



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

Issued by the Chief Inspector

Name of designated centre:	Elm Hall Nursing Home
Name of provider:	Springwood Nursing Homes Limited
Address of centre:	Elm Hall Nursing Home, Loughlinstown Road, Celbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	29 August 2024
Centre ID:	OSV-0000034
Fieldwork ID:	MON-0043751

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 29 August 2024	09:30hrs to 15:15hrs	Sinead Lynch
Thursday 29 August 2024	09:30hrs to 15:15hrs	Geraldine Flannery

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

The inspection of Elm Hall Nursing Home was unannounced and carried out as part of the thematic inspections programme, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

Residents were supported to live a good quality of life in this centre. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individual residents. There was a person-centred culture of care in the centre and the use of restrictive practices had been kept to a minimum.

The centre was seen to be bright and tastefully decorated throughout. The atmosphere was relaxed and calm. Communal areas were seen to be well-used by residents throughout the day. The design and layout of the centre did not restrict the residents' movement. There were signs to orientate and direct residents throughout the centre.

Residents told the inspectors that they had freedom of movement to and from their own bedroom and were facilitated to personalise their bedroom with their own belongings. They said the rooms were a good size and contained enough storage space for their 'precious belongings'.

Communication screens were observed in the communal areas. Inspectors heard how residents appreciated this valuable technology as it promoted independence and empowered residents by providing up-to-date information about local matters, including daily menu choices.

Residents and their visitors had access to the enclosed garden, the doors of which were unlocked and accessible at all times. Some residents were seen coming in and out independently, one resident said how they 'enjoyed their walk in the garden every morning'.

The garden was well-maintained and had floral displays, ample comfortable seating and a marquee. Residents told inspectors about the most recent garden party, where family, friends and staff gathered to celebrate with them. Innovative staff created a magical atmosphere for the celebration. For example, residents told inspectors about the 'great fun' they had getting their picture taken with the custom made photo props and enjoying an ice-cream from the bespoke ice-cream cart.

Residents confirmed to the inspectors that they felt safe in the centre and their privacy and dignity was respected. Staff were observed providing assistance in a

manner that enabled residents to maintain their independence and dignity. Care delivery was observed to be unhurried throughout the day and staff were seen to be patient and kind.

Mealtime in the dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed interacting with staff and fellow residents throughout the mealtime experience. Residents were complimentary of the food and the choice of food available. Food appeared appetising and was well presented. Residents were allowed ample time to have their meal in a relaxed and unrushed manner. Staff discreetly assisted the residents during the meal times.

The inspectors saw many positive meaningful interactions between staff and residents and it was evident that staff had a good knowledge of residents' hobbies and interests. Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities.

The inspectors observed group activities taking place in the morning and afternoon on the day of inspection. One resident informed inspectors that they particularly enjoyed the flower arranging class. Flower arrangements made by residents were on display in the communal area at reception. The centre organised outings to the community. Residents informed the inspectors that they were particularly looking forward to the upcoming trip to a local restaurant and garden centre where they 'hoped to purchase a few flowers'.

The centre's hairdresser was in attendance on the day of inspection. The hairdressing room was well equipped and residents were seen enjoying this as a social occasion. The spiritual needs of the residents from various denominations were facilitated, including Mass celebrated in the centre every week. Advocacy services were available to all residents that requested them.

Residents told the inspectors that they felt they were listened to. They had resident meetings where they discussed a range of items, including activities, menus and any issues of concern they had.

The complaints procedure was on display in various prominent places throughout the centre. One resident told inspectors that if they had any complaint they could speak to any member of staff and 'it would be attended to very quickly'. The contact details for the advocacy services of which were on display in the centre.

The inspectors saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors that spoke with the inspectors were complimentary regarding the care their relatives received.

Overall, this 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 provider had a comprehensive governance structure in place to promote and enable a quality service. The management and staff spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and when in use, their use was for the shortest amount of time. A small number of bedrails and one lap belt were used in the centre at the time of inspection and there were five sensor alarms in use.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. This had been submitted to the Chief Inspector prior to the inspection.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy, caring for adults with responsive behaviour policy, positive risk taking policy, and a consent policy.

There was a restrictive practice committee in place in the centre. This committee aimed to ensure that all restraints used in the centre were in line with the policy, reviewed by the multidisciplinary team regularly and involved residents in the decisions. A restraints register was made available which was used to record the use of restrictive practices in the centre and was updated on a monthly basis. There was a restrictive practice audit in place which indicated how compliant the staff were in being guided by the policy and identified when improvements were required.

The inspectors reviewed the assessments and care plans for residents who had restrictions in use. These included the alternatives trialled prior to the current restraint being used. Residents with restrictions in place were found to have detailed care plans in place. There was a check-list in place where staff would ensure residents were safe and comfortable.

The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors, which were wide. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible.

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) and there

was evidence that each resident with restraint in use had been assessed. Consent was sought from the residents where appropriate.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice and a rights-based approach to care, assistive decision-making and advocacy.

A restraint-free environment was being promoted to ensure a good quality of life was experienced by residents living in the centre.

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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