



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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Nursing Home
Name of provider:	St. Joseph's Nursing Home Limited
Address of centre:	Lurgan Glebe, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	24 April 2024
Centre ID:	OSV-0005413
Fieldwork ID:	MON-0042103

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 April 2024	09:30hrs to 16:30hrs	Catherine Rose Connolly Gargan

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

This was an unannounced focused inspection to review use of restrictive practices in St Joseph's Nursing Home. Prior to this inspection, the provider had completed a self-assessment questionnaire which reviewed the practices and the management of restrictions on residents living in the centre.

During the inspection residents expressed high levels of satisfaction to the inspector regarding the staff caring for them, the care and supports they received and their living environment. From the inspector's observations and discussions with residents, it was evident that efforts were being made by staff to support and encourage residents to enjoy a fulfilled and meaningful life that considered their individual choices, capacities and safety. However, the inspector observed a number of restrictions in the residents' environment that limited their ability to freely access some areas of the centre without having to request the assistance of staff to unlock doors for them.

St Joseph's Nursing Home has three floors with residents' bedroom accommodation on each floor. The inspector visited each resident's bedroom and observed that the layout of each considered the capacities and needs of the residents residing in them to ensure they could access their possessions as they wished and move around their bedrooms safely and with ease.

The ground floor was set out across two levels and access between the two levels was provided by means of either a ramp in the main corridor, or a platform lift and thereafter, a passenger lift or stairs to the first and second floors. Handrails were in place on both sides of the ramp on the corridor but were painted in a similar colour to the surrounding wall. Painting the hand rails in a contrasting colour would increase visibility of this assistive equipment to assist residents with safely accessing the ramp. While signage was in place to advise residents that the corridor had a ramp in it, signage was not in place to advise residents on how to use the platform and passenger lifts. The inspector also observed that access to the top and bottom of stairs on each floor was controlled by secured gates. Risk assessments had not been completed for each resident to ensure these restrictions in their lived environment were appropriate and not overly restrictive.

The reception, a coffee dock and the visitors' room were located close to the main entrance to the designated centre. The provider employed a receptionist but the hours they worked in the centre had recently reduced. The doors between these communal areas and the rest of the nursing home were secured by an electronic lock and access to these areas were controlled by nursing and care staff by using an electronic swipe card. However, as none of the residents had access to a swipe card residents required the assistance of staff to access the coffee dock, reception area and the visitor's room. The inspector observed residents and their visitors using the coffee dock area throughout the day could not leave the area without staff assistance to unlock the doors whom they alerted by ringing a call-bell. The inspector observed that while staff responded as promptly as they could, they were sometimes delayed if engaged in providing direct care to other residents. Furthermore the inspector

observed that residents' care and social activities were being interrupted while the activity coordinator and care staff responded to the front door call bell and to the call bell in the coffee dock throughout the day.

The inspector also found that residents' access along the circulating corridor on the first floor was restricted by a cross corridor door which was electronically locked on one side. There was no appropriate risk assessment in place for this restriction. In addition the dining room was locked outside of mealtimes and the inspector observed that staff used the residents' dining room for their own meal breaks. These arrangements did not ensure that residents' rights to access their communal spaces were being upheld. A more proactive system, whereby these restrictions in the residents' lived environment were identified and assessed for each resident would promote greater freedom to residents and would ensure that restrictions were being used in line with national best practice guidance.

The residents' lived environment was pleasantly decorated with professional and residents' own artwork. Many of the residents' bedrooms were personalised with items that were important to them including their family photographs and greeting cards. The inspector observed information boards displaying the day, date and the schedule of social activities planned for the day for residents' information.

The inspector observed residents engaging in social activities led by a member of the centre's care staff in various areas of the day room. There was also a live music session in the afternoon facilitated by a local musician. Residents told the inspector that they enjoyed the live music and the inspector observed that some residents danced with staff while others were happy singing along. A small group of residents who had become good friends liked to sit in one area of the day room and enjoyed chatting and eating their meals together. The inspector observed that the provider had put tables in this part of the day room to facilitate these residents to eat together. Some residents went out with their families and outings to local amenities and places of interest were being planned for residents who wanted to access their local community.

Two outdoor areas were developed for residents' use and residents were supported to go outside into these areas. One of the outdoor areas was a large patio that surrounded two sides of the premises. This patio area had panoramic views of Lough Sheelin and residents told the inspector that they enjoyed looking out on the fishing and boating activities taking place on the lake. The paint on the outdoor furniture was damaged by the weather and needed refreshing to ensure residents could rest comfortably and safely outdoors.

While, there were three doors out to the patio from various locations in the day room, only one door was accessible for residents on the day of the inspection. This door was located behind the nurses' station. This meant that resident's access to their outdoor space was restricted and furthermore residents were accessing the garden by travelling through a staff area where residents' documentation was accessible on open shelves. This did not promote the residents' rights to have their personal information stored confidentially.

The second outdoor area was a small area off the smoker's area and was only accessible through the sheltered smoker's area which may deter some residents from using this outdoor area.

Residents told the inspector that they liked living in the centre and that staff were always respectful and kind to them. Staff were observed providing timely and discreet assistance, enabling residents to maintain their independence and dignity. It was evident that staff knew residents needs well and responded to them in a person-centred way which ensured that each resident's individual needs were met as they wished. It was also clear that residents trusted staff caring for them and that they enjoyed each other's company.

Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Their approach to residents who experienced responsive behaviours was positive and supportive. All residents who spoke with the inspector said they felt safe and secure living in the centre and that if they had a problem or any concerns they could raise it with any member of staff and it would be 'sorted out' for them.

The residents' lunchtime meal was observed by the inspector. The inspector saw that there were adequate numbers of staff available in the dining room to ensure that residents who needed additional support with their meals were provided with discreet and timely assistance, discretely assisted which supported residents to maintain their independence and dignity. Residents were offered a choice of menu and residents were complimentary regarding the quality and quantity of food provided to them. Residents told the inspector that they could have an alternative to the menu if they wished.

Residents were supported to continue to practice their religions. Mass was streamed on the television in the day room for residents each morning and a priest attended the centre each week to celebrate Mass in person with the residents. A Church of Ireland minister also visited the centre regularly to provide spiritual support to residents.

There were a variety of formal and informal methods of communication between the management team and residents including informal chats, formal residents' meetings and an annual satisfaction survey. While there were minutes of resident meetings, actions taken in respect of issues raised by residents and the outcomes were not recorded in the minutes of subsequent meetings. As a result the inspector could not be assured that resident's feedback was acted on.

A summary of the complaint process and accessing advocacy and other support services was displayed for residents' information. While residents had access to advocacy services, there was a need to ensure that all residents were aware of the Patient Advocacy Service should they require support to make a complaint. Residents spoken with by the inspector said that they had no complaints but they were

confident that their concerns and complaints would be listened to and addressed without delay.

Oversight and the Quality Improvement arrangements

This inspection found that the provider and staff were working towards achieving a restraint free environment for residents in the centre. However, despite an obvious commitment demonstrated by management to focus on reducing restrictions, further action was required including improved oversight to ensure that practices that posed restrictions on residents especially in their lived environment were identified and managed in line with the National Restraint policy.

The registered provider of this designated centre is St Joseph's Nursing Home Limited. The provider is represented by an operations manager. The local management team is led by the person in charge who is supported by a clinical nurse manager. The clinical nurse manager has a minimum of two days each week allocated to management activities. Although planned, a restrictive practice committee as recommended by the guidance to monitor and review all restrictive practices in the centre was not established at the time of this inspection. However, the person in charge had recently completed an audit on restrictive practices. The action plan developed from this audit identified improvements needed to progress staff training on restrictive practices and improvements in residents' restrictive practice care plan information. Training on restrictive practices was in progress and although three staff nurses and 17 care staff had not attended this training at the time of this inspection, all staff spoken with were familiar with the relevant policies and guidance available to support their knowledge and practice.

The inspector's review of the records of the various meeting gave assurances that restrictive practices were discussed at staff meetings and at the governance and management meetings attended by the operations manager/provider representative and the person in charge. The governance and management meeting notes referenced that restrictions in place on individual residents were reviewed at this forum but did not inform development of a quality improvement plan to reduce restrictive practices in the centre.

A restrictive practice policy was in place and available to staff. The inspector was told that this policy was recently reviewed but the date of this review was not detailed on the policy document to support the provider with version control.

The restraint register was used to record all restrictive practices currently in use in the centre. There was evidence that the register was reviewed on a regular basis. According to the restraint register five full-length bedrails were in use. Two residents using full-length bedrails had requested them for their security and to assist them with repositioning in bed. Floor sensor alarm mats were in use as an alternative to a bedrail for six residents who were reluctant to use their call bell at night for staff assistance to the toilet.

The person in charge discussed the process for admitting new people to the centre and was clear that all prospective residents were comprehensively assessed to ensure that the centre had the capacity to provide them with care in accordance with their needs. In addition, the person in charge confirmed that all residents and their families or representatives were advised from the outset that the centre had a policy of being restraint-free. This meant that the use of bedrails was discouraged and less restrictive or safer alternatives were favoured. However, two bedrails in use were being used on the request of residents, in the absence of trialling of non-restrictive alternative equipment such as modified length bedrails. Modified length bedrails were not available in the centre and this was an area where improvement could be made.

The inspector was satisfied that there were enough staff with appropriate knowledge and skills to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. However, a reduction in staffing in the centre's reception area meant that staff involved in direct care for residents were being taken away from them to answer the front door bell.

Consent forms were examined and where possible, the resident signed their own consent regarding restrictive practices. Where a resident was unable to sign their consent due to cognitive impairment, an informed discussion was facilitated with their nominated representative and they signed to acknowledge the discussion was had. While, risk balance assessments were completed to objectively assess the risks associated with the use of bedrails and whether or not the risk of using bedrails was less than not having bedrails, records were not maintained of regular removal to minimise the time that these restrictions were in place in line with best practice.

The inspector reviewed residents' care plan documentation and this information directed generally good standards of care. However, risk assessments were not completed for each resident to ensure that the restrictions in the residents' lived environment were appropriate and not overly restrictive. While, assessments of residents' communication needs were comprehensive, the information did not have sufficient detail regarding the person-centred supports that a small number of residents with communication difficulties needed from staff. This information was necessary to ensure these residents were supported to communicate effectively and were fully involved in their care decisions.

Behavioural support plans developed for residents known to have responsive behaviours were also reviewed by the inspector. These care plans had sufficient person-centred detail support residents' rights and to guide staff with responding to residents in a compassionate and empathetic manner.

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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