



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

## Issued by the Chief Inspector

Name of designated centre:	Curragh Lawn Nursing Home
Name of provider:	CLNH (Kildare) Limited
Address of centre:	Kinneagh, Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	22 August 2024
Centre ID:	OSV-0005536
Fieldwork ID:	MON-0043768

## 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
Thursday 22 August 2024	08:00hrs to 15:15hrs	Sinead Lynch

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

The inspection of Curragh Lawn Nursing Home was unannounced and carried out as part of the thematic inspections programme, 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 there was respect for residents promoted in the centre and person-centred care approaches were also evident. Several residents spoke with the inspector on the day of inspection.

Curragh Lawn Nursing Home provides accommodation and nursing care for 39 residents. The home is surrounded by gardens and grounds amounting to approximately five acres. There are outdoor areas for residents to sit outside and enjoy the scenic views, and there are walkways around the nursing home that residents can also avail of and enjoy. There were enclosed gardens with a patio surface that made it accessible to all residents. This included a BBQ area for summer time. There were two outdoor cabins that were made available to residents and their families for some private time away from the centre. These were tastefully decorated and in use on the day of inspection as the inspector observed a resident and their family having afternoon tea. The residents are accommodated on the ground floor where there were single and twin bedrooms, some bedrooms en-suite and there were communal bathrooms and showers available to residents. There were three large communal lounge areas where most residents gathered.

Overall, the inspector found that residents had a good quality of life and were supported by staff to have their rights respected and to be included in decisions about their care. Staff were seen to engage with residents in a kind and respectful manner during this time. Staff spoken with were aware of why the restrictions for some residents were in place and the importance of using the least restrictive form of restraint.

Every four months there was a newsletter published, which was provided to residents and visitors. This showed the many activities made available to residents, the improvements that had been implemented either with the premises or care initiatives that were developed.

The complaints procedure and details of advocacy services were accessible to residents in the centre. Contact details for two external advocacy providers were displayed around the centre. Information regarding meal choices and the activity schedules were on display and available to the residents also.

Residents spoke very highly about the activities made available to them. There was a shopping trip made available to residents on a monthly basis which included a trip to

the shopping centre. Residents were very much looking forward to a planned annual trip to Lourdes which was arranged for September. There were eight residents booked to travel with some members of staff and management accompanying them. There was an array of activities which met the needs of all residents, to include one-to-one activities for those residents who did not wish to attend group activities. Zumba class was an all-time favourite for many residents, where residents' posture and flexibility had proven to improve.

Residents spoken with at lunch-time in the dining room gave positive feedback about the food served and the choice available at every meal. Meals were pleasantly presented and looked appetising. The lunch-time meal was un-hurried and appeared to be a social time for all residents. Residents who required assistance during the meal were given this in respectful and dignified manner.

Minutes of residents' meetings were reviewed by the inspector. There appeared to be a good attendance for each meeting which took place regularly. Residents said they had a say in how the centre was run. They attended the resident meetings where they voiced their opinion and they said that they were listened too.

Overall, residents and visitors who spoke with the inspector expressed a high level of satisfaction with the service provided. Residents stated that they were well looked after and felt safe in the centre.

## Oversight and the Quality Improvement arrangements

This was a good service that promoted a restraint-free environment through effective leadership. The provider had a robust governance structure in place to promote and enable a quality service which included the registered provider, director of nursing, person in charge, the assistant director of nursing and a team of nurses and healthcare support staff.

The person in charge and the other staff members 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. There were six bed rails and two lap belts in use in the centre at the time of inspection and there were no sensor alarms in use. The entrance door had a key pad in place, however, all residents were given a laminated card with the key pad number to exit the centre when they wished. There were no restrictions on when residents could access their bedrooms or the communal areas.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. This had been submitted to the Chief Inspector prior to the inspection.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy, caring for adults with responsive behaviour policy, positive risk-taking policy, and a consent policy. The residents and staff were also provided with booklets that were easily understood and included pictures for demonstration about restrictive practices and slips, trips and falls.

A restraints register had been established to record the use of restrictive practices in the centre and was updated on a monthly 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.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. There were restraint risk assessments in use, which included the alternatives trialled before a restraint method was used. Residents with restrictions in place were found to have detailed care plans in place which involved the resident or their representative. Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised of the physiotherapist, occupational therapist and general practitioner (GP).

Pre-admission assessments including communication needs were assessed by the person in charge to ensure the service was able to meet the needs of residents. The use of bedrails and any other restrictive practices were discussed with the incoming resident, and alternatives were tried, which were evident on residents' risk assessments and care plans.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, a rights-based approach to care, assistive decision-making and advocacy. Part of the annual review quality improvement plan was to ensure all new staff would be trained in advocacy as part of their induction.

Overall, the inspector found that there was a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre and their loved ones. A restraint-free environment was being promoted to ensure a good quality of life was experienced by residents.

## 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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