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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Castlemanor Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Costern Unlimited Company</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Billis, Drumalee, Cavan</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14 August 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0004913</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027555</td>
</tr>
</tbody>
</table>
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 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:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Inspector of Social Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 August 2019</td>
<td>Siobhan Kennedy</td>
</tr>
</tbody>
</table>
From observations and information gathered from residents the inspector judged that the philosophy of care underpinning the provision of residential care in the designated centre was person centred and promoted positive risk taking. Residents told the inspector that they did not feel restricted as they were assisted to do what they wanted by staff or independently had the freedom to do whatever they chose.

Since the last inspection of the 31 July 2018 new management had taken over the centre. The inspector saw that the new governance structure worked with the existing management and staff team in their various roles and responsibilities to review and address restrictive practices in the designated centre. Through their commitment to reducing and minimising restrictions and improving the quality of residents’ lives a high standard had been achieved.

Restrictive practices in relation to using bedrails were reduced from 33 to five in use at the time of the inspection. The age range of residents not now restricted by bedrails includes centenarians. This was achieved by obtaining the views of residents and or their families and undertaking comprehensive individual multi-professional assessments of residents’ needs. A range of options and alternative less restrictive measures were offered to the resident group to trial. These included the use of low low beds, foam floor mats, sensor floor and chair mats and the purchase and use of half bedrails. The inspector was told that the measures introduced to reduce restrictive practices were constantly monitored. The inspector reviewed the monitoring systems and saw that where a piece of equipment had brought about a good safe outcome for the resident additional equipment was purchased. A wide low low bed was provided as an alternative to erecting bedrails. The resident expressed great satisfaction and confirmed an enhanced sleep pattern. Additional beds have been ordered.

Staff told the inspector that initially residents were reluctant to consent to removing the bedrails as they had got used to them, particularly in hospital and were fearful for their safety but staff were reassuring and explained that they would make sure the residents would be safe. Staff also worked with residents’ relatives sharing information to support residents’ families to review their thinking in order to provide their family member with more independence and freedom.

Residents who were currently using bedrails had either requested or been assessed as necessitating them. Those residents who had requested to use bedrails had been given opportunities to try other options before making the final decision. The inspector saw that the use of these bedrails were safe and the records showed that staff checked them throughout the night as per the centre’s policy. The information in respect of the bedrails had been kept in a register as well as the residents’ care plans. A new format for recording restrictive practices in residents’ individual care plans was introduced in order to provide a more person centred approach. Recordings were made under “my mobility”.

An audit highlighted that there was no increase in accidents or residents falling as a
result of the reduction in bed rails.

Two residents were required to use lap belts following occupational therapy assessments in order to minimise the risk of falls and or to maintain an appropriate seated position. The inspector saw the documentation that was available to support this recommendation and the family members of one of the residents who talked to the inspector was full of praise regarding the consultation process around this decision. They understood the guidance in respect of when the lap belt could be applied and released for the resident’s safety.

Residents who wished to smoke were assessed and while there were no restrictions for one resident another resident told the inspector that the resident requested staff to manage the allocation of cigarettes.

The inspector heard from the person in charge of the importance and significance of comprehensive assessment prior to admission in order to ensure that residents’ needs are met in a person centred, non-restrictive manner. The assessment includes potential residents’ sleep patterns and current use of equipment, for example, the use of bedrails. The inspector saw that pre-admission assessment documentation was in place and viewed the great welcome that was given to a resident who was being admitted to the centre.

Sound monitors (sensory alerts) were used as less restrictive measures and the inspector saw that they did not disrupt other residents yet were effective in alerting staff. The inspector found that there was a calm, quiet ambience throughout the centre.

The inspector identified that some of the doors had a key pad installed for security. This did not present as a restriction. The inspector saw that some independent residents and some residents who were assisted by staff exited and entered through the doors freely. Receptionists were available at the entrance to the centre to welcome visitors and/or assist residents if necessary.

There were a variety of private and open spaces for residents to receive their visitors, including a coffee/tea room. A resident took time out from being with relatives from overseas to talk about life in the residential home. The resident was complimentary of the staff and delivery of care and was keen to highlight that staff have made every effort to assist and encourage the resident to make use of their family home. The staff were the liaising and communicating with community professional services including the advocacy service to assist and encourage the resident to achieve a long-term personal goal to return to live in the community.

Residents described and talked about their daily routines and the things they like to do. They considered that they had a good quality of life and were facilitated to engage in enjoyable activities. Two staff members were employed to organise and provide individual and group activity programmes. They were aware that the provision of social care and supervision of residents reduced the need for restrictive practices. This was evident in the dementia specific unit for two residents who were agitated and following participation in a relaxation session became calm and relaxed.
The activity coordinators explained that further developmental work was required in order to have recreational activities, appropriate to meeting the needs of individual residents. They were exploring plans for male residents to attend the local men’s shed activity in the community.

A resident told the inspector that she loved bingo, and had won prizes on a couple of occasions. Some residents told the inspector that they liked to sit outside the main activity room and watch the comings and goings as opposed to participating in organised activity. They confirmed that their day passed quickly as people chatted as they passed by. A couple of residents enjoyed knitting and could easily do this while engaging in the buzz of entertainment that was going on in the activity room. Other activities included arts and crafts, reminiscence and storytelling. Residents enthusiastically talked to the inspector about the success of the annual party which was attended by family members and the local community.

A resident reading the local newspaper showed the inspector a photograph of a member of his family who had achieved high grades in the school leaving examinations. The inspector saw individual and group relaxation sessions, residents engaged in flower arranging and an impromptu singsong. Other residents were dancing to gentle music while some others were involved in a baking session.

A hairdresser provided a wonderful service in the centre styling hair while providing craic and entertainment for the residents. The hairdresser, in her professional capacity, understood possible situations which could lead to restrictions for residents. She was conscious of the degree of movement required in using hairdressing equipment and by knowing each of the residents was able to carry out her work in a non-restrictive manner. Some residents choose to go to the community hairdressing service.

The inspector heard that residents were facilitated to exercise their civil, political and religious rights. They had access to an oratory and a variety of religious services.

There were a variety of views regarding the food and meals and this was a popular agenda item for the residents’ meetings. Some residents told the inspector that they loved the food as it was always tasty, great variety, hot and delicious, while others were less enthusiastic. Recently, the person in charge had obtained many suggestions from residents in order to improve this aspect of service delivery. One suggestion raised at lunchtime was that residents should have the choice of using a milk jug in order to cream their tea as opposed to staff carrying out this task. The registered provider representative informed the inspector that a new serving system will be developed in order to enhance residents’ dining experiences.

The residential home provided therapeutic and comfortable living areas for residents with safe and accessible external outdoor areas which had colourful flower-beds, planters and garden ornaments such as bird feeders. The courtyards had wall designs including waterfalls. Bedroom accommodation consisted of single and one twin bedroom and all had full en-suite facilities. Some residents invited the inspector to see their bedrooms which they were totally satisfied with and explained to the inspector how they could access all their clothing and personal items either
independently or with the assistance of staff. The inspector saw that there were lots of personal items; photographs and ornaments in these rooms. The inspector saw no restrictions in relation to residents going to their bedrooms or other parts of the centre at any time throughout the inspection. Some residents commented on the homely décor with traditional pieces of furniture and soft furnishings which were in keeping with residents’ previous lifestyles. Other residents liked it because it was spotlessly clean. A resident accompanied the inspector on a tour of the dementia specific unit, and highlighted the cottage scenes decorating the walls and the individual painted bedroom doors which looked like main door entrances. The physical environment was set out to maximise resident’s independence regarding flooring, lighting and handrails along corridors.

Some residents described their medical treatments, confirming that their general practitioner and other allied health professionals such as speech and language therapists, dietician, optician and a physiotherapist, would all visit to make sure that they were healthy and received the services they required. These residents also knew that information in relation to their medicines and care was recorded by staff. They felt reassured by this process. The person in charge described the service as a multidisciplinary partnership between all those involved in the delivery of care and support. She further explained that residents have a right to refuse a service and treatment or to be transferred to another service.

The inspector heard that residents who were predisposed to experiencing episodes of behaviours and psychological symptoms of their dementia (BPSD) had a behaviour support care plan to inform their individual care and support needs. Staff were familiar with triggers to behaviours and the most appropriate person centred interventions were adopted to engage or redirect residents experiencing such behaviours.

Management described the procedures and practices for recruiting, selecting and vetting staff, the induction programme, probation reviews, supervision arrangements, staff meetings and appraisals. These were effective. The inspector watched staff provide care to residents in a calm and unhurried manner. Staff were knowledgeable about residents’ needs and wishes and provided the inspector with a holistic picture of individual residents. The comment was made that if staff know the residents well, they can provide good quality care.

Staff confirmed that there were adequate staff and a good skill mix in order to meet residents’ needs without resorting to restrictive practices. They confirmed that if there was an emergency, management would authorise additional staff. The staff team were flexible and could respond to an emergency. Residents were highly complementary of the support and assistance they received from staff. A framed thank you mirror was presented to staff on the occasion of a resident’s centenarian birthday and this has been hung with pride in the side street cafe.
Oversight and the Quality Improvement arrangements

Management and staff were familiar with the definition of restrictive practice and were working well to achieve the underlying principles of working to reduce and/or eliminate any restrictive practices and where restrictive practices were operating that they were the least restrictive and for the shortest duration.

Governance and monitoring of restrictive practices was achieved through a variety of formal and informal methods of communication, preparation of reports and meetings between the registered provider representative, the person in charge, human resources coordinator and persons participating in management.

The new company’s auditing systems were introduced and have proven to be effective in ensuring that correct procedures are followed and the necessary documentation completed to support any restrictive practice.

The inspector heard from management that working to promote a restraint free environment involved a cultural change and necessitated staff having to review their work practices. Management acknowledged that while much work has been achieved in a short period there is still work to be done to bring about improvements and better outcomes for residents.

The inspector found that some staff members fully understood the definition of restrictive practices and knew restrictive practices were implemented for residents’ safety and welfare, as a last resort and or at the request and consent of a resident. However, they were less able to understand subtle forms of restriction, including, psychological restriction, for example, failure to adequately communicate, using a controlling tone of voice, social exclusion and not supporting residents to be as independent as possible. Observations communicated to the inspector which negatively impacted on a resident were brought to the attention of management. The person in charge provided the necessary assurances that these matters would be investigated in accordance with the centre’s complaints policy and procedures.

Entry and exit to the dementia specific unit was accessed by a key pad security/fob system. Management have this on the agenda to review in light of the definition of restrictive practices as outlined by the Health Act 2007 which reference “intentional restriction of voluntary movement or behaviour”.

From reviewing restrictive practices the person in charge is considering putting this topic on the agenda of the residents/relatives meetings in order to promote further good practice.

The person in charge informed the inspector that the policy in respect of restraint and restrictive practices would be further reviewed and updated, particularly, in relation to the use of the term “enablement” and aligns this to current best practice.

In future, consideration may be given to including information regarding restrictive practices in the statement of purpose and the annual review.
The person in charge had not had the opportunity to assess the centre’s overall performance against the standards in the required restrictive practices self-assessment questionnaire as the questionnaire had only been issued one day prior to the inspection. However the inspector reviewed the draft self-assessment questionnaire with the person in charge during the inspection and found the centre to be compliant as residents enjoyed a good quality of life where the focus was on continuing to reduce or eliminate the use of restrictive practices.
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. |
Appendix 1

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**

<table>
<thead>
<tr>
<th>Theme: Leadership, Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
</tr>
<tr>
<td>5.2</td>
</tr>
<tr>
<td>5.3</td>
</tr>
<tr>
<td>5.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: Use of Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: Responsive Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.2</td>
</tr>
<tr>
<td>7.3</td>
</tr>
<tr>
<td>7.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: Use of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
</tr>
</tbody>
</table>

**Quality and safety**

<table>
<thead>
<tr>
<th>Theme: Person-centred Care and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
</tr>
<tr>
<td>1.2</td>
</tr>
<tr>
<td>1.3</td>
</tr>
<tr>
<td>1.4</td>
</tr>
<tr>
<td>1.5</td>
</tr>
</tbody>
</table>
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.