



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

Name of designated centre:	Griffen Valley Nursing Home
Name of provider:	Griffen Valley Nursing Home Limited
Address of centre:	Esker Road/Griffen Road, Esker, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	14 May 2019
Centre ID:	OSV-0000046
Fieldwork ID:	MON-0026839

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

¹ Chemical restraint does not form part of this thematic inspection programme.

limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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 on:

Date	Inspector of Social Services
14 May 2019	Siobhan Kennedy

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

The inspector observed and gathered evidence to judge that in the main, the philosophy of care underpinning the provision of residential care in the designated centre was person centred. This approach upheld residents' basic needs and their fundamental rights while promoting their privacy and dignity. This was evident regarding the provision of residents' healthcare needs, availability of meaningful activities, social and community engagement and nutritional care. The restrictive practices in relation to bedrails (three rails in use) were implemented for residents' safety and welfare. The inspector identified that some of the doors which had a key pad for security and some sound monitors (sensory alerts) were restrictors, however staff perceived these to be safety measures. Further information is outlined below and management and staff readily agreed to review these areas following the inspection.

The centre was a single storey building with capacity to accommodate 26 residents. The environment was comfortable, homely and safe. It was built around a courtyard which was accessible from two corridors. The inspector saw the majority of residents coming and going from this area including residents using mobility aids and with the assistance of staff, if it was needed. Residents knew their way around the centre and the location of their own bedrooms which were adequate to provide a comfortable personal space to maintain their clothes and personal possessions. One resident invited the inspector to see her bedroom and she explained that it was her haven where she was able to display her treasured memories and relax in comfort. The inspector saw no restrictions in relation to residents going to their bedrooms at any time throughout the inspection.

The inspector watched staff provide care to residents in a calm and unhurried manner. Staff were very knowledgeable about residents' needs and wishes and provided the inspector with a holistic picture of the individual residents. They highlighted that if they know the residents well, they can provide good quality care. Residents were not aware of any restrictive practices as they told the inspector that they were assisted to do what they wanted by staff.

The inspector saw that residents were involved in making decisions about their daily routines without any restriction from staff or others. Some residents chose to have breakfast before they dressed for the day while others preferred to have all personal care attended to prior to coming to the dining room. Some residents pottered around in their night-ware until after lunch time. The inspector communicated with a resident who was trying to choose something nice to wear as it was a lovely sunny day. Residents chose where they had their meals, some were in the dining room, others were in their own bedrooms and some wanted their meal in the sitting room. All of the residents either independently or with assistance were up and about by lunch time. Residents knew from information displayed and communicating with staff the activity programme and they decided what they wanted to do. An activity staff

member was seen to lead a group of residents in arts and crafts and the room was brimming with colourful art work completed by residents who enthusiastically showed off their pieces to the inspector.

During the course of the inspection there was a range of appropriate activities provided and the inspector saw that residents were supported to have companionship. One resident was asked if she would like to go outside but she refused as her friend was not there. Later in the afternoon they were both seen outside sharing a bench and chatting. The inspector observed good interactions between residents and staff who were out in the courtyard enjoying the sunshine. All of the residents' relatives were welcomed and some joined in the outdoor activities while others remained indoors sharing a quiet relaxed time with their relative. Residents were prepared for the heat with hats for shade and sun cream. Refreshments were served and following this some residents got up to go inside and do other things. The outdoor garden furniture was painted in bright colours which was attractive and welcoming. Overall there were positive vibes from the residents and this resulted in a happy atmosphere and no episodes of responsive behaviours.

Residents were supported and facilitated to maintain personal relationships in the community. The inspector saw that a resident was assisted to go out with friends and money was made available to the resident. - Two residents held their own e-cigarette and staff assisted them to replenish the oils. A hairdresser provided a service in the centre but residents could also choose to go to the community hairdressing service. A local musician visited the centre on a regular basis to play music and sing songs. Residents and staff said that they loved to dance. A resident stated that he had great fun with the staff and that they made him feel young.

A care staff member assisted a resident to the hospital and waited with the resident until family members could be with her. On returning to the centre the relatives expressed to the inspector the exceptional kindness of the staff. -The relatives described how distressing it was for the resident following admission to the centre but now the resident will inform her relatives that it is time for them to leave. -This was reassuring for the family.

The inspector read the notes of formal residents' meetings which residents were supported by staff to attend. They made suggestion about menu choices, outings they wanted to go on and the activities to take place during celebratory occasions.

Residents told the inspector that they felt safe from harm and that staff were delightful and attentive to their needs. The care provided was excellent.

Residents talked to the inspector about their day-to-day experience of living in the centre and confirmed that the days go in very quickly as there is always something to do. They loved to see their visitors coming in to the centre and conveyed that staff treated them well offering refreshments which made it feel like being at home.

Relatives were extremely complimentary of the service. A relative explained

that due to a resident's condition she could not participate in the activities but staff always included her and had the time to be with her so that she did not feel isolated.

Residents were empowered to exercise their rights, achieve their personal goals, hopes, and aspirations. For example the inspector saw the canvassing leaflets and literature which was being made available to the residents so that they were fully informed for the forthcoming elections. Arrangements were already in place to facilitate residents to go to their local polling station or avail of the polling booth in the centre. One relative told the inspector that his relative's life had been prolonged due to securing a place in the centre. A resident who is a keen artist told the inspector about the forthcoming art exhibition and talked about the exhibits from a personal portfolio.

Residents had food and drink that was nutritional and the catering staff all knew residents' preferences. One resident declined the lunch time meal but said that it would be available at a later stage and if he still did not want the meal something tasty of his choosing would be provided. Two residents sitting opposite each other at a dining table had a lot of chat about people they knew in the community.

The person in charge told the inspector that the residents are central in all aspects of the service provision. The staff team are employed solely to meet residents' needs. She 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 noted that a resident refused prescribed medicines. This was accepted by the staff nurse who documented the information for the resident's general practitioner. Regular reviews of this resident's medicines had taken place and a further one was scheduled.

A staff member informed the inspector that when a resident has difficulty in communicating their wishes they are supported through non-verbal means to convey their wishes and advocates are requested to try and ascertain residents' wishes if this is necessary. Previously a member of an advocacy service conducted the residents' meetings and, at the request of staff and with the consent of the resident, an advocate supported a resident with a personal issue.

Some residents confirmed that they attended a meeting regarding their care needs and that staff always wanted to know if they were happy or if there was anything else they could do to help them.

A variety of notice boards were available displaying information about lots of things including menus, community events and activities.

Residents and relatives were aware of the complaints process and some relatives who made a complaint stated that the matters were actioned immediately. There were no concerns highlighted during the inspection and there were no complaints in respect of

restrictive practices.

Oversight and the Quality Improvement arrangements

There was a clear governance structure to manage the service which was familiar to the staff working in the centre and, together in their various roles and responsibilities, they demonstrated a commitment to quality improvement in respect of restrictive practices and had achieved a good standard.

The registered provider representative (the provider) works in the centre full-time and has a variety of formal and informal methods of communicating with the person in charge and staff team, including conversations and meetings.

The staff team were keen to ensure the safety of residents being accommodated while reducing unnecessary restrictive practices. To this end they had updated their own knowledge and 18 staff members had completed on-line training in respect of restraint. The provider stated that all staff will have completed this training by the 28 May 2019. Two staff members who had completed the training spoke with the inspector and they fully understood the definition of restraint and were able to differentiate between explicit, intentional and subtle forms of restraint. Including psychological restriction, for example using a controlling tone of voice, social exclusion and failing to support residents to be as independent as possible. The provider measured the impact and effectiveness of the training provided by holding discussions with the staff members and reviewing the reflective questionnaire which each trainee completes at the end of the training.

Pre-admission assessment documentation was in place in order to ensure that residents' needs were met and the provider described an appropriate planned discharge of a resident when it became known that the resident's needs could not be met in the centre (primarily due to the omission of information from the organisation arranging the resident's admission). The provider alluded to the significance of comprehensive assessment in the completed self-assessment questionnaire as part of the documentation submitted to the regulator prior to the inspection.

Since 2014 the provider and management team had reviewed a specific restrictive practice in the centre which related to the use of bedrails and reduced their use from approximately 10 to only two at the time of the inspection. In order to bring about this change the provider explained that she had set up monitoring systems which were evaluated when the new practices had been implemented to ensure that there were improved outcomes for residents. For example low to floor beds and floor mattresses were trialled, and when these measures were seen to bring about a good outcome more were purchased. 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.

The inspector had a discussion with staff regarding the use of floor mattresses as a less restrictive measure and potential trip hazard. Staff agreed to risk assess the use of each one following the inspection.

From a review of the care planning documentation the inspector saw that individual assessments of residents in respect of restraint measures and responsive behaviours were carried out in consultation with significant professionals, the residents and or family representatives. The assessments referenced the specific circumstances where the restraint was being considered and detailed the alternative less-restrictive measures which would address the risk, but did not identify how long these measures were trialled and the outcomes for residents as per the centre's policy. Care plans were regularly reviewed with a view to reducing or eliminating the use of the bed rails.

One resident requested to have bedrails on both sides of the bed due to having a number of falls prior to admission to the centre and this reassured the resident and provided the resident with a good sleep pattern. Another resident had one bed-rail in place following a multidisciplinary assessment. The inspector saw that the use of the bed-rails currently in operation were safe and the records showed that staff checked the bed-rails on an hourly basis throughout the night as per the centre's policy. The information in respect of the bed-rails had been kept in a register as well as the residents' care plans.

None of the residents were using lap belts.

The inspector examined the behavioural support plans for two residents and saw that the behaviours were described and the interventions were detailed sufficiently to guide staff in order to respond to the residents in a manner that was not restrictive. Staff talked about a variety of deescalating techniques such as distracting the resident or offering alternatives which reduced residents' anxieties.

The person in charge and staff team confirmed that there was great team work and more experienced staff were good role models for others. The inspector read in the minutes of staff meetings information about changing practices to ensure that residents were able to take risks in a safe environment and to pre-empt responsive behaviours before they would escalate. This method was working well for one resident and had noticeably reduced episodes of responsive behaviours.

Staff confirmed that there were sufficient staff recruited to support a restraint-free environment as the provider had rostered an additional staff member from 10pm to 7am so that residents who wished to stay up late in the evening could do so and have the company of residents and a staff member.

The provider completed the self-assessment questionnaire on the 4 April 2019 and assessed each of the standards relevant to restrictive practices as being compliant. However, during a tour of the premises the inspector observed that some internal (door to the dining room) and external doors, particularly one leading to a secured outdoor area, were restrictors. The provider explained that the key pad security system was recently installed on the dining room door in order to address the behaviours displayed by one resident. In discussions with the inspector, the provider

readily saw how this action had curtailed the freedom of the majority of residents and was already able to think of less restrictive practices to address the problem.

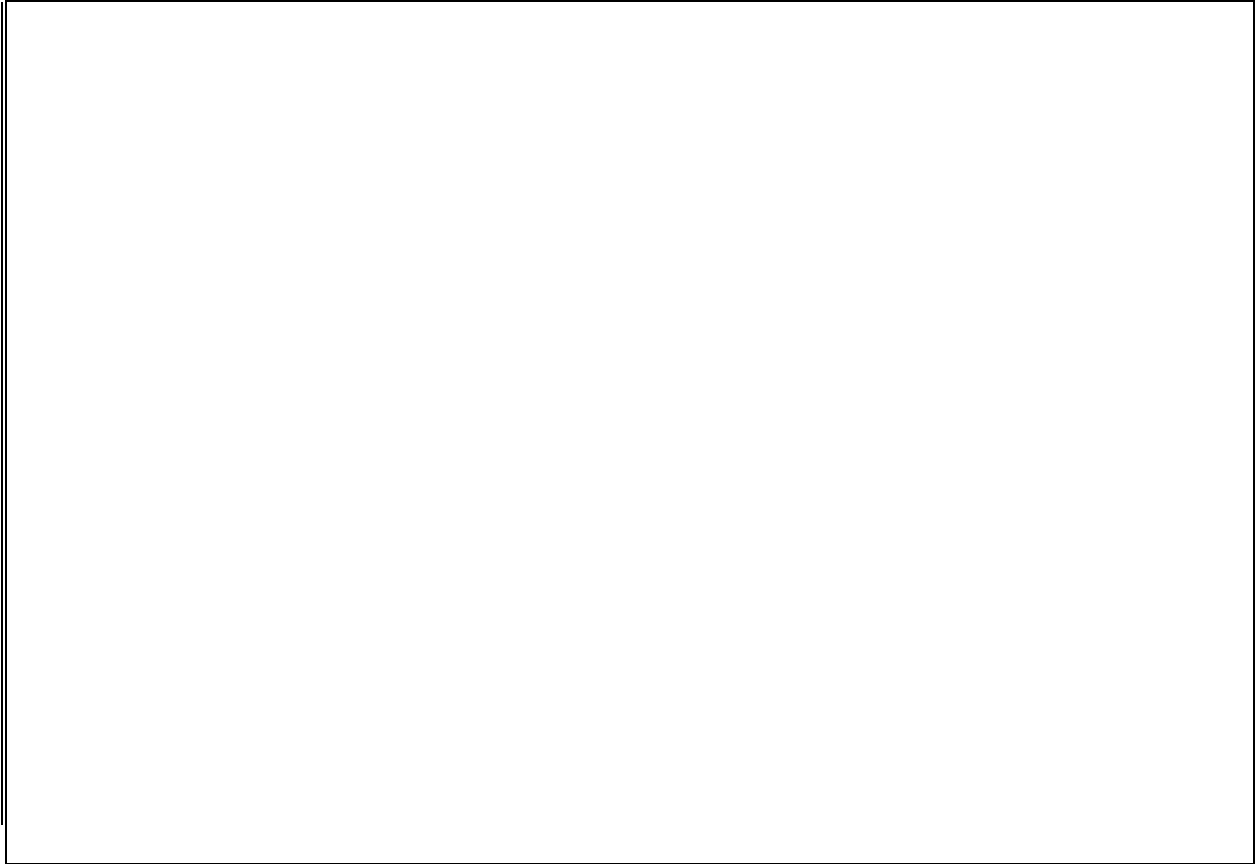
Where a restrictive practice was used (for example, the locking of the main entrance door to the centre and other exit doors in order to ensure the safety of the residents), given the location of the centre there was no risk assessment outlining the rationale for the restriction. As a result, these restrictions were not regularly reviewed with the view to reducing or eliminating their use by trialing alternatives. The provider told the inspector that following the inspection information would be gathered and analysed to see if further improvements could be made.

The inspector suggested that information in respect of restraint could form part of the annual review and the provider suggested including information in the statement of purpose regarding the efforts to ensure a safe but restraint-free centre for residents.

The inspector queried the use of a number of sound monitors as a form of restriction. The provider informed the inspector that following training the staff team were recently debating whether the use of sensory alerts were a form of restriction. Some staff considered that they provided reassurance for staff that they would be alerted to go and provide assistance to the resident. Following discussions with the inspector management agreed to review each monitor to determine if it was used in accordance with the philosophy of person-centred care.

The provider had reviewed the restraint policy and procedure and considered further reviewing it following the inspection, particularly in relation to the use of sound monitors and enablers.

The inspector reviewed the documentation in relation to residents' meetings and on the advice of the inspector the provider agreed to put restraint on the agenda for discussion with residents and relatives in order to promote further good practice.



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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