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:	Duleek Care Centre
Name of provider:	Arnotree Limited
Address of centre:	Duleek Nursing Home, Downestown, Co Meath, Meath
Type of inspection:	Unannounced
Date of inspection:	26 November 2024
Centre ID:	OSV-0008238
Fieldwork ID:	MON-0043824

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
Tuesday 26 November 2024	10:00hrs to 16:00hrs	Sheila McKevitt

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

The inspection of Duleek Care Centre was unannounced and carried out as part of the thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*. From observations made by the inspector it was evident that respect for residents was promoted and person-centred care approaches were evident. Several residents spoke with the inspector on the day of inspection.

Restraint remained in use in this centre. The inspector saw that there were bedrails in use for one sixth of the residents, however this figure was down and there was a plan to reduce it further. A small number of residents had their cigarettes and cigarette lighter held by staff and four residents were seated in restrictive chairs. The inspector observed that the centre could further improve their approach to the use of restrictive practices. For example the introduction of a flameless lighter could reduce the need for residents to have restricted access to cigarette lighters.

Following an introductory meeting to explain the process of the restrictive practice thematic inspection, an assistant director of nursing accompanied the inspector on a walk around of the centre. Residents are accommodated in single bedrooms all with en-suite facilities. Residents were being assisted with personal care and some were having breakfast in their bedroom. The inspector observed that during personal care bedroom doors were closed, hence the privacy and dignity of residents was maintained by staff. All bedroom and ensuite doors had privacy locks in place and residents could request a key to lock their bedroom door upon leaving their bedroom if they wished to do so.

The inspector spoke with many residents during this walk around. One resident told the inspector that "staff were kind" and another said they "come quick when I call the bell".

Residents knew their way around the centre and the location of their bedroom, which was well sign-posted with their name and room number being displayed at their bedroom door. The bedrooms were seen to provide a comfortable personal space to maintain their clothes and personal possessions. Residents had personalised their rooms with pictures and personal furniture. Signage to orientate and direct residents throughout the centre was clear and well-positioned.

There were two outdoor enclosed courtyard areas for the residents to use. The inspector observed these areas being used by the residents on several occasions during the inspection; the doors to these gardens were not locked allowing residents to access them independently at all times.

The complaints procedure, details of advocacy services, and name and contact details of the advocate for the centre were accessible to residents on a notice board on ground floor. The advocate met with relatives and residents at separate quarterly meetings where their issues were brought to the fore and addressed by the management team. One relative spoken with expressed dissatisfaction with the

complaints procedure and told the inspector they had given up complaining as things improved for a while and then things reverted. At the monthly residents' meetings, residents were able to have their say on the service received. However, on review of the minutes of these meetings, it was not always evident if the issues raised by residents had been actioned or resolved by the management team.

The residents were seen to be engaged in activities during the inspection. There was a schedule of activities with three dedicated staff responsible for the delivery of these activities, one of whom was allocated to the dementia unit situated on the first floor. A schedule of the weekly activities was delivered to each resident's bedroom. On the morning of inspection some residents were taking part in an art class. In the afternoon there was an exercise class being facilitated in the dayroom. The inspector observed one resident whose preference was to remain in their bedroom having a one-to-one chat with activity staff in their bedroom. Residents spoken with were very happy with the activities provided for them, however one resident and one relative stated that the variety of activities on offer was good but they expressed dissatisfaction with the quality of some of the activities.

Some links had been established with the local community, for example, children from the local school and kindergarten came into the centre on special occasions. The centre was also linked in with a local men's shed, which some of the men had gone to on the day of inspection. There were also local musical groups that performed for residents in the centre each week. Residents said there was not enough opportunities to go out on trips, the last outing was during the Summer and they would like to get out and about more. Given the centre's close proximity to Duleek village and the many amenities it provided for , this area of care could be developed further to ensure each resident was provided with the opportunity to maintain links with the local community.

Residents spoken with at lunch time in the dining room gave positive feedback about the food served and the choices at lunch. Meals were pleasantly presented and looked appetising and many residents had cleared their plates. However, some residents spoken with expressed dissatisfaction with the tea menu. The concerns raised included the repetitiveness of "beans and chips" and a "cold meat salad" every evening. The residents spoken with felt the choices on offer were not satisfactory for older persons in the middle of winter. The inspector viewed the menus and concurred with these concerns. Residents also raised concerns regarding the limited choices in relation to "biscuits" offered with drinks between meals. The inspector viewed biscuits on offer on two different tea trollies and observed that the choices were limited and the service of snacks between meals required improvement.

Mealtimes were seen to be a social experience for the residents who served their lunch in the dining rooms. Residents who required assistance during the meal were given this in respectful and calm manner.

Overall, the inspector found that the culture in Duleek Care Centre was one where a rights-based approach to care delivery had begun, however further work in this area was required to ensure residents' rights were upheld throughout all areas of care delivered to residents.

Oversight and the Quality Improvement arrangements

The provider had a governance structure in place to promote and enable a quality service. The person in charge and the other staff members spoken with on the day of inspection were committed to ensuring the use of restrictive practices were reduced further and, when in use, their use was for the shortest amount of time.

The person in charge had completed a self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being either compliant or substantially compliant. This had been submitted to the Chief Inspector prior to the inspection. The findings from this inspection were that they were substantially compliant with the standards relevant to restrictive practices.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy, caring for adults with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) policy, positive risk-taking policy, and a consent policy.

There was a restrictive practice committee set up, with the person in charge appointed as the restrictive practice lead and supported by a clinical nurse manager in the centre. The committee met each quarter to discuss the restraint in use and determine how it could be reduced further. The inspector observed that there were no representatives from the catering or housekeeping departments on this committee, and given that areas of concern were raised by residents about their rights to the choice of foods, this needed review.

A restraints register had been established to record the use of restrictive practices and it was updated on a weekly 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, however, the audit tools required review to ensure they covered all areas of restrictive practice.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. There restraint risk assessments included the alternatives trialled prior to restraint being used. Residents with restrictions in place were found to have care plans in place, however some information in the assessments were contradicted in the care plans, particularly for those using bed rails. The inspector saw evidence of safety checks being cared out hourly when bedrails were in use.

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. The inspector was satisfied that residents were not unduly restricted in their movement around the centre and within their specific unit.

Residents had access to a multi-disciplinary team (MDT) to support 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. The restraint consent form reflected all those consulted with prior to the clinical decision being made to use each form of restraint. Consent was sought from the residents and, where appropriate and with their permission, discussed with their next of kin.

Staff were appropriately trained in safeguarding vulnerable adults, responsive behaviours, and ongoing training was scheduled to ensure all staff were trained in the use of restrictive practice. There were approximately 25 staff who had not received training in the use of restrictive practices. The staff who had not received training were from the housekeeping and catering departments. Only a small number of staff, approximately thirty had received training in relation to a rights-based approach to care, assistive decision-making and advocacy, however the inspector was informed that there was a plan to role this training out to all staff.

A restraint-free environment was being promoted to ensure a better quality of life was experienced by residents. However, further improvements were required to ensure the practice was fully established and to ensure a rights-based approach to care was embedded in the culture and the independence of residents was promoted in accordance with the centre's statement of purpose.

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.

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.