



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

Issued by the Chief Inspector

Name of designated centre:	Arus Breffni Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arus Breffni Nursing Unit, Manorhamilton, Leitrim
Type of inspection:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV-0000659
Fieldwork ID:	MON-0044790

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
Tuesday 14 January 2025	09:30hrs to 14:00hrs	Michael Dunne

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

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre. Prior to the inspection, the provider had completed a self-assessment questionnaire which reviewed the centre's current responses to managing restrictive practice in the designated centre. This document and any improvement areas that had been identified were reviewed during the inspection. The inspector found that residents were supported to live a good quality of life where their autonomy and personal choices were respected and promoted. The provider had focused on reducing and eliminating restrictive practices in the centre and was actively promoting residents' rights by gaining residents' consent in all aspects of their care.

On arrival the inspector was met by the person in charge and following an introductory meeting the inspector commenced a walk about of the centre, where they had the opportunity to meet and speak with residents as they commenced their daily routines.

Arus Breffni Nursing Unit is located in Manorhamilton, County Leitrim and comprises of a single-story building, co-located on the campus of a primary care unit. This centre can accommodate 25 residents in a mixture of single and twin occupancy bedrooms.

The inspector spoke with several residents over the course of the day. Feedback from residents was positive about the quality of care and support provided to them. One resident said "I love it here; all the staff are helpful and friendly" while another resident said "I am very happy with my daily life, and I have control over my choices". In addition, visitors who spoke with the inspector confirmed that they were happy with the care and support provided to their loved ones which was based on respect for the individual.

The centre benefitted from an extensive refurbishment programme which began in 2021 had now been completed. The centre was found to be clean, bright, warm and welcoming with fresh flowers located in the entrance hall. The design and layout of the designated centre facilitated residents to move around all areas of the centre without restrictions. There were several communal rooms which were suitable for the needs of residents, and were observed to be frequently used throughout the day. Handrails were found to be in place along all corridors and there was clear signage in place to direct residents to key communal areas of the centre. Resident accommodation and living spaces were laid out and suitable for the assessed needs of the residents.

During the walk about the inspector observed a calm and relaxed atmosphere in the centre with staff assisting residents in a respectful and unhurried manner. Observations confirmed that staff were aware of residents assessed needs and were able to provide care and support in line with resident's preferences. Some residents required additional support with their communication needs, and this was provided in a sensitive and respectful manner with a focus on person centred care.

Several residents wished to have their breakfast in their bedrooms and this was facilitated by the staff team. Other residents were observed to be up and about and following their normal routines. Residents who required support with their personal care were provided with appropriate support in a dignified and respectful manner. There was good use of "care in progress notices" to promote residents dignity and privacy. All residents observed during the inspection were wearing suitable clothing and footwear and appeared well groomed. Residents were encouraged to choose their clothes each day.

All equipment used to support residents with their transfer or with their mobility was found to be clean and in good working order which ensured that resident's mobility was promoted and their safety maintained. The inspector noted that there was an organised response when call bells were activated and all call bells were responded to within an acceptable time frame on the day of the inspection.

The inspector met several residents in their bedrooms. Residents chatted about their lives prior to coming into the designated centre, and without exception all residents said that they enjoyed living in the centre and that staff could not do enough for them. Resident's private facilities were comfortable and spacious. There was sufficient cupboard space for residents to store and access their private belongings. Residents said that they were happy with the support they received with their laundry requirements. All residents who spoke with the inspector said that they felt safe living in the centre and that if they had a problem or a concern, they could raise it with a member of staff who would help them to sort it out.

The centre was adorned with pictures and murals with particular reference to the locations around the Manorhamilton locality, which helped to foster residents' links with the community in which they lived. Residents had unrestricted access to a communal garden which had recently been decorated by a local community group in conjunction with a number of residents in the centre.

There was a well-established activity programme based on resident's interests and hobbies. A weekly activity schedule was advertised in the centre to inform residents of what was on offer. Residents told the inspector that there is always something to do and that they enjoy attending activities with the other residents. There were numerous activities provided on the Day, which included religious observances, reminiscence, activity games and a selection of one-to-one supports for residents who wished to remain in their rooms or to pursue individual activities. On arrival the inspector observed several residents being supported to attend a local church service while other residents were supported to attend local shops in the nearby village.

Residents mentioned that they liked the quality of the food provided. The inspector observed a meal service and found that there were three meal options provided at lunch time. In addition, residents were offered an additional choice of meal should they not prefer either of these options. There was effective oversight of the meal service by the staff team which ensured that all residents were provided with the required level of support to enjoy their meal. Residents who required medical diets were also catered for.

There was no restriction on family or friends visiting the home and indeed it was observed during the inspection that many residents had received visitors throughout the day.

Oversight and the Quality Improvement arrangements

The provider was committed to achieving a restraint free environment to maximise resident's rights and choice. There were policies and procedures in place to guide staff regarding the introduction of restrictive practices when required and there was effective oversight of restrictive practices in the designated centre.

The registered provider of this designated centre is the Health Service Executive and was represented on the day of the inspection by the person in charge and by the director of nursing. There were clear lines of accountability and authority which ensure that this centre was well managed. The person in charge of the centre is supported in their role by a clinical nurse manager and a team of nursing and care staff. The clinical nurse manager deputised for when the person in charge was absent from the centre.

There was good knowledge among the management team surrounding residents care needs and day to day operational issues. Staff communicated well and worked as a team to ensure care is delivered in a person-centred manner in line with the centre's philosophy of care. Care plans and clinical care records were well organised with a focus on ensuring residents care preferences were prioritised. In addition, the provider sought resident feedback daily and more formally through resident meetings.

There was a restraint policy in place which guided staff regarding the introduction of restrictive practices. In instances where it was deemed necessary for restrictive measures to be introduced such as bedrails or monitoring devices, an appropriate risk assessment was conducted beforehand. Records confirmed that least restrictive options are considered first and there were examples found where low entry beds were provided to residents instead of bed rails. There was a review procedure in place to ensure that these measures were still needed in the care of the resident. A review of records indicated that resident's or their nominated person's consent was obtained before restrictive practices such as bed rails were introduced.

Regular oversight of restrictive practices was maintained through the weekly updating of the restrictive practice register. Care plans were found to contain details regarding the management of restrictive practices when introduced, for example, a restraint release and review chart. At the time of this inspection, the provider had managed to reduce the number of bedrails in use to four. The provider was aware that alternatives could also be restrictive themselves and would require regular monitoring such as the use of sensor mats to detect resident movements.

There was regular training programme in place which covered positive behavioural support and reinforced person-centred care approaches. Staff had completed training on human rights-based approaches and records confirmed that all staff had completed their safeguarding training. The provider also made available specific restrictive practice training for staff to attend every two months.

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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