



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

Name of designated centre:	Woodlands House Nursing Home
Name of provider:	Sandcreek Limited
Address of centre:	Trim Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	22 October 2019
Centre ID:	OSV-0000186
Fieldwork ID:	MON-0027835

## 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	Inspector of Social Services
22 October 2019	Siobhan Kennedy

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

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 residents' individuality. 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.

The inspector was warmly welcomed by a member of the management team. The inspector observed that the designated centre consisted of a renovation of a period dwelling and a newly designed building. The physical environment was set out to maximise residents' independence and comfort.

Residents were enthusiastic in telling the inspector about their 'beautiful home'. They were delighted with their bedrooms and shower ensuite facilities which were spacious and pleasantly furnished. All of their personal items were close to hand and easily accessible either independently or with the assistance of staff. One resident described it as "a cosy haven" and loved pottering around the room looking at the collection of personal mementos which brought back so many memories. Furniture was provided in each room, including a comfortable chair, wardrobe provision and a lockable drawer. Residents were able to bring additional items with them if they chose. Residents expressed the pride they had in their surroundings and commented on the homeliness and cleanliness of the centre. 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.

There were a number of communal sitting and dining rooms decorated in a variety of themes blending period and modern design. These rooms had a view of the external grounds, including a courtyard garden and also had a view of the local school playground. There was a range of seating available which was arranged to provide different options for the residents. For example seating was organised to facilitate residents watching the television or engaging in small group activities.

Although all of the bedrooms had en-suite facilities residents also commented that communal toilet facilities were available within close proximity to lounge and dining areas and that they all had privacy locks. There was also an oratory and a hairdressing room for residents' use and a variety of private and open spaces for residents to receive their visitors.

The inspector was informed that the only restrictive practices currently operational in the centre related to securing the front door and the use of bedrails. The inspector reviewed these with the staff member deputising for the person in charge.

The inspector saw residents independently using the keypad to leave and enter the premises. In addition some staff assisted residents to use the keypad secured front door if they wanted to go out. A receptionist was available at the entrance to the centre to welcome visitors and to assist residents if necessary.

It was evident that the 10 residents using bedrails had either requested or been assessed as needing them. These residents had been given opportunities to try other options before making the final decision. Alternative equipment included, low low beds, sensory alerts, and foam floor mats. The inspector found that where they were being used bedrails were used safely. Records showed that staff checked them throughout the night as per the centre's policy. Information about the bedrails was being kept in a register as well as in the residents' care plans.

Some of the residents using bedrails told the inspector that they felt safe while resting. Some relatives expressed the peace of mind that they had knowing that residents were safe with the bedrails in place. There was evidence that management and staff had 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. A relative communicated that alternative options to bedrails had been trialled but were unsuccessful and this resulted in the bed rails being installed.

Sound monitors (sensory floor alerts) were used in order to alert staff in the event that a resident may need assistance. These did not disrupt other residents. There was a calm, quiet ambience throughout the centre. None of the residents were using a lap belt on their chairs. No residents were wearing a personal sound alert. Residents who wished to smoke were assessed and there were no restrictions imposed by staff. The smoking facilities were internal to the centre.

Residents talked to the inspector about their day-to-day experience of living in the centre, their bed times, routines and activities during the day. Residents loved to see their visitors coming into the centre and conveyed that staff treated them well and offered refreshments which made it feel like being at home.

The inspector saw that residents were involved in making decisions. They were encouraged to make suggestions during the formal residents' meetings. In general, residents made suggestions about food and activities, however, the inspector was informed that restrictive practices have been on the agenda and will be further discussed in subsequent meetings.

The inspector heard from staff that restrictive practices could be avoided by integrating diversional therapies as part of the residents' lived experiences. The inspector was told about the resident(s) who holiday abroad and who are able to live part-time in their own homes in the community. A staff member was responsible for providing opportunities for residents to participate in activities of their choice. When the designated activity coordinator was not available other staff performed this role.

Residents drew the inspector's attention to a notice board in the corridor which displayed their social care programme. A weekly activity programme was scheduled in advance. External groups were incorporated in to the activity programme such as music and other entertainers. Earlier this year a variety of farm animals visited the centre and residents engaged with a community group, to hold a fund raising event and coffee morning in the centre. The inspector saw a staff member and a volunteer

successfully providing a quality bingo session for residents in the afternoon of the inspection. There was a happy buzz in the activity sitting room as residents engaged enthusiastically with the session. Residents were keen to show the inspector their prizes.

Religious services including mass and prayer groups were organised for residents. The inspector saw that residents of similar needs were supported to have companionship.

The quality of the care and support provided to residents was found to be of a high standard. Residents were satisfied with 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.

Some residents told the inspector that they loved the food as it was always tasty, great variety, hot and delicious.

Staff highlighted the need to gather information about the history and pattern of behaviour displayed by those residents who were predisposed to experiencing episodes of behaviours and psychological symptoms of their dementia (BPSD). Staff confirmed that where necessary a behavioural support plan was devised highlighting the antecedent, behaviour and consequences (ABC model) of residents' behaviours. Some staff described the triggers to behaviours and the most appropriate interventions adopted to engage or redirect residents experiencing such behaviours so as to avoid any restrictive practices.

Residents were highly complimentary about the support and assistance that they received from staff. The inspector observed that staff provided care to residents in a calm and unhurried manner. Staff were knowledgeable about each resident's needs and wishes and provided the inspector with a holistic picture of individual. The inspector saw that staff and residents shared huge respect for each other and had good fun together. Staff remarked that they would do anything to make the residents happy. Staff were observed responding quickly to residents' call-bells. They attended to residents' needs in a person-centred manner that ensured adequate supervision, while at the same time providing opportunities for residents to be independent and free.

Staff confirmed that there were adequate staff and a good skill-mix in order to meet residents' needs without resorting to restrictive practices. They told the inspector that if there was an emergency, management would authorise additional staff. The staff team were flexible and could respond to an emergency.

Residents told the inspector that they knew about the complaints policy and process and support groups such as advocacy. They showed the inspector the notice board where the information was displayed.

## Oversight and the Quality Improvement arrangements

The inspector saw that the governance structure of this family-operated centre remained constant and this contributed to residents experiencing a good service.

The full-time person in charge supported by the registered provider representative, general manager and assistant director of nursing made up the management team. They and the staff team had given great considerations to reducing the use of restraint in the centre. It was an agenda item for the governance formal meetings and formed part of the annual review.

All staff had received restraints training and some of these staff members had participated in more in-depth training. In discussions with the inspector, staff demonstrated that they were familiar with the definition and principles of restrictive practices. For example, the use of physical restraint should evidence that the restraint will be in the best interest of the resident, the least restrictive option used for the shortest duration (temporary) and should only occur when all other forms of nursing interventions have failed. Staff gave the inspector examples of restrictive practices, including subtle forms of restriction, for instance, preventing a resident from doing what they want to do, forcing compliance by tone of voice, furniture arranged to impede movement and mobility aids taken away from residents. Management encouraged staff to reflect on scenarios identified during the delivery of care to determine if any restrictions were imposed on residents. A staff member recounted discussions around restricting certain foods to diabetic residents.

The inspector examined the centre's policy on restraint. It highlighted the core values of human rights; fairness, respect, equality, dignity and autonomy. It guided staff to devise a therapeutic plan to meet residents' needs without restriction and if a restriction is required. This entailed an assessment, implementation, and safeguarding residents through the care planning process which is monitored and reviewed. It was stated that the review process must include a plan to reduce or remove the restrictive practice as soon as is possible. Following a review of the documentation, the inspector provided the assistant director of nursing with additional advice regarding the evaluation and review process. The policy contained information in respect of 'enablement' and the inspector recommended that this should be reviewed in light of up-to-date current guidance.

The inspector heard that the assistant director of nursing assessed potential residents' sleep patterns and current use of equipment for example, the use of bedrails or any other restrictors so as to inform the delivery of care in the centre.

The statement of purpose identified residents' rights. This included having the right to freedom of expression, to complain, to hold opinions and to receive and impart information and ideas, particularly regarding personal care and treatment.

Management fulfilled their legal requirement to notify the Chief Inspector of specified

incidents of restraint.

The person in charge had not had the opportunity to assess the centre's performance against the standards in the required restrictive practices self-assessment questionnaire. It was agreed that this would be completed and submitted to the regulator.

The inspector judged 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.

### 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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