



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

## Issued by the Chief Inspector

Name of designated centre:	Corbally House Nursing Home
Name of provider:	Corbally House Nursing Home Ltd
Address of centre:	Mill Road, Corbally, Limerick
Type of inspection:	Unannounced
Date of inspection:	13 June 2024
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0043963

## 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<sup>1</sup> 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.

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<sup>1</sup> 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
13 June 2024	10:45hrs to 16:30hrs	Una Fitzgerald

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. From what residents told the inspector and what the inspector observed, it was clear that residents were very well supported to enjoy a good quality of life in this centre. Positive comments made to the inspector about the service included "there are no issues" and "cannot fault the staff".

The inspector arrived in the centre mid-morning. The majority of the residents were up and had congregated in the main communal sitting room waiting for mass to commence. Residents told the inspector that mass was held in the centre weekly and this was very important to them. The atmosphere was calm and relaxed throughout the centre.

Corbally House Nursing Home was a two-story nursing home situated on the outskirts of Limerick city. The centre provided accommodation for 40 residents. There was a variety of communal areas available for residents to use including sitting rooms, a dining room, a large enclosed courtyard and a library. Walking along the corridors was a pleasant experience as the walls had artwork and framed photographs of residents partaking in activities on display. The inspector noted that there was seating strategically placed at multiple locations along corridors to facilitate residents who were walking independently between rooms to sit and take a break. The inspector spoke to multiple residents who voiced that they liked to sit and watch the coming and goings of the staff, and absorb the atmosphere. The comfortable furnishings and domestic features provided a homely environment for residents. Many residents had decorated their bedrooms with photos and other items of significance. Residents were encouraged to bring in items of furniture from home. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well-maintained.

Residents had unrestricted access to all areas inside the centre other than staff areas and store cupboards. Residents were observed mobilising freely throughout the centre during the course of the inspection. The main entrance door was locked. Entry into the building was a fingerprint system. On the day of inspection there was no resident registered on the system. While the system was restrictive, it was evident from speaking with residents, and from the March 2024 resident meeting that any resident who wished to be given access to enable them use the fingerprint system independently was easily registered.

The inspector spent time in the various communal areas of the centre observing staff and resident interaction. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. The inspector observed that personal care and grooming was attended to a high standard. Friendly chats were overheard between residents and staff throughout the day. It was evident that residents' choices and preferences in their daily routines were respected. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

Throughout the day, residents were very happy to chat about life in the centre and the feedback was very positive. Residents described how they like to spend their day and told the inspector that they were happy with the care and support provided to them. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents said they were able to get up whenever they preferred and were able to do what they wanted during the day. They described the various activities available to them including arts and crafts, flower making, bingo, exercise and music, and they said they could choose to participate or not. Residents also had unlimited access to television, radio, newspapers and books. The inspector observed staff supporting residents in a range of activities.

A number of residents told the inspector that they preferred to spend most of their time in their bedroom and that they were supported to do so by staff. They told the inspector that they would use the call bell if they required assistance and the bell was always answered by staff in a timely manner. The activities team allocated time out of the schedule on a daily basis to visit residents in their bedrooms and complete one to one activities that were of interest to the resident. Social engagement and the importance of this interaction was realised by all staff and daily entries in relation to meaningful activities were made on all residents.

Residents told the inspector that they were able to go outside for fresh air or walks whenever they wanted to. A number of residents told the inspector that they often went out on trips with family. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going in the centre throughout the day.

Residents were provided with a good choice of food and refreshments throughout the day. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. Resident meetings were held in the centre. Residents told the inspector that they did not feel that life was restricted in the centre. Residents were aware of how to make a complaint and the provider had a system in place to monitor the level of complaints in the centre, which was low. Residents had access to an independent advocacy service.

Overall, staff demonstrated very good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible.

## Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The person in charge had completed the self-assessment questionnaire prior to the inspection and had assessed the standards relevant to restrictive practices as being compliant. The findings of this one day inspection supported the self-assessment.

The provider and team delivering the direct care actively promoted a restraint-free environment in the centre, in line with local and national policy. 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 three residents from a total of 39 residents. Resident consent to the use of bedrails was in place and appropriate risk assessments had been completed. Residents had a restrictive practice care plan in place which contained very good person-centred details that clearly outlined the rationale for use of these practices and included any alternatives trialled. A number of residents, who were assessed as being at risk of falling, used low-low beds with sensor alarms in place that alerted staff when the resident moved. The inspector was satisfied that the nurse management had identified all restrictive practices and had commenced the implementation of systems to ensure oversight of their use in the centre.

The provider ensured that arrangements were in place to monitor and continuously evaluate the quality of the service. The person in charge had set up a restrictive practice committee. This committee had developed a Corbally House Nursing Home resident guide and information booklet on restrictive practices and residents rights. A copy of the guide was kept at the entrance door to the centre. The centre had a restrictive practice committee who held responsibility for oversight and monitoring of the use of all restrictive practices in the centre. This committee took a proactive approach to ensure that residents' rights and the use of all restrictive practices were appropriate and kept under review.

The restrictive practice committee completed audits which reviewed the use of bedrails, falls management and resident call bell access. The registered provider had a policy in place for the use of restraint and restrictive practices, that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. Policies in place guiding staff had been recently updated by the person in charge.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Daily handover of resident care needs outlined current residents that had any form of restraint in use. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable

and displayed good understanding of residents' needs and rights. Staff were appropriately supervised by management. This ensured that the staff had the knowledge to implement care practices that are restraint-free or that minimise the use of restrictive practices. For example, staff were able to identify the residents that could not utilise a call bell and were able to describe the system in place to ensure extra monitoring of the resident occurred. In addition, this information was clearly identified within the resident's care plan.

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. 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.

In summary, the inspector identified that there was a positive culture in Corbally House Nursing Home, with an emphasis on a restraint-free environment. Residents told the inspector that they enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The residents reported that they were supported to live as independently as possible without unnecessary restriction.

## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

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

<b>Theme: Responsive Workforce</b>	
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.

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

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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