



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

Issued by the Chief Inspector

Name of designated centre:	Wygram Nursing Home
Name of provider:	Wygram Nursing Home Limited
Address of centre:	Davitt Road, Wexford Town, Wexford
Type of inspection:	Unannounced
Date of inspection:	24 October 2024
Centre ID:	OSV-0000756
Fieldwork ID:	MON-0044072

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
Thursday 24 October 2024	09:30hrs to 17:30hrs	Aisling Coffey

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

This was an unannounced inspection to monitor restrictive practices in the designated centre. From the inspector's observations and what residents told the inspector, it was evident that residents were supported to have a good quality of life in Wygram Nursing Home. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted a person-centred approach to care and attention, where the rights and diversity of each resident are respected and safeguarded.

The inspector spoke with 15 residents and two visitors to gain an insight into the residents' lived experience in the centre. The overall feedback from residents was that they were happy living in Wygram Nursing Home. The residents spoken with were complimentary of the centre, with one resident describing it as "the best in town", while another said "it's the nicest place I was ever in". When it came to the staff that cared for them, the predominant feedback was that the staff were "lovely" and "very nice".

Residents informed the inspector they had choice and control over their daily routine, including what time they woke, what they ate, how they spent their day and what time they chose to retire in the evening. One resident summed up their experience: "I can do what I like and go where I like". Another resident described how they liked to wake late and have breakfast in their bedroom listening to the radio as was their routine at home, while a third resident described how they liked to wake early and spend parts of their day watching horse racing.

The inspector observed that residents were up and dressed in their preferred attire and appeared relaxed and well cared for on the morning of the inspection. Staff were observed responding to call bells and assisting residents in a prompt, respectful and unhurried manner. Residents' privacy and dignity were respected, with staff seen knocking on bedroom and bathroom doors to alert the residents to their presence before entering.

The inspector observed that several residents had difficulties communicating verbally while others had sensory needs impacting their communication. These residents had their communication needs documented in their care plan. The inspector also found that staff knew about these residents' communication needs. Where a resident required access to a communication device, the staff ensured these aids were available to enable the resident's effective communication and inclusion. Additionally, it was clear that the staff had taken the time to understand the resident's nonverbal cues and responded empathetically to provide care and support in line with the resident's preferences.

Varied activities were scheduled in the centre, including bingo, reminiscing, baking, pet therapy, live music, arts and crafts and quizzes. The activities schedule was displayed in each resident's bedroom and the passenger lifts. Residents told the inspector they loved singing, and the live musicians that regularly played in the centre

were a favourite among those spoken with. On the morning of the inspection, the inspector observed great laughter coming from the ground-floor dining room, where 25 residents were enjoying a game of bingo. Across the corridor in the sitting room, a smaller group of nine residents were engaging in a sensory relaxation exercise. The inspector found the room pleasantly lit, with soft, calm music playing, and lemon grass scents emitted from a diffuser. Some residents chose not to participate in group-based activities and relaxed in their bedrooms or communal seating areas, watching television, chatting with other residents and staff or reading newspapers, as per their preferences.

Lunchtime at 12:30pm was a sociable and relaxed experience, with 31 residents eating in the dining room. Meals were freshly prepared onsite in the centre's kitchen and plated in the dining room by the chef from a bain-marie. The menu options were displayed on the dining room tables alongside flowers. The food served appeared nutritious and appetising. A choice of two starters, two main courses and dessert options were offered. There were ample drinks available for residents at mealtimes and throughout the day. Residents spoke positively to the inspector about the food quality, quantity and variety. Those residents who did not eat in the dining room were seen to enjoy their meals in the circular seating areas and within their bedrooms as per their preferences. Staff provided discreet and respectful dining assistance where required.

The inspector also observed that visitors were welcomed throughout the day. Residents and visitors confirmed there were no restrictions on visiting. Visitors spoken with were highly complimentary of the care provided, with one visitor telling the inspector the centre "couldn't be better". There were communal and private areas for residents to host visitors in the centre. Residents also spoke about spending time outside the centre with family and friends.

Wygram Nursing Home is a purpose-built three-storey facility that opened in 2015 and is set out over three floors. Two passenger lifts facilitated transport between the floors, and residents were seen travelling between the floors to visit friends on the inspection day. The centre was designed and laid out to meet the needs of the residents and promoted free movement throughout. Appropriate handrails and grab rails were available in the bathrooms and along the corridors to maintain residents' safety. Consideration had been given to supporting residents with cognitive impairment to orientate themselves within their environment. Doors to the dining areas and bathrooms were brightly coloured to distinguish them from other doors. These doors also contained both text and pictorial signage to indicate their use. Other tools used to orientate and support residents were boards displaying the day, date, season, and expected weather, which were located on each floor close to one of the passenger lifts. There was also a traditional green post box at the entrance to the centre where residents could post cards and letters to loved ones.

The inspector noted that the entrance at the front door was locked for safety and security reasons. This restriction was risk assessed, reviewed within the centre's risk register and notified to the Office of the Chief Inspector. To mitigate this risk, the provider has increased reception staffing hours in the last six months to 11 hours daily on weekdays and 10 hours daily on weekends to improve oversight and

management of who enters and leaves the centre in a controlled manner. The inspector noted that the reception area was always staffed during the inspection day. The inspector reviewed entry and exit logs and noted a small number of residents left the building independently to stroll into town on occasion. Other residents who required support were accompanied by staff on outings, and the inspector observed a resident returning from an outing with a staff member on inspection day.

Residents had a choice of communal spaces. The ground floor had a large dining room, a garden-view sitting room with an adjoining oratory and a visitor's room. There were three large circular seated areas on each floor with comfortable armchairs and fireplaces providing a homely feel. Additional communal space was located on the second floor, with a conservatory room and adjoining balcony area with views of Wexford town.

Residents had access to an enclosed garden from the sitting room. The gardens had level walkways, comfortable seating, bushes, and raised planters with seasonal plants. There was a designated outdoor smoking area for residents who chose to smoke in the garden.

Within the centre were 59 single and six twin bedrooms, all containing en-suite facilities, including a shower, toilet, and wash hand basin. Bedroom accommodation was spacious, with sufficient storage space for residents' clothing and possessions. The majority of bedrooms also included a landline telephone to facilitate residents receiving calls directly to the privacy of their bedroom. Residents had personalised their bedrooms with photographs, artwork, religious items, soft furnishings and ornaments. Some of the ground-floor bedrooms had direct patio access to the garden, and residents were seen to have keys to their patio doors. On the first and second floors, bedroom balcony doors were locked, and the provider had a risk assessment completed and arrangements for residents to seek a key to their balcony if desired. Residents who spoke with the inspector were happy with their bedrooms and said there was sufficient storage for their clothes and personal belongings.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' meetings took place four times per year. The minutes reviewed found these meetings were an opportunity for residents to receive information on updates in the centre, including staffing, laundry, planned outings and events, and to give feedback on matters such as food and the dining experience. There was an agreed time-bound action plan after each meeting. Recent highlights enjoyed by residents were a family wine and cheese night and an ice cream van, which visited the centre. Resident questionnaires were also undertaken regularly, and while they generally showed a high level of overall satisfaction with the service provided, some surveys identified that residents would like to be able to go outside more and engage in shopping trips. The management team had committed to reviewing this and now provided outings into town for shopping on Thursdays each week.

The centre's complaints procedures were displayed in communal areas and within the passenger lifts. Residents and families reported feeling comfortable raising a complaint with any staff member. Residents also had access to independent advocacy services, and advertisements for these services were displayed prominently throughout the centre.

Oversight and the Quality Improvement arrangements

The inspector found that the staff and management of the centre were committed to promoting a restraint-free environment to maximise residents' rights and choices. Some further work was required to ensure that enabling restraints such as prescribed tilted seating and specialised prescribed belts were acknowledged as restrictive and fully risk-assessed before use. Additionally, improved oversight of safety and risk was required while restraints were in use.

The person in charge completed the self-assessment questionnaire before the inspection and assessed seven themes relevant to restrictive practices as compliant and one of the themes as being substantially compliant. This assessment identified that the management team were striving to ensure that the staff working in the centre had access to an orientation on restrictive practice at induction and refresher training at required intervals. As part of the quality improvement plan after completing the self-assessment, the management team modified the induction programme to include information on restrictive practices. Restrictive practice training for all staff had also commenced.

The person in charge had developed a pictorial booklet and information leaflet for residents and relatives, providing information on the safe use of restraints such as bedrails. This leaflet was available throughout the centre, while the pictorial guide was available at reception.

Sufficient resources were available to promote a restraint-free environment, such as the appropriate number and skills mix of staff, a comprehensive programme of recreational activities and various alternative less restrictive equipment and devices such as low profile beds.

There was good oversight of staff training in the centre. All staff had up-to-date training on safeguarding vulnerable adults from abuse, and there was near full compliance concerning dementia awareness and supporting residents with behavioural and psychological symptoms of dementia training. The newly rolled out restrictive practice training commenced in late May 2024, and most staff had been trained, with a plan to train the remainder.

There were up-to-date policies and procedures guiding staff on using restraint and managing responsive behaviours. All staff whom the inspector spoke with were aware of practices that may be restrictive.

The provider had management systems to monitor and review the use of restrictive practices. The management team monitored key performance indicators weekly, including restrictive practices. A restraint register was in place to record the volume of restrictive practices in the centre. Restraint and restrictive practices were discussed at management and staff meetings. The provider had also established a restrictive practice committee that had convened on five occasions in 2024. This committee had commenced monitoring and trending restrictive practice levels and recommending staff training requirements. The provider also had an audit schedule incorporating the auditing of physical restraint and other restrictive practices four times per year. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them.

The inspector reviewed a sample of resident care records. While there were comprehensive multidisciplinary risk assessments for restrictive practices such as bed rails in place, this did not extend to the use of specialised tilted seating and specialised prescribed belts, such as lap belts and pelvic positioning belts. Improvements were required to recognise these enabling restraints as restraints and ensure they were fully risk-assessed to enhance resident safety.

While documented arrangements were in place for the oversight of safety and risk while the restraints were in use, improvements were required in safety check records, as the inspector noted that these checks were not consistently recorded at intervals in accordance with the provider's policy.

On the day of inspection, there were no residents who expressed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The inspector found that residents predisposed to episodes of responsive behaviours had a behaviour support care plan and other documentation to guide staff. Records reviewed found that behaviour observation charts, such as antecedent, behaviour, and consequence charts, were also being used to gain an understanding of the behaviour. The documentation reviewed was person-centred and described the behaviours, potential triggers for such behaviours, and de-escalation techniques to guide staff in safe care delivery. This allowed staff to provide person-centred care to the person and avoid an escalation, which may require the use of restrictive practice.

In summary, while some areas for improvement were identified, a positive culture supported the creation of a restraint-free environment. Residents enjoyed a good quality of life in Wygram Nursing Home where they were facilitated to enjoy each day to the maximum of their ability.

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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