



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

Issued by the Chief Inspector

Name of designated centre:	Altadore Nursing Home
Name of provider:	Glenageary Nursing Home Limited
Address of centre:	Upper Glenageary Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 January 2024
Centre ID:	OSV-0000004
Fieldwork ID:	MON-0042600

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
Monday 29 January 2024	09:05hrs to 16:40hrs	Bairbre Moynihan

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 designated centre. Through discussions with residents and staff, and from the observations of the inspector on the day, it was evident that a restraint-free environment was promoted, and residents enjoyed a good quality of life in a centre that respected residents' human rights.

On arrival the inspector was greeted by the person in charge and following an introductory meeting the inspector was guided on a tour of the premises.

Altadore Nursing Home is registered to accommodate 62 residents with 55 residents living in the centre on the day of inspection. The centre is laid out over three floors which were connected by lifts and stairs. The basement did not contain any resident accommodation but contained a number of ancillary rooms. The ground floor contained 22 single en-suite rooms. The first floor contained 26 single-en-suite rooms and the second floor contained nine single en-suite rooms and two twin rooms. Five of the single en-suite rooms were in a new wing on the premises that was registered with the Chief Inspector since the inspection in May 2023. The centre also had a penthouse which had one twin room and an adjoining sitting room and assisted bathroom. Assisted toilet and shower facilities were available on each floor. Residents had decorated their bedrooms with photographs of family and friends, pictures and belongings from home. Communal areas included sitting rooms, a library, activities rooms, dining rooms and a reading room. The first and second floor contained open plan seating areas in the lobby which were bright and spacious. The inspector observed that staff were using a dayroom/activities room on the second floor for their breaks. This was identified on the inspection in May 2023. This removed the option from residents to freely access this room if they so wished. A lift and stairs connected both floors. No key pad access was in the lift which facilitated residents to freely and independently mobilise around the centre to access the dining rooms, their bedrooms or the activities rooms.

Residents had access to an enclosed garden on the ground floor which contained a table and chairs and access to outdoor terraces on the first and second floor. The front door was locked at all times however, management had identified this as a restriction. The inspector was satisfied that the front door was locked for residents' safety and not to restrict their movement.

Residents were complimentary about the staff and the care they received with residents commenting that "staff are always smiling". They informed the inspector that they knew who to make a complaint to and that their complaints and concerns are addressed. Residents stated that they felt safe in the centre.

Staff respected the privacy of residents and were observed knocking on residents' bedroom doors before entering. A number of residents were up and about when the inspector arrived. Some residents chose to remain in bed or remain in their room.

This choice was respected. Residents confirmed that they could choose when they get up and go to bed.

Lunch was served in each of the dining rooms on the ground and first floor. The dining room on the first floor was small. Residents in this dining room required less assistance. Residents were observed chatting amongst themselves. A staff member was available to assist residents if they required it. A number of staff were observed assisting residents in the dining room on the ground floor in a discreet and unhurried manner. The menu on display at the entrance to the dining room on the first floor was not up to date. Residents informed the inspector that the food required improvement and resident meeting minutes confirmed that this was raised at meetings. However, residents were provided with a choice at mealtimes. Residents on modified diets were provided with the same choice.

Two activities co-ordinators were on-duty on the day of inspection. One activities co-ordinator was assigned to the activities room on the ground floor where a number of residents were observed during the day enjoying stories and general chat. Residents were supervised at all times by the activities co-ordinator who was relieved by another staff member if they had to leave the room. Activities staff had planned to bring a small number of residents to a local coffee shop but due to the poor weather conditions this was cancelled on the day. The activities calendar was on display for the month of January and an activities leaflet was available for residents outlining the activities for the month. The hairdresser attended every Wednesday and Thursday. A Roman Catholic mass and a Church of Ireland service were celebrated onsite once monthly. A Minister of the Eucharist attended the centre every Sunday. Residents had access to newspapers and were observed reading them during the inspection. Wi-Fi was available for residents if they required it and residents confirmed this. An educational talk was provided to residents and their care representatives on the evening of the 15 January 2023 on assisted decision making with approximately 35 people attending.

Residents were consulted about the service through residents' meetings which were held three monthly. 37 residents in total attended the meetings held over two days in October 2023. An independent observer attended the meetings to act as an advocate for the residents. There was evidence from a review of the meeting minutes that residents were highlighting issues at the meetings and the action completed was documented.

A residents' meeting was due to take place on the day following inspection. Restrictive practice was an agenda item for this meeting. The person in charge had developed an information leaflet for residents on restrictive practices. Information was displayed in the centre on access to advocacy services.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through a reduction in use of restrictive practices and promoting residents rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed all the standards relevant to restrictive practices as being substantially compliant. At the end of the inspection, management acknowledged that further improvement was required in relation to care planning which they had identified and had commenced improvements at the time of this inspection.

Staff members were knowledgeable about restrictive practices and were able to describe the different types of restraint in use in the centre. Staff had completed a restrictive practice questionnaire to identify any gaps in their knowledge. The training matrix was not available for review on the day of inspection. This was submitted following inspection which identified good compliances in safeguarding of vulnerable adults, restrictive practice training, dementia training and a "A Human Right Based approach for health and social care services" training. Face to face training on restrictive practices was planned for the 9 and 16 of February 2024.

There was good governance and leadership evident in the centre. Management and staff demonstrated a commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights. There was good oversight and review of restrictive practices. The registered provider had an up-to-date policy in place. A multi-disciplinary restrictive practice committee was established in July 2023, met monthly, with representatives from nursing, healthcare assistants, catering, household, activities, maintenance and a physiotherapist. Items discussed included staff training, residents with restraints in use and residents who would be suitable for trialling less restrictive options. Meeting minutes included an action plan. Management provided staff with a three monthly memo which outlined the incidents, complaints and key performance indicators for the previous three months. In the most recent edition of the memo, restrictive practices were included. A monthly log of restraints were maintained, however, no audits were completed on restraint to identify areas for improvement.

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 profile beds and half bed rails, instead of having full bed-rails raised. The physical environment was set out to maximise residents' independence with regards to 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.

Altadore Nursing Home had a record of the restrictive practices in use in the centre. This was reviewed weekly by nursing management. The registered provider had

made significant progress in reducing the use of bedrails in the centre since the inspection in May 2023. A bedrail review was completed by management at the end of 2023. A review of this indicated that in July 2023, 34 residents had bedrails in place. On the day of inspection this was reduced to 11 residents. In addition, six residents had sensor mats. The review included a review of falls in the centre for 2023 with no correlation identified between an increase in falls as a result of the reduction in bedrails. The reduction in the use of bedrails was ongoing and management were committed to promoting a restraint free environment. A sample of safety checks of restrictive practices were reviewed and these were completed in line with residents' care plans.

The inspector reviewed a sample of care plans of residents with bedrails. Conflicting information was contained in care plans. For example; it was documented in a care plan of a resident that bedrails were discontinued a few months previously. However, documented further down in the same care plan it stated that bedrails were in place. The inspector was informed that the bedrails were recently recommenced. On review of a second care plan, it indicated that bed rails were in place due to the residents' high risk of falls. This is not in line with the centres' own policy. However, there was evidence that less restrictive options were trialled. Some care plans were person-centred and were able to guide care. Management had identified that care planning was an area for improvement and had commenced reviewing these at the time of inspection. Risk assessments of restrictive devices were generally carried out four monthly or more frequently if required. The person in charge had introduced a comprehensive restrictive practice assessment form which was completed for each resident with a restrictive practice in place. All residents with bedrails or sensor mats had a consent form in place. There was evidence from care plans reviewed that these were discussed with residents and family members prior to the restrictive device being put in place or a trial without a restrictive practice. Written consent was signed by the resident (where possible), and members of the multi-disciplinary team. There was also evidence that residents' care representatives were informed about the restrictive device.

The incidents and complaints logs were reviewed. No incidents were received in relation to restraint practices in the centre. A complaint regarding a restrictive practice on a resident was reviewed. Records indicated that this was investigated, the outcome and the satisfaction or otherwise of the complainant was documented. The registered provider discussed the learning from the complaint with staff. Two complaints procedures were on display in the lobby. One was in line with the regulation, however, the second complaints procedure was not. This was brought to managements' attention.

The inspector was informed that a few residents displayed behaviours that challenge (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of the care plans of a resident identified triggers and distraction techniques, however, no behavioural charts were completed, despite evidence that the resident displayed behaviours that challenge six times in January. Furthermore, there was no evidence from a review of the narrative notes that the residents' behaviours were documented.

Overall, the inspector identified that progress was made in Altadore Nursing Home, on promoting a restraint-free environment. While opportunities for improvement were identified during the inspection, it was clear that residents enjoyed a good quality of life to the best of their abilities.

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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