provided in the least restrictive manner. Where appropriate, residents had access to alternative, and least restrictive, equipment resources such as sensor alarms. The inspector was informed that there were three low low beds for use by residents at risk of falling from the bed. There were no residents using bed rails.

Complaints were recorded separately to the residents' care plans and records reviewed identified that complaints were adequately investigated. The complaints procedure was not on display on the day of the inspection as it had been removed while redecorating was underway but had not been replaced. There was access to advocacy services for residents that may need support to navigate the complaints process or to assist with other matters important to residents.

Overall, while there were areas that required attention, the inspector found that there was a positive culture in St. Theresa's Nursing Home to support a good quality of life that promoted the overall wellbeing of residents while living in the centre.

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.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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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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