



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

Issued by the Chief Inspector

Name of designated centre:	Cloverlodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Clonmullion, Athy, Kildare
Type of inspection:	Unannounced
Date of inspection:	05 December 2024
Centre ID:	OSV-0000025
Fieldwork ID:	MON-0045235

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards **for Residential Care Settings for Older People in Ireland**. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental¹ in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

Physical restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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

About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

This unannounced inspection was carried out during the following times:

Date	Times of Inspection	Inspector of Social Services
Thursday 5 December 2024	10:45hrs to 16:55hrs	Aislinn Kenny

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

This was an unannounced inspection to monitor the use of restrictive practices in the centre. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

The inspector found that residents living in this centre were well cared for and supported to live a good quality of life by a dedicated team of staff that knew them well. Feedback from residents was that it was a nice place to live, they were free to move about and they were well cared for.

From the observations of the inspector, and discussion with residents, it was clear that residents were well supported to enjoy a good quality of life in this centre. The culture within the service promoted person-centred care.

The centre was located on the outskirts of Athy, Co. Kildare. The main door was accessible only by key-pad access preventing vulnerable residents from leaving the centre. This and other key-pad access doors in the centre were risk assessed and documented on the centre's restraint register. The front door was supervised during the day to ensure that residents and visitors could enter and exit easily.

Residents' bedrooms were all located on the ground floor and each bedroom had full en-suite toilet and shower facilities. Overall, the centre was well maintained with suitable furnishings and equipment and was nicely decorated for Christmas. Many residents' bedrooms were nicely decorated with personal belongings such as photographs and artwork. Corridors had the appropriate handrails fixed to the walls to assist residents to mobilise safely.

Enclosed gardens in the centre were accessible to all residents via doors from the Memory care unit and doors from either side of the hallway adjacent to the main sitting room. This included a patio area and seating areas with garden features. The designated smoking area for the centre was also located here and residents were observed coming and going to smoke in this area throughout the day. Residents from the Memory care unit could access the main sitting room through the garden or through double doors on the corridor that were accessible by keypad for residents who knew the code.

There were a variety of activities available to residents throughout the week and an activities calendar was on display in the centre. Residents were seen engaging in activities throughout the day which included exercises and a live music session that took place in the afternoon. Residents in the Memory care unit were also seen doing puzzles and engaging in individual activities throughout the day.

The inspector saw evidence of residents going out into the community independently and with support from family and friends. Day trips had taken place and the centre had planned a Christmas party for residents and their families. A large variety of individual and person-centred activities were seen available for residents in the Memory care unit.

Residents had a choice of meals and told the inspector they enjoyed their meals and had plenty of options available to them. Residents who required assistance were assisted in a discreet and respectful manner.

The procedure for residents and visitors to make a complaint was displayed around the centre. The policy in place guided staff on how to deal with any complaints both verbal and written. Residents that spoke with the inspectors said they knew who to speak with if they had a concern or complaint.

Overall, this designated centre had a positive approach towards minimising restrictive practices and implementing a human rights based-approach to care.

Oversight and the Quality Improvement arrangements

The registered provider had a robust governance structure in place to promote and enable a quality service. A restraint-free environment was promoted through effective leadership and the use of restraints in the centre was kept to a minimum. The person in charge had completed and submitted a self-assessment questionnaire to the Chief Inspector prior to the inspection, alongside a quality improvement plan. This plan demonstrated that the provider was striving to ensure residents' rights were upheld and respected, and identified increasing awareness of restrictive practices with staff as an area for quality improvement. Staff spoken with on the day of the inspection displayed good knowledge of restrictive practices and of the individual and person-centred needs of each resident.

It was evident there was a focus on quality improvement within the centre and in particular promoting awareness of human rights. A restraints committee was in place and staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice and a rights-based approach to care.

The centre maintained a record of all restrictive practices used in the centre. One bedrail, two specialised chairs and one sensor alarm were in use in the centre at the time of inspection. Use of restraints in the designated centre was audited monthly by the person in charge.

A risk assessment was completed for the identified restrictive practices in use. Restrictive practice care plans were in place which outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months to ensure they contained up-to-date and relevant information. A sample of care plans reviewed by the inspector were found to be comprehensive, up-to-date and person centred. Restrictive practice was discussed at regular staff meetings and had been introduced into residents' meetings.

The centre had access to equipment and resources which ensured that 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 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 activities staff who provided both group and one-to-one activities for residents. A recent activities staff vacancy was being covered by a dedicated staff member to ensure residents were not impacted by the vacancy.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised of the physiotherapist, occupational therapist (OT) and general practitioner (GP). Informed consent was sought from the residents where appropriate.

Overall, the management team and staff had awareness of the impact and risks of restrictive practice and were committed to a restraint-free environment. Regular reviews, informed consent and minimizing restrictions were used to ensure a human rights focus was upheld in Cloverlodge Nursing Home.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

The National Standards

This inspection is based on the *National Standards for Residential Care Settings for Older People in Ireland (2016)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.

List of National Standards used for this thematic inspection:

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

Theme: Use of Resources	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
7.4	Training is provided to staff to improve outcomes for all residents.

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

Quality and safety

Theme: Person-centred Care and Support	
1.1	The rights and diversity of each resident are respected and safeguarded.
1.2	The privacy and dignity of each resident are respected.
1.3	Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.
1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.
1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services

2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

Theme: Safe Services

3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.
3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

Theme: Health and Wellbeing

4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.
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