



**Health  
Information  
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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:	Cairnhill Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Herbert Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 June 2024
Centre ID:	OSV-0000755
Fieldwork ID:	MON-0042295

## 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 6 June 2024	08:00hrs to 14:25hrs	Helena Budzicz

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

From what the inspector observed and from conversations with residents, it was evident that residents were supported to have a good quality of life in the centre. On the day of inspection, the atmosphere was relaxed, and care was seen to be delivered by kind and knowledgeable staff.

Some residents were in the process of getting up, and some were receiving their breakfast in the sitting room or in their bedrooms. The inspector observed that staff knocked on the residents' doors before entering bedrooms and bathrooms and discreetly offered personal care to residents. One resident told the inspector that the "staff were nice", and they went on to say, "They sort out everything for me; they couldn't be more helpful ". The inspector saw that the residents were well-presented in their appearance and appeared happy and settled in the centre.

The inspector was informed that the centre focused on creating a restraint-free environment while maintaining resident safety. Of the 93 residents in the centre, 17 had been assessed as requiring bedrail use and 10 for bed bumpers. In addition, there were several sensor mats for beds and chairs in use, crash mats, hydro tilt chairs, and 24 low-low beds. Furthermore, zimmer frames, rollators, walking sticks and other assistive equipment were also available for residents' use.

However, from the sample of 15 resident files reviewed, bed rail assessments and care plans in relation to restrictive practices were not always in place. For example, bedrails were initiated on the resident's admission in March, and an appropriate assessment and care plan was completed in May. The inspector also observed that consent for using restrictive practices such as bed rails was not consistently sought, and some consent forms were outdated from 2022 and 2023, with no reviews completed since. This has been identified by the new management of the centre, and the inspector saw evidence that the staff were in the process of completing the relevant assessments at the time of inspection. The general practitioner (GP) together with the resident were involved in the decision-making process around restrictive practices.

The inspector found that the door to the centre's garden was to be opened with a swipe card only. The management of the centre informed the inspector that they were in the process of researching a new system for the door mechanism so that all residents would be able to access the garden independently.

Meals were served to residents in their bedrooms and in the dining room; most residents had their lunch in the dining room. Meals were carefully presented and a diverse choice of dishes was on offer at dinner and tea time, reflecting the centre's commitment to providing a satisfying dining experience. Snacks and drinks were served between meals, and it was apparent that residents looked forward to the extra cups of tea. This was observed to be provided in a courteous manner to all those residents who requested it.

A weekly activities calendar was prepared by the activities staff. The inspector observed engaging and interactive activities on the day of the inspection. The inspector saw that the schedule for the activities was clearly displayed at the entrance to the centre, so the families could also be informed and were able to come and enjoy the activities with the residents.

Residents were supported with access to religious activities. The local parish priest said Mass weekly in the centre, and the reverend from the Church of Ireland also came to the centre on a monthly basis.

The inspector observed that there were no restrictions to the visiting arrangements, and residents enjoyed the company of their loved ones. In general, the feedback from families was positive, and the visitors said that they were looking forward to enjoying the barbeque party in the summer. They said they felt supported and well-informed by the centre's new management, which consisted of the new Person in charge and the new Assistant director of nursing.

Residents had access to a variety of advocacy services. The inspector saw evidence in the residents' meeting records, including information about the advocacy services by the nominated advocate who attended the centre and spoke with the residents.

## Oversight and the Quality Improvement arrangements

The inspector found that new management personnel in the centre, including the Person in charge and the Assistant director of nursing, were working towards improving the governance and management oversight of restrictive practices. In conversation with the inspector, they demonstrated a positive and proactive approach to further reducing restrictive practices and promoting a restraint-free environment in this service.

The self-assessment questionnaire had been submitted to the Chief Inspector prior to the inspection.

There was a policy on restrictive practices, which included emergency and unplanned use of restrictive practices to guide staff in safe care delivery.

The training matrix record showed that staff members were provided with training on restrictive practices, dementia care and responsive behaviours, safeguarding vulnerable adults, and human rights-based training. However, the inspector saw that non-clinical staff, such as admin, household, maintenance, or kitchen staff, did not complete the responsive behaviours, dementia care, and restrictive practices training even though the policy stated that all staff should be trained. In addition, the clinical staff who spoke with the inspector were not clear about the examples of restrictive practices and their use.

While the restrictive practice register was in place on every unit, it was not comprehensively updated on a monthly basis as per the centre's policy. From the evidence available on the day of the inspection, the data in the restrictive practice register had not been updated since September 2023 for residents residing in the first and second-floor units. The evidence of the restrictive practices, including appropriate assessments and care plans, was completed and reviewed on a monthly basis only on the ground floor unit.

There was a monthly schedule of audits to support oversight of restrictive practices. However, only one audit was available for review. Findings from this audit evidenced insufficient oversight of the restrictive practices, such as consent for their use and an action plan in the plan on how to improve.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were observed to receive care and support from staff that was respectful. However, the relevant behavioural support care plans were not in place to inform staff about the consistent approach to how to manage such behaviours.

Overall, the inspector observed a positive and kind culture in the Cairnhill Nursing Home. However, the quality of life for residents would be enhanced by improving oversight of restrictive practices, adequate staff training for all staff in respect of residents' rights, responsive behaviour, and restrictive practices, enhanced supervision of the implementation of restrictive practices and appropriate nursing documentation.

## 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.

<b>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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### 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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