



**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:	Glenashling Nursing Home
Name of provider:	Glenashling Nursing Home
Address of centre:	Oldtown, Celbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	04 December 2024
Centre ID:	OSV-0000040
Fieldwork ID:	MON-0043737

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
Wednesday 4 December 2024	07:55hrs to 14:05hrs	Helena Budzicz
Wednesday 4 December 2024	07:55hrs to 14:05hrs	Geraldine Flannery

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

The feedback from the residents living in Glenashling Nursing Home was that they were very happy living there and were highly complimentary of the staff and the overall running of the centre. Residents stated that they were well looked after and felt safe in the centre.

This was an unannounced inspection focussed on the use of restrictive practices. Restrictive practices in use had been identified and risk assessed, and they were only used to promote the well-being, independence, and safety of individual residents. There was a person-centred culture of care in the centre, and the use of restrictive practices was kept to a minimum.

On arrival at the centre, the inspectors observed that there was adequate parking for visitors to the centre. The atmosphere in the centre was relaxed and calm. Communal areas were seen to be well-used by residents throughout the day.

All staff were seen interacting with residents in a positive and respectful manner throughout the day of inspection. Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The staff were observed approaching residents in a calm and friendly manner, and the residents appeared to communicate and engage well with the staff.

There were regular resident meetings in the centre where they could discuss a range of items, including any issues of concern they had. Residents who spoke with inspectors confirmed that if they had an issue, they could share it with the staff or management, and it would be addressed.

The inspectors observed the dining experience. Residents were complimentary of the food and the choice of food available. Food appeared appetising and was well-presented, and residents were allowed ample time to have their meals in a relaxed and unrushed manner.

Staff were seen to be patient and kind, and care delivery was observed to be unhurried throughout the day. 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 and interesting and were informed by residents' interests, preferences and capabilities.

Residents were encouraged to join activities and to attend outings. One resident who spoke with the inspectors said they enjoyed an afternoon going out for coffee and shopping.

Residents had access to televisions, radios and newspapers. There was Wi-Fi in the centre, and televisions were upgraded to receive all the channels.

Overall, the inspectors found that there was a positive culture of encouraging residents to pursue their own choices, independence and autonomy and to enjoy a good quality of life with the support of the staff working in the centre.

Oversight and the Quality Improvement arrangements

There was an effective governance and management 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.

The centre had relevant policies in place to protect residents' rights, such as a restraint policy, adult safeguarding policy, caring for adults with responsive behaviour policy and management of complaints policy.

A comprehensive restraints register was made available, which was used to record the use of restrictive practices in the centre and was updated regularly.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents.

There was adequate staff in the centre during the day and night, as seen on the staffing roster, and staff confirmed that there were adequate numbers and a good skill-mix in order to meet residents' needs.

Staff training was closely monitored to ensure all staff completed mandatory training requirements including safeguarding and behaviours that challenge. A behavioural psychologist was available for support, which was effective in improving staff knowledge and practices.

Restrictive practice data were collected weekly through the centre's key performance indicators (KPIs) and a variety of audits. There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. It was evident that the audits were analysed, and action plans were developed where 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.

Residents had access to a multi-disciplinary team (MDT) to help with their assessments, including assessments of restrictive practices. The MDT comprised of the nursing team, physiotherapist, and general practitioner (GP).

Overall, this centre had a positive approach towards minimising restrictive practices and implementing a human rights based-approach to care with the support of the staff working in the centre and their loved ones.

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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