



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

## Issued by the Chief Inspector

Name of designated centre:	Millbury Nursing Home
Name of provider:	Rosscclare Nursing Home Limited
Address of centre:	Commons Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	24 June 2024
Centre ID:	OSV-0000700
Fieldwork ID:	MON-0043766

## 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
Monday 24 June 2024	08:00hrs to 14:30hrs	Sinead Lynch

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

This was an unannounced inspection to monitor the use of restrictive practices in the centre. Management and staff were found to have a positive approach towards a human rights based-approach to care. The inspector observed residents rights to be upheld. Residents who spoke with the inspector said they could live their life as they wished and they were 'empowered' to make their own decisions.

The inspector spoke with residents in their bedrooms, day rooms and dining rooms. The atmosphere was relaxed and care was delivered in an unhurried and unobtrusive manner. Staff actively engaged with residents, asking them their preferences and engaging in a kind manner. Bedrooms were decorated in accordance with people's choice and many of the residents had brought items from their homes.

There was a large varied menu made available to residents for each meal. Residents were observed to pick and choose as they wished from the menu. The inspector observed at one dining room table where four residents were each enjoying a different meal. Residents told the inspector that the food was 'second to none' and 'better than any hotel'. There were trolleys around the centre with fresh drinks and clean glasses for residents to access easily. Residents that were in their bedroom had their fresh water replenished regularly.

The nursing home was accessed by calling a front door bell which staff controlled from the reception. Visitors came and went via the front door. The inspector observed visitors sign the visitors' book situated at reception and both visitors and residents spoken with confirmed that there were no visiting restrictions.

Residents had access to activities in the centre. These activities were changed or amended following residents meetings. Residents had requested more music in the centre which was accommodated by the management and staff. Music was screened on the television every morning. All residents had access to a television in their bedroom. Some residents made the choice to remain in their bedrooms during the day and this decision was respected by staff. Staff were observed to regularly check on these residents and ensure they were safe and comfortable.

The centres complaints policy was made available. This guided staff on how to deal with any complaints both verbal and written. The process on how to make a complaint was displayed around the centre. The residents that spoke with the inspector said they would talk to any staff member if they had a concern or complaint. Advocacy services and their contact details were made available to residents. Posters were displayed around the centre.

Residents relayed that meetings were held regularly and they had the opportunity to raise issues and discuss matters concerning the centre and how it was run, including the activities programme and the menu options.

The inspector was told that residents and their visitors had access to the gardens, however, the doors of some were inaccessible at all times. For example, some courtyard doors required a fob to open the door which was held at the nurse's station and therefore

residents and their visitors could not access the courtyards without the assistance of staff.

## Oversight and the Quality Improvement arrangements

This was a good service that promoted a restraint-free environment through effective leadership. The provider had a robust governance structure in place to promote and enable a quality service which included the registered provider representative, director of nursing, assistant director of nursing, clinical nurse managers and a team of nurses and healthcare support staff.

Information relating to restrictive practice was compiled on a weekly basis and a report was submitted to the registered provider for review as part of their quality improvement strategy. This weekly report provided oversight of restrictive practices, where information was analysed to enable practice reviews accordingly. Weekly meetings with senior management provided additional opportunities to discuss restrictive practices and share ideas regarding promoting a restraint-free environment. The centre had minimal restrictive practices in place on the day of the inspection. There were five bed-rails, three lap belts and 23 sensor mats in use.

There were several policies in place including one to promote a restraint-free environment together with supporting policies for emergency or unplanned use of restrictive practice to guide practice. A risk register was maintained; staff spoken with were familiar with it and had good oversight of the restrictive practices in place for residents.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised the occupational therapist, physiotherapist, general practitioner and old age psychiatry, when required. Staff consulted with residents and their next-of-kin (when applicable) regarding all aspects of care including restrictive practice.

Staff had up to date training on vulnerable adults, behaviours that challenge, restrictive practice and a rights based approach to care. The induction process for new staff included information on restrictive practice and promotion of promoting a restraint-free environment.

Pre-admission assessments including communication needs were assessed by the person in charge to ensure the service was able to meet the needs of residents. The use of bedrails and any other restrictive practices were discussed with the incoming resident, and alternatives were tried which were evident on residents risk assessments and care plans.

A sample of assessments and plans of care were reviewed and these had detailed person-centred information to direct individualised care. A baseline of the resident's care needs was established including communication, routines and behaviours. This enabled staff to easily identify a change in a resident's communication needs; a

behavioural support record helped establish the possible cause of changes in behaviours including the possibility of infection; this enabled staff to implement appropriate actions to deliver safe person-centred care. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care. Following assessments and care planning, the MDT input was sought to support the assessments and decision-making process to enable the best outcomes for residents. Written consent was sought from residents for care and interventions when required.

## Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

### Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

### The National Standards

This inspection is based on the *National Standards for Residential Care Settings for Older People in Ireland (2016)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.



List of National Standards used for this thematic inspection:

## Capacity and capability

<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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