



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Central Park Nursing Home
Name of provider:	AllanBay Limited
Address of centre:	Clonberne, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	11 October 2023
Centre ID:	OSV-0000328
Fieldwork ID:	MON-0040974

## 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
Wednesday 11 October 2023	10:00hrs to 16:50hrs	Fiona Cawley
Wednesday 11 October 2023	10:00hrs to 16:50hrs	Mary McCann

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

This was an unannounced inspection which focused on the use of restrictive practices in the designated centre. The overall feedback from residents in this centre was that it was a good place to live, and that staff provided them with the help and support they needed.

Inspectors arrived in the centre mid-morning and observed residents in various areas of the centre. Some residents were relaxing in communal areas while other residents were having their care needs attended to. A number of residents were having breakfast and snacks in various dining rooms.

Following an introductory meeting with the person in charge and the assistant person in charge, inspectors spent time walking through the premises. Central Park Nursing Home was a single-storey purpose-built facility which comprised of three units, Belvedere Drive, Strawberry Fields and Memory Lane. Memory Lane was designed and decorated to provide an environment to meet the specific needs of residents with symptoms of dementia. Bedroom accommodation in the centre was a mixture of single and twin rooms, a number of which were en-suite. The building was found to be laid out to meet the needs of residents, and to encourage and aid independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Bedroom accommodation provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. Many residents had decorated their rooms with items of personal significance, including ornaments and pictures. There was a choice of communal areas available for residents to use including day rooms and dining rooms. All areas were found to be appropriately decorated, with communal rooms observed to be suitably styled to create a homely environment. The centre was bright and well ventilated throughout. All areas were clean, tidy and generally well maintained. Call-bells were available in all areas and answered in a timely manner.

There was a large notice board on one corridor that displayed a variety of information for residents. This included information on privacy and dignity, the complaints procedure, and independent advocacy services.

As the day progressed, the majority of residents were observed in the day rooms, watching TV, reading, chatting to one another and staff, or participating in activities. Other residents were observed sitting quietly, relaxing, and watching the comings and goings in the centre. A small number of residents chose to spend time in their bedrooms. Friendly conversations were overheard between residents and staff. Staff were seen to actively engage with residents, and residents appeared comfortable and content in their environment.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was one resident using bedrails in the centre on the day of the inspection. There was a variety of alternative devices and equipment in use in the centre to support minimal use of bedrails. For example, a number of residents who

were assessed as being at risk of falling used low beds with sensor alarms in place that alerted staff when the resident moved.

Residents had access to all areas inside the centre other than staff areas and store cupboards. The door which provided access between Memory Lane and Strawberry Fields was locked with a keypad controlled lock and the code to this door was accessible to residents. Residents were observed mobilising freely throughout the centre during the course of the inspection.

There were a number of access points to the external enclosed gardens which contained a variety of suitable seating areas and seasonal plants. These areas were accessible to all residents. The garden located outside Memory Lane was accessed by means of a keypad and the code was available to residents. Residents were observed enjoying the various outdoor spaces throughout the day and a number told inspectors they knew how to use the door codes. Residents told inspectors that they were able to go outside for fresh air or walks if they wished. One resident told inspectors that 'I can use the garden when I want', while another said that 'I can go outside but I prefer to watch TV'.

There was a designated outdoor smoking area which was adequate in size and well ventilated. Risk assessments were completed to ensure residents who smoked were facilitated to do so in a safe manner. Inspectors observed residents access the smoking area at various times during the day.

Inspectors spent time in the various communal areas of the centre observing staff and resident interaction. Inspectors observed staff providing care to residents in an unhurried fashion. Personal care and grooming was attended to a satisfactory standard. It was evident that residents' choices and preferences in their daily routines were respected. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. Staff supervised communal areas and those residents who chose to remain in their rooms were monitored by staff throughout the day.

Inspectors chatted and interacted with a large number of residents during the course of the inspection. Residents were happy to chat about life in the centre. When asked what it was like to live in the centre, a number of residents said that they were 'very happy here'. One resident told inspectors that they had a better quality of life since moving to the centre. Another resident said that although they would prefer to be at home, they were well cared for by staff who knew them well. They told inspectors that they could decide for themselves how to spend their day. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. One resident said that staff were 'very approachable and helpful', another said 'staff listen and chat to you'. Residents said they were able to get up whenever they preferred and were able to do what they wanted during the day. There were a number of residents who sat quietly in the day rooms and who were unable to speak with inspectors. These residents were observed to be comfortable and content in their surroundings.

A small number of residents told inspectors that they preferred to spend most of their time in their bedroom and that they were supported to do so by staff. They told inspectors that they would use the call bell if they required assistance and the bell was always answered by staff in a timely manner.

There were opportunities for residents to participate in recreational activities of their choice and ability. Residents told inspectors that they were free to choose whether or not they participated. There was a schedule of activities in place which included, exercises, singing, card games and bingo. Inspectors observed activity staff supporting residents in a range of activities in the day rooms throughout the day including a quiz and a sing along. There was also a lively music session held in the afternoon. A large number of residents attended and were observed to be enjoying themselves, singing and dancing. Staff ensured that all residents were facilitated to be as actively involved in activities as possible. Residents also had access to television, radio, newspapers and books. A number of residents told inspectors that they often went out on trips with family or staff.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going in the centre throughout the day. Visitors expressed their satisfaction with the quality of the service provided to their relatives.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Inspectors observed residents having meals at various times of the day depending on their preference. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the quality of the food.

Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident meetings. Residents were aware of how to make a complaint and the provider had a system in place to monitor the level of complaints in the centre, which was low. Residents had access to an independent advocacy service.

Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible.

## Oversight and the Quality Improvement arrangements

The findings of this focused inspection were that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices and promoting residents' rights.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. A quality improvement plan was developed following the completion of the self-assessment. This plan outlined areas for improvement which included a review of the process in place to audit restrictive practices.

The inspector spoke with the person in charge who confirmed that the centre actively promoted a person-centred approach to the delivery of care in a restraint-free environment, in line with national policy and best practice.

Policies were available in the centre, providing staff with guidance on the use of restrictive practices and were reviewed and updated at regular intervals to ensure they contained current and up-to-date information. Staff confirmed that they were provided with access to these policy documents.

The centre maintained a record of all restrictive practices used in the centre. This record was reviewed on a regular basis to ensure use of restrictive practice remained appropriate and proportionate to the assessed needs of the residents. Risk assessments were in place and restrictive practice was discussed at regular management meetings.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. Restrictive practice audits had been completed and action plans were developed where improvements were required.

Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people. Staff were also provided with training in the use of restrictive practice in the centre. This training included the management of responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), reducing and eliminating the use of restrictive practices and positive behavioural support plans. The person in charge informed inspectors that a training session on restrictive practice was scheduled for the day after the inspection.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low beds and sensor mats instead as an alternative to bed rails. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised. The centre employed two activity staff who provided both group and one-to-one activities for residents.

A risk assessment was completed for all identified restrictive practices in use. Residents had a restrictive practice care plan in place which contained good person-centred details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months.



## 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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