



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

Issued by the Chief Inspector

Name of designated centre:	Waterford Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinakill Downs, Dunmore Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	10 October 2024
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0041776

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
Thursday 10 October 2024	10:20hrs to 17:00hrs	Catherine Furey

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

This was an unannounced, focused inspection on the use of restrictive practices in the designated centre. From the observations of the inspector, and discussions with residents, it was clear that residents were very well supported to enjoy a good quality of life in this centre. The culture within the service promoted person-centred care.

The centre was located on the outskirts of Waterford city, and was located close to a busy road. Vulnerable residents were prevented from leaving the centre by key-pad access doors. These were risk assessed and documented on the centre's restraint register. The front door was supervised during the day to ensure that residents and visitors could enter and exit easily. Overall, the centre was very well maintained with suitable furnishings, equipment and decorations. Many residents' bedrooms were nicely decorated with personal belongings such as photographs and artwork. The centre was clean and tidy in all areas. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

Residents told the inspector that they were consulted with about their care and about the organisation of the service. Residents felt safe in the centre and their privacy and dignity was respected. Residents told the inspector that they liked living in the centre and that staff were always respectful and supportive. Staff were observed providing timely and discreet assistance, enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided care in accordance with individual resident's choices and preferences. Staff demonstrated good understanding of safeguarding procedures and 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 centre operated over two floors with a dedicated staffing complement on each floor. The ground floor contained the large dining room and smaller sitting areas and quiet rooms. The centre's enclosed garden could be accessed from the ground floor dining room. This door was unlocked during the inspection. Staff told the inspector they would often leave this door open in good weather. Communal space on the first floor consisted of a large day room and dining room which was the central point leading to bedroom corridors in both directions. A further private day room was available, and the centre's smoking room was also on the first floor. Residents who resided here required various levels of assistance from staff to move between floors. Movement from one floor to another was via the use of a passenger lift. On the day of inspection, the vast majority of residents who resided on the first floor, spent their time here. Two residents preferred to go to the main dining room downstairs for lunch. The inspector spoke to residents on the first floor who said they were always encouraged to come downstairs and that staff always assisted them promptly to use the lift. Residents who spent the day of the inspection in their room told the inspector that it was purely by choice, and that they could go downstairs whenever they chose to.

The inspector observed lunchtime in both dining rooms. Residents were facilitated with a choice of meals and drinks and told the inspector that the food was always tasty. There were good choices for residents who required their meals to be modified to a particular consistency. The inspector observed that there was plenty of food available, should a resident change their mind and request something different. Residents said there was never a problem, and they could have anything they liked. A small number of residents chose to have meals in their rooms and some liked to stay in the sitting room. The inspector observed the staff asking residents their preferences for where they would like to dine, and facilitating their requests.

Arrangements were in place for residents to give feedback on the service provided to them and to contribute to the organisation of the service. Residents told the inspector that the person in charge was always available to them and was always responsive to their needs and requests. In addition to this informal feedback, there were regular residents' meetings and satisfaction questionnaires for residents. Action was taken following these meetings and surveys, to ensure that the opinions and feedback of the residents were used to inform quality improvements in the centre. The inspector spoke to residents who confirmed that their specific requests made at residents meetings were followed up quickly. Residents who lacked capacity to make decisions in relation to some aspects of care were supported by members of the multidisciplinary team and family members to ensure positive outcomes which represented their best interest. Families told the inspector that the centre always communicated with them about changes to care and any concerns they had. Residents were supported to access national advocacy agencies if required or if they requested this.

The activities planner in the centre outlined the morning activity as Imagination Gym and the evening activity as Library time. These planned activities did not go ahead, as the centre was short-staffed. The desired staffing levels of 50 hours dedicated to activity staff had been reduced to 18 hours due to a staff resignation. The person in charge outlined that the role had been backfilled by a nurse up until recently, as the nurse was required to return to their own duties. As a result, dedicated activity staff worked six-hour days, three days a week. This was insufficient given the size and layout of the centre. The management team had been recruiting for the position and were confident that the hours would be reinstated following this recruitment process.

In the absence of the dedicated activity staff, the healthcare assistants were predominantly tasked with supporting the activities programme. Staff worked hard to ensure that residents were kept occupied, and they were observed sitting and talking with residents, discussing news items and ensuring there was suitable programmes on TV. Staff said they missed the activity coordinator and that at times it was difficult to fulfil the role. Some residents told the inspector they were "bored" and at times there was "nothing to do". They had been fully informed of the absence of the activity coordinator and understood that it was a temporary measure.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were committed to promoting the quality of residents' lives through a careful approach in use of restrictive practices and an emphasis on promoting residents' rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the majority of the standards relevant to restrictive practices as being substantially compliant. Waterford Nursing Home had a record of restrictive practices in use in the centre. This was updated and reviewed weekly by nursing management. On the day of inspection, four of the 56 residents living in the centre were using bedrails, which were considered restrictive. There had been no increase in the use of this equipment in the past year, and the majority of the use was by the same residents, who had been living in the centre for a long period of time.

The inspector found that where restrictive practices were in use, they were appropriately assessed. Alternatives had been trialled, a multi-disciplinary approach was used, and the practices subject to ongoing review. A sample of safety checks of restrictive practices were reviewed and these were completed in line with national guidance. Care plans reflected the care given and staff were familiar with safety aspects and with individual's preferences and wishes.

The incidents and complaints logs were reviewed. Five incidents were received by the office of the Chief Inspector in relation to responsive behaviours between residents in the centre. Records indicated that these incidents were well-managed in the immediate aftermath, fully investigated, and control measures put in place to minimise the risk of the incidents recurring. Residents' care representatives were kept informed of these incidents, in line with the centre's policy on open disclosure. The person in charge discussed the learning from the incidents with staff. The complaints procedures were on display in the centre and the timelines for responding to and reviewing complaints were in line with the regulation. Advocacy services were available to residents, and contact details for these were on display along with information leaflets for residents and visitors.

Care plans for residents who displayed responsive behaviours were generally up-to-date and detailed the specific requirements to address the residents' on an individual and person-centred basis. Staff to whom the inspector spoke were very knowledgeable about residents' presenting behaviours. Nonetheless, a sample of the records reviewed by the inspector did not contain some important information, for example, a resident with known aggression towards other residents, did not have this recorded in their care plan. This is a missed opportunity to formally document the triggers and detail the particular known methods of deescalating this behaviour.

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 bedrails 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.

There was good oversight of quality management in the centre, with evidence of ongoing audit and quality improvement. An initiative had been completed to reduce the number of alarmed sensor mats in the centre, This had resulted in the elimination of these devices, with no concurrent increase in incidents or accidents. This led to a much quieter environment which was more suitable to residents' with complex needs relating to dementia.

The nursing management team spoke to the inspector about the process for admitting new residents to the centre. They were clear that all prospective residents were comprehensively assessed to ensure that the centre had the capacity to provide them with care in accordance with their needs. The management team was also very clear that bedrails would not be used on the request of residents' family or representatives. The inspector was satisfied that there were enough staff members in the centre, with a sufficient skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources.

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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