



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

## Issued by the Chief Inspector

Name of designated centre:	Cluain Lir Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Longford Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	22 January 2025
Centre ID:	OSV-0000739
Fieldwork ID:	MON-0046115

## 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
Wednesday 22 January 2025	09:00hrs to 17:00hrs	Celine Neary

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

This was an unannounced inspection which focused on the use of restrictive practices within the designated centre. This inspection found that residents were supported to live a good quality of life in this purpose built designated centre which provides accommodation for 44 residents. The provider was found to be focused on reducing and eliminating restrictive practices in the centre by actively promoting residents' rights and ensuring residents' consent was obtained in all aspects of their care. The registered provider for this designated centre is the Health Service Executive.

Cluain Lir Community Nursing Unit is located on the outskirts of Mullingar and is within close proximity to the regional general hospital and the town centre. The centre is a modern two storey premises set in the countryside. Inny Unit is located on the first floor and Brosna unit is located on the ground floor. All residents' bedrooms have en-suite facilities. There are enclosed, safe and accessible external grounds for use by residents on each floor level.

On arrival to the centre the inspector met with the person in charge. During the introductory meeting, the person in charge gave an open and accurate account of the services provided in the centre and their commitment to supporting a restraint free environment.

Following this meeting the inspector went on a walk around of the centre with the person in charge. This allowed the inspector to gain an insight into residents' experiences living in the centre and to speak with residents, as they prepared for their day. It also gave the inspector the opportunity to observe staff interactions with residents and observe the care and support provided.

Staff were aware of each residents needs and were seen to be providing care and support in line with residents' preferences. Some residents chose to have their breakfast in their bedrooms, while others chose to attend the dining room for breakfast. The inspector heard staff engaging with residents in a respectful and unhurried manner throughout the day. Staff were observed providing care that was person centred, kind and respectful. Call bells were answered and responded to in a timely manner. Some residents were sitting in the communal areas while other residents continued to rest in their bedrooms and could choose to get up when they wanted.

The inspector observed that residents were supported to have a good quality of life in this centre, which was homely and very well laid out to meet their needs. Residents were supported to make choices about their daily routine such as when they would get up and go to bed, whether they wanted to participate in activities or not, and when and where they had their meals. There was a good choice of activities made available to residents. Residents were provided with support from nursing and care staff in a kind and dignified manner. These findings were reflected in the feedback given to the inspector on the day and many residents spoken with were complimentary and content living in this designated centre.

Residents said that they were happy with their accommodation and the care provided for them. One resident said that "they are very kind to me here". Another resident said that "I feel safe here" and another resident said that "it's a good home".

On the day of the inspection 8 of the 44 residents in the centre used bedrails. Each resident had a risk assessment completed prior to their use and a signed consent form. The assessment involved members of the multidisciplinary team to include the general practitioner (GP), the OT (occupational therapist), the physiotherapist and a nurse. There was a resident specific care plan developed following each assessment and there was evidence that their use was reviewed on a regular basis. Each unit had their own restrictive practice register which contained all the relevant documents and information to ensure that restraints were reviewed frequently as part of the multi-disciplinary clinical meetings.

The inspector observed that the centre was clean, warm and bright on the day of inspection and there was a welcoming atmosphere. The design and layout of the designated centre promoted residents to move around the centre without restrictions. There was clear and colourful signage in place to direct residents to key communal areas of the centre.

There were spacious communal areas in each unit. However, the inspector observed that several residents were sitting on dining room chairs instead of comfortable armchairs throughout the day.

Residents were observed mobilising freely around the centre and socialising with each other and staff, during the day. The centre also had a generous and well maintained courtyard on the ground floor and a terraced garden area on the first floor. The doors to the ground floor garden were unlocked and residents could easily access their own garden. The doors to the terraced garden on the first floor were locked, and residents needed the assistance of staff to access this garden.

Residents' private accommodation was provided in spacious bedrooms that were nicely decorated. Each resident had a lockable space for their personal belongings. Many bedrooms had been personalised with pictures and soft furnishings chosen by the resident.

The majority of bedrooms had views over the enclosed courtyard garden on one side or the local countryside on the other side. Furniture in these bedrooms was in good repair and the overall upkeep was of a high standard.

There was a schedule of social activities on display and the inspector observed residents taking part in activities such as, making St. Brigid's crosses, painting and a group word search game. With the support of staff, residents had designed a "Forget Me Not" garden and had entered and won a medal in the well-known Bord Bia Bloom 2024 garden show. Residents had also participated in a photographic exhibition titled "Inside Out" which reflected the lives of many residents living in the centre.

One-to-one sessions were also offered to residents who chose not to attend group activities. Residents told the inspector that there is always something to do and that

they enjoyed attending activities with the other residents. An art therapist is employed in the centre and several creative works completed by residents were on display throughout the building.

There was good use of notice boards throughout the centre to update residents on the schedule of activities for each day, access to advocacy and on how to make a complaint. Furthermore, resident meetings were held frequently and records confirmed that residents were communicated with on a regular basis and involved in the services provided.

Residents were offered a variety of food options, snacks, and refreshments in the communal rooms and in their bedrooms as they wished. The inspector observed that residents who required assistance during their meals were supported in a respectful and unhurried manner. Residents told the inspector that they like the food provided and were observed finishing their meals provided.

The inspector observed that visitors were welcomed in the centre. During this inspection there were high levels of respiratory infections in the community and it was advised that visitors wear masks when visiting residents. This guidance was in line with national infection prevention and control guidance at the time and did not restrict residents' ability to meet safely with their friends and family.

The inspector reviewed care plans and found that assessments and care plans were comprehensive, clear, detailed and up to date. A sample of care plans reviewed reflected the current needs of residents' and were person centred. There was evidence documented that care plans were discussed with the resident and where appropriate, the resident's family were consulted, as part of the care planning process.

## Oversight and the Quality Improvement arrangements

Overall this centre was committed to providing a restraint free environment for residents and there was evidence of good practice to reduce the use of restrictive equipment and ensure resident's human rights were upheld.

Prior to the inspection the person in charge completed a self-assessment questionnaire and judged themselves compliant and substantially compliant in many aspects of restrictive practice. The questionnaire examined the centres responses to restrictive practice currently in use. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and on how the workforce were deployed to manage restrictive practices in the centre. In addition the questionnaire focused on how resident's rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise resident's well-being.

The provider was committed to and promoted a restraint free environment in this centre, which was in line with local and national policy. Records showed that the provider had explored and made available less restrictive options for residents, in line with the national restraint policy. For example, there was evidence that a number of alternative equipment to full length bedrails had been trialled and carried out, and had been successful. As a result residents were using less restrictive equipment such as, low-low beds and crash mats when in bed at night. This had reduced the number of bedrails in use from ten to eight in the last six months.

The provider had systems in place to ensure that all restrictive practices were accurately recorded, monitored and regularly reviewed with the aim of reducing or eliminating them.

There was a low level of chemical restraint use in this centre and where it had been used, appropriate referrals to old age psychiatry were made to ensure that the resident received an appropriate specialist review.

The person in charge demonstrated good leadership and had ensured that scheduled audits took place and any deficits identified were addressed. There was good oversight and management of the quality and safety of care provided, with a focus person centred care and respect.

The person in charge had established clear communication strategies to ensure effective communication among all grades of staff and the management team. Regular staff meetings took place and staff were appropriately supervised in their roles.

The inspector reviewed the minutes of regular staff and management meetings and found that restrictive practice is a standing item on the agenda for discussion

The person in charge is supported in their day-to-day role by an assistant director of nursing, clinical nurse managers and a team of nurses and healthcare assistants.

There were enough staff on duty on the day to ensure that residents' needs for support and supervision were met and that residents could spend their day as they wished to. Staffing levels also helped to ensure that where restrictive practices were used, it was done in the least restrictive way and for the least amount of time.

Residents enjoyed a good quality of life and this centre was actively working towards a resident-centred culture. Residents were encouraged to maintain links with their local community and received good quality care from an established team who knew them well and were able to respond to their needs in a positive and supportive manner.

## 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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