Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Maryfield Nursing Home
Name of provider:	West of Ireland Alzheimer Foundation
Address of centre:	Farnablake East, Athenry, Galway
Type of inspection:	Unannounced
Date of inspection:	18 October 2023
Centre ID:	OSV-0000359
Fieldwork ID:	MON-0041317

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[1] 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
Wednesday 18 October 2023	10:30hrs to 16:30hrs	Una Fitzgerald

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

This was an unannounced focused inspection on the use of restrictive practice within the centre. The centre was a dementia specific unit. While none on the residents were able to discuss the quality of the care they received, the inspector observed that the residents were very content and settled in the environment. Findings were that residents were supported to live a good quality of life in this dementia specific centre. The atmosphere was warm and welcoming.

On arrival to the centre the inspector did a walk about of the premises. There was one large main sitting and dining room where the majority of residents spent their day. The residents were observed to be at ease in the surroundings. The inspector observed there was a flow of conversation observed between the staff and residents. There was six residents sitting in the sitting room, with three staff members in attendance. The staff were sitting down with the residents assisting them to have their breakfast. The inspector observed that the staff chatted with the residents they were feeding and actively encouraged them to finish the meal.

By late morning all residents were up and the sitting room was a hub of activity. This room was homely and was traditionally furnished in keeping with the resident age group. The fire in the sitting room was lit which gave a snug feeling to the room. The morning routine was observed to have an easy pace that was determined by the residents.

The inspector observed multiple activities during this inspection. Group sessions plus one to one activities were observed. Some examples include, card playing, cube puzzle challenge and other puzzle challenges. The inspector observed that the activities were tailored to the individual residents' likes and preferences. The interaction between the staff and residents was personal and it was clear that the staff knew the residents well. Throughout the day, the inspector observed that staff continuously interacted with residents utilising personal information to stimulate conversation.

On the day of inspection, it was raining heavily and so residents were remaining inside. The morning activity had been discussed and residents had agreed that they would enjoy a flower arranging activity. The staff had gone outside to get greenery. While waiting on the staff member to begin the activity the inspector observed the residents in their environment. At this time there were multiple residents in the sitting room. The inspector observed that residents were busy and content in individual tasks while waiting. For example, one resident was completing a word search, one resident was building blocks while another resident was looking at the daily newspaper. The activities co-ordinator was setting up for the activity and including the remaining residents in an open conversation that some residents contributed too.

The inspector observed that residents were facilitated to bring in items from home to make their bedrooms personal to them. For example, the inspector observed that multiple rooms had personal item of furniture. Hooks had been hung on walls so residents could hang jewellery and other items of importance to them. In addition,

multiple bedrooms had bedspreads that had been brought in from home and were seen to add style and colour to the bedrooms.

A comprehensive pre assessment was carried out on all residents to ensure that the centre could meet their care needs. The main entrance door is locked at all times. Entry and exit is accessed via a key code. Residents that can mobilise independently can gain access to secure enclosed gardens at the end of the large dining room. The management team confirmed that the garden exit doors are unlocked and that all residents have free movement in and out of the gardens. The gardens had sturdy colourful outdoor furniture and the area was inviting.

The communal sitting room had a minimum of one staff member supervising the room at all times. The inspector observed multiple staff in this role and observed that the staff engaged with the residents, providing drinks, talking about family, the weather and topics of interest to the residents. The manner in which the room was supervised was observed to bring value to the residents. Staff spoken with were able to differentiate between explicit, intentional and subtle forms of restraint. Staff confirmed that there was adequate staffing on duty to meet the direct care needs of the residents.

The inspector observed that staff ensured privacy and dignity was respected while personal care was being delivered. In the older part of the building shower and toileting facilities are shared. This necessitated residents being wheeled, or walked, along corridors to access communal bathrooms. Despite this challenge the inspector observed dignity was preserved. Privacy screens were used in shared bedrooms. The inspector observed residents that wished to walk to their destination were not rushed. Again, staff used this time to have social engagement and chatted with the resident, telling them "nearly there"; the slow pace allowed for the resident to reach their destination unrushed while also benefiting from the exercise.

Oversight and the Quality Improvement arrangements

Maryfield Nursing home is a dementia specific unit. On the day of inspection all staff spoken with were committed to ensuring that restrictive practices, such as the use of bedrails were minimised and that the rights of residents were respected and facilitated.

The clinical management team had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. While the inspector observed multiple good examples and a culture of working towards a restraint free environment, implementation of newly developed monitoring documentation and completion of same remained outstanding.

On arrival, and throughout the day the inspector spoke with the care team and management staff, regarding the arrangements in place to ensure a restraint-free environment. Staff said that the centre aimed to promote a restraint-free environment, in accordance with national policy and best practice. The inspector was satisfied that effort was made to ensure that people living in the centre, were afforded the right to go out, to attend activities, have their food preferences met and to have their human rights respected.

The system in place on the development of care plans was under review as the nursing management had identified that care plans were not being developed in a timely manner. The inspector reviewed multiple care plans of residents that had bedrails in place and found that appropriate assessment of need were in place and that the care plans developed as a result of the assessed need were detailed and guided care. In addition, the care plan reviews and implementation of bedrails was done in consultation with the families of the residents.

Staff had received training in safeguarding vulnerable adults, and behavioural and psychological symptoms of dementia (BPSD). In addition, four members of the nursing team had attended more specific training on restrictive practices and were actively working on measures to implement the information received. As a result, the policy was under review and in process of up-dating to ensure it was in line with national policy and best practice. Training attendance records were made available to the inspector and restrictive practice training had commenced rollout to all staff. Staff confirmed that there were adequate staff on duty and an appropriate skill mix to meet residents' needs. Staff members were knowledgeable and displayed good understanding of the definition of restraint and restrictive practices.

The centre had a record of all restrictive practices in use in the centre. The numbers using bedrails on both sides of the bed on the day of inspection was six residents from a total of 23 residents. This record was kept under review by the management team. Each restrictive practice was identified and a risk assessment had been completed. Hourly checks were maintained when bedrails were up and in use, mainly during the night. The inspector was satisfied that the clinical nurse management had identified all restrictive practices and had commenced the implementation of systems to ensure oversight of their use in the centre.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low low beds and alarm mats instead of having bed rails raised. The physical environment was set out to maximise resident's independence regarding flooring, lighting and handrails along corridors. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment. The inspector found evidence in some resident files to show that staff had trialled alternative less restrictive methods of keeping residents safe. For example: the use of sensor mats.

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

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.