



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

Issued by the Chief Inspector

Name of designated centre:	Roseville Nursing Home
Name of provider:	Roseville Nursing Home Limited
Address of centre:	49 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 February 2024
Centre ID:	OSV-0000089
Fieldwork ID:	MON-0041744

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 8 February 2024	08:05hrs to 13:45hrs	Helena Budzicz

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

Overall, the inspector found that the management of the centre promoted a culture of respect and a person-centred approach to ensure that residents living in the centre had a good quality of life. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other. The staff members on duty were seen offering and encouraging residents to exercise their choices and have their rights respected.

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre. Observations and discussions with the staff and management team demonstrated that staff were aware of residents' care needs. Throughout the day, the inspector observed that the person in charge and the registered provider representative were well-known to residents and staff and that they were a positive and reassuring presence in the centre.

The inspector observed that residents did not have long to wait when they needed staff assistance. The staff knocked on the residents' doors before entering bedrooms and bathrooms and discreetly offered personal care to residents. There were a sufficient number of staff members available in the designated centre to provide supervision and support to the residents on the day of the inspection.

Roseville Nursing Home is registered to accommodate 30 residents, with 28 residents present on the day of inspection. Bedroom accommodation was available on the ground floor and first floor. The inspector observed that the majority of residents had personalised their bedrooms and had their photographs and personal items displayed.

The inspector saw that the centre was bright and clean in all areas. The outside garden space was well-maintained and provided a safe space available for residents' use. Residents told the inspector that they were enjoying daily walking with the care staff, and residents were seen to move freely through the centre.

There was a varied menu available in the centre. Food was cooked fresh on-site. Residents who spoke with inspectors reported that 'the food on offer in the centre was lovely and there was always plenty to eat', with one resident saying it was 'very tasty'. The inspector observed that lunchtime in the centre's dining room was a relaxed and social occasion for residents, who sat together at the dining tables. The tables were nicely decorated. Residents were observed to chat with other residents and staff. The food being served appeared nutritious, and the modified dietary meals appeared appetising.

There were plenty of activities taking place in the centre, and a varied activity schedule was observed by the inspector. The activity coordinator offered residents choices of activities, and the inspector observed that the resident's choices with respect to their day spent were respected. The residents shared their personal preferences for activities with the inspector and said that 'they always look forward to the prizes they get when playing bingo'. One resident said that 'the staff working in

the centre is very kind and accommodating', and another said, ' this is an amazing place to live; it's my home'.

The centre had a low incidence of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). There was evidence of assessment and analysis tools used for managing behaviour that is challenging and detailed supportive plans were in place to ensure the safety of residents and staff.

The inspector saw evidence in the residents' meetings, including information about the advocacy services and information posters were displayed around the centre.

Overall, all residents and visitors who spoke with the inspector expressed a high level of satisfaction with the service provided. Residents and their relatives told the inspector that 'they felt safe in the nursing home and that the care they received was very good'.

Oversight and the Quality Improvement arrangements

The governance and management structure in the Roseville Nursing Home was well-established and worked effectively, promoting a restraint-free environment. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement with a continuous focus on providing person-centred care and promoting residents' rights.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed all the national standards relevant to restrictive practices as compliant.

There was a restraint policy in place, including emergency or unplanned use of restrictive practices that guided staff in the use of restrictive practices. The policy was reviewed at regular intervals to ensure it contained current and up-to-date information. The restraint register was maintained in the centre. There were no bed rails in use on the day of the inspection. The inspector was informed that the centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents if required. A restrictive practice committee was established in the centre and provided oversight and support to residents and staff members to ensure that appropriate measures were taken to support residents' autonomy and independence.

There was adequate supervision of residents with staffing levels on the day of the inspection that were suitable to the assessed needs of the residents. The training records showed that staff received training on restrictive practices, positive behavioural support, and residents' rights training. Staff who spoke with the inspector demonstrated appropriate knowledge and showed a willingness to continue to work on reducing restrictive practices in the centre.

The pre-admission assessment was completed prior to admission of each resident, and it included a restrictive practices review to ensure that the centre could meet the residents' needs after admission.

Restrictive practice data were collected weekly through the centre's key performance indicators (KPIs) and a variety of audits. There was evidence that the audits were analysed, and action plans were developed where improvements were required. The outcome of the audits was used for continuous quality improvement plans in the centre.

The inspector saw that staff members were able to identify 'rights restraint' in the centre, where practices could limit a resident's choices or preferences. The inspector noticed that a positive risk-taking assessment was completed for residents who wished to maintain their independent lifestyle, such as using public transport, going to the shops, attending independent other-day support services, shopping, and going out with family and friends. The assessment identified the risks and benefits of each option, and alternatives and supports were explored and discussed with the resident.

The management of the centre actively encouraged residents to live their best lives, for example, by providing a private trainer to help residents keep fit. There was evidence that the centre worked closely with other services to help residents transition to other care settings to support their independence and autonomy.

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

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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