



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

## Issued by the Chief Inspector

Name of designated centre:	Fairy Hill Nursing Home
Name of provider:	Fairy Hill Nursing Home Limited
Address of centre:	Kennel Hill, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	08 March 2024
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0042512

## 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<sup>1</sup> 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.

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<sup>1</sup> 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
Friday 8 March 2024	09:30hrs to 16:45hrs	Mary O'Mahony

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

This inspection of Fairy Hill Nursing Home was unannounced and carried out as part of the programme of thematic inspections, focusing on the use of restrictive practices. Thematic inspections are designed to assess compliance against National Standards for Residential Care Settings for Older People in Ireland. From observations made by the inspector it was evident that in general, there was an ethos of respect for residents promoted in the centre and many person-centred, non-restrictive, care approaches were observed throughout the day. The inspector spoke with all residents in their bedrooms, the sitting room and in the nicely decorated dining room, throughout the day.

Overall, the inspector found that residents were supported by staff to remain independent, according to their abilities, and generally, to have their rights promoted. The impact of this on residents meant that they were seen to be relaxed and confident that their needs would be met. Nonetheless, the findings on this inspection were that residents' quality of life would be improved by access to voting, additional access to outings such as, to local coffee shops, and improved access to the external patio in the centre. For example, there was a referendum being held on the day of inspection. The inspector was informed that no arrangements had been made to inform residents of the issues involved and to facilitate voting either internally or externally.

The designated centre is situated on a nice, rural site outside the town of Mallow and is registered to accommodate 22 residents. There were no vacancies on the day of this inspection. On arrival at the centre, the inspector observed that there was adequate parking for visitors. The front door was locked and was accessed with a key code, or answered by staff. The inspector's first impressions were that it was a homely and clean centre. The unit was painted externally and there were items of garden furniture outside in the back patio area. Internally, resources had been invested in new flooring in the sitting room and some bedrooms, new soft furnishings and repainting. The walls were decorated with colourful pictures and there was a large screen TV over the mantelpiece in the sitting room, which had high ceilings, a chandelier and large picture windows. However, some areas had been touched up in a darker shade than the original paint, on both walls and wardrobes, which meant that there was a patchy look to the finished paintwork, in a number of bedrooms, in the hall and in the dining room. The person in charge stated that a programme of works had commenced to repaint the inside of the centre this year.

The inspection started with a walk around the centre. Some residents were observed to be in the process of getting up, some were relaxing in the sitting room, while another group were reading the daily paper or chatting with staff. Residents' accommodation was all on one level, in the bungalow type layout of the centre. Bedroom accommodation consisted of single and twin bedrooms, some of which had en suite facilities. The rooms were personalised with photographs and mementos, that provided glimpses into residents' previous lives and family contacts. An activity notice board and a menu board were seen to be displayed.

Breakfast was observed to be made available to residents in the dining room, if they wished to get up for breakfast. The inspector observed that all except four residents had their dinner and tea in this bright, communal setting. Meals were carefully presented and a choice of two, tasty looking, dishes were on offer at dinner. Snacks and drinks were served between meals, and it was apparent that residents looked forward to the extra cups of tea and biscuits. Nonetheless, the inspector found that residents would have benefitted from increased supervision in the dining room at breakfast time, to prevent tea or porridge going cold, or being left uneaten. When hot food was made available on request, residents readily ate good portions.

Efforts were made to ensure privacy while personal care was being administered. Staff were seen to knock on bedroom doors prior to entry, and were heard to explain interventions to residents. The inspector observed that there were four bedrails in use on the day of the inspection. There were two residents who had sensor alarms in place to alert staff, so that they could respond to residents that were identified as at risk of falling. The inspector saw that where required, alternatives to bedrails were in use such as low-low beds and crash mats, to reduce the use of restrictive practices. Those residents who walked independently or with a staff member, were observed going in and out of their bedrooms, the dining room and the sitting room, whenever they wished. However, the inspector observed that one resident, who was seated in a wheelchair when out of bed, appeared uncomfortable due to their posture, and their height, appearing too tall to maintain a comfortable position in the chair. An occupational therapist referral was required to ensure that their seating arrangements were reviewed.

Residents were seen to be comfortable with staff. In general, staff engaged well with residents and there were individualised, personal interactions observed throughout the day. In the morning, suitable music was playing on the TV and staff helped residents to walk around the centre. In the afternoon, staff led a gentle chair based exercise class and there was a lively music session facilitated. Staff were also seen to carry out beauty treatments at various times during the afternoon. The inspector spoke with the person in charge in relation to access to the back, outdoor patio area. While this area had been gated off from the car park, the gate was not shut at any time during the inspection day. This meant that residents would be at an increased risk if walking outside unaccompanied. In addition, the door from the nursing home, leading out to the patio, was locked and could not be opened by a resident, as the release button was up too high. The person in charge undertook to review this, and to ensure that signage was put in place guiding residents and family members towards the outdoor patio area.

The inspector observed that notices were displayed, encouraging residents, or their relatives in some cases, to make their concerns known, and advising them about the

advocacy services available. Relatives spoken with told the inspector that care was very good and they were complimentary of staff, the food and communication with staff.

There was attentive medical care available for residents from the medical team, who were very accessible to staff and residents. The general practitioner (GP) reviewed medicines and ensured medical issues were addressed promptly. This was evidenced in the medical notes recorded in the sample of residents' care plans, reviewed by the inspector.

## Oversight and the Quality Improvement arrangements

Overall, the inspector was satisfied that there was a positive culture in the centre towards promoting a restraint-free environment and respect for residents' human rights and dignity.

There were adequate governance structures in place with ongoing auditing and feedback, informing quality and safety improvement in the centre. The inspector was satisfied that the person in charge had familiarised themselves with the guidance and material published in support of this thematic inspection. For example, staff had been trained in understanding restrictive practice and the management team had completed the self-assessment questionnaire. This assessment had been submitted to the Chief Inspector prior to the inspection. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that each resident's voice was heard.

On the day of inspection, there were sufficient staff members in the centre, with a good skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and upheld their autonomy. Staff had up-to-date training on safeguarding vulnerable adults, behaviours that challenge and restrictive practices. Staff in the centre also completed training on a human rights-based approach to care. The centre's policy on restraint was recently updated and practice in the centre was seen to be consistent with the relevant national policy also.

Pre-admission assessments were conducted, by the person in charge, to ensure the service could meet the needs of proposed admissions. Following admission, care plans were developed, to guide staff on the care to be provided. A number of residents had personalised, restrictive practice care plans in place. These included details described the rationale for use of the practice and outlined any alternatives trialled. Consent forms were in place indicating that there had been consultation with the resident, and the multidisciplinary team, prior to the use or any restrictive practice. Care plans were reviewed at a minimum of every four months. There were

detailed behaviour support plans in place, to guide staff, where required. This allowed staff to provide person-centred care and avoid any escalation of behaviour, which may require the need for the use of a restrictive intervention management practice.

There was evidence of ongoing auditing and action plans, informing quality and safety improvement in the centre. A weekly report of key performance indicators (KPIs) such as falls, and bedrail use, provided oversight of restrictive practices at individual and service level. This information was analysed to ensure best practice and the outcome formed part of the centre's quality improvement strategy.

Arrangements were in place for the oversight of safety and risk, with controls in place to mitigate the risks associated with restrictive practice. The provider had arrangements in place for the oversight and review of restrictive practices. A restrictive practice register, and a daily checklist, was maintained which recorded and monitored the use of each restraint. The identified restrictions were risk assessed and residents had access to a multi-disciplinary team to assist in their assessments.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process.

The inspector summarised that, while there some areas for improvement, as identified in the report, there was a positive culture supporting the creation of a restraint free environment. Residents enjoyed a good quality of life in Fairy Hill Nursing Home where they were facilitated to enjoy their older lives, in a homely, comfortable setting.

## 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.

<b>Substantially Compliant</b>	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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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