



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Lodge Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	Kilreesk Road, Skephubble, St Margaret's, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 July 2023
Centre ID:	OSV-0000154
Fieldwork ID:	MON-0040659

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 11 July 2023	09:10hrs to 15:00hrs	Helena Budzicz

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

Overall, this thematic inspection found effective governance arrangements in place, which promoted a good quality of life for residents in line with the registered provider's statement of purpose. From the observation on the day of the inspection, the documentation reviewed, and from speaking with the residents, it was evident that the provider and the person in charge made an effort to balance residents' rights to autonomy and liberty with the need to ensure the health and safety of residents. Residents spoken with relayed that the staff was kind and caring, and they had many choices regarding their daily routines and how to live their lives in the centre. Residents told the inspector that they did not feel restricted as they were assisted to do what they wanted by staff or independently had the freedom to do whatever they chose. Residents who could not voice their opinions were observed to be relaxed and comfortable in their environment and in the company of staff members.

On arrival at the centre, residents were observed in communal areas, and some remained in their bedrooms. The inspector spoke with residents in their bedrooms, day rooms and dining room throughout the day. Residents were complimentary of their accommodation, and they were encouraged to bring items from home and personalise their bedrooms with personal items of significance. The inspector observed that residents' rights to privacy were respected as staff knocked on residents' bedroom doors before entering. Staff were observed providing prompt assistance to residents, with call-bells being responded to promptly and needs tended to promptly. All of residents' personal items were close to hand and easily accessible either independently or with the assistance of staff. Staff were supportive of residents' communication needs and were observed to offer residents choices in respect of their personal care, meals and day spent. The inspector observed that residents' mobility aids or any visual or hearing aids were accessible to residents at all times.

The dining experience was presented by staff working in the centre as an opportunity for residents to socialise, music was playing, and the atmosphere was calm and unhurried. There was a choice of meals offered, and the food was attractively presented and smelled appetising. Where residents requested alternative meal options that were not included in the standard menu, every effort was made to provide the requested alternative. The inspector saw that the portions were generous. There was a variety of drinks available. If a resident wanted a drink, it was always provided by a staff member, or when residents were able to get a drink themselves, their independence and positive risk-taking were encouraged by staff members.

Records seen on the day showed that staff had completed the human rights-based approach to care, responsive behaviours, restrictive practice and dementia care training, and the inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspector observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

The inspector observed that a small number of residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). However, staff were prompt in recognising residents' needs and any early signs of distress and responded accordingly in a person-centred manner. They were using appropriate communication and de-escalation techniques to divert the attention of the resident and re-orientate, including those residents who had difficulty making their wishes or feelings known.

The inspector saw that a restrictive practice register was maintained and updated monthly in the centre. There was an active restrictive practice committee in the centre tasked to review restrictive practices and to promote a restraint-free environment.

From the documentation reviewed, such as residents' meetings and activities records, it was evident that residents were involved in discussions about their care, such as where they would like to spend their time, the quality of food and whether they would like to participate in different activities. This ensured that residents' rights were upheld, such as having the right to freedom of expression, the right to complain, to hold opinions and to receive and impart information and ideas, particularly regarding personal care and treatment.

Validated assessment tools were used to risk-assess residents' needs and to ensure that each resident was supported in positive risk-taking through an informed decision, with the information on the rationale and possible risks associated clearly documented. An associate care plan was in place, and the inspector saw that it detailed specific information on each resident's care needs and what or who was important to them. The care plans described the alternatives trailed and also instructed staff members to perform regular safety checks and instructions on restrictive practice use and release. There was also evidence on residents' files that all residents where some form of restrictive physical practice was used were reviewed by multi-disciplinary teams such as residents' general practitioner (GP), physiotherapist or occupational therapist.

Residents were seen mobilising independently around the centre and had unrestricted access to the internal courtyards. As the centre is situated adjacent to the main road, there was a key-pad lock used for the main entrance doors due to the few residents at the high risk of elopement. This risk was regularly assessed and reviewed in the centre's restrictive practice and risk register, and it was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. The inspector observed that the physical environment allowed for care to be provided in a non-restrictive manner.

The inspector saw that residents were supported to have companionship. There were no restrictions to visiting hours in the centre, and friends and relatives were seen to come and go during the day. There was a visitor's book where visits were logged, which would assist in ensuring their safety in the event of an emergency.

Residents had access to advocacy services, and information posters were displayed around the centre.

Oversight and the Quality Improvement arrangements

The provider was aware of the importance of quality of life for residents and was committed to achieve a restraint-free environment in order to maximise residents' rights and choices on how to live their lives.

The person in charge attended a training group for restrictive practices in order to develop and share best practices with the staff in the centre. From speaking with the person in charge and staff members on duty, it was evident that they were passionate in their desire to achieve excellence in delivering the best care possible for their residents.

There were policies in place to support and promote a restraint-free environment, including emergency or unplanned use of restrictive practices to guide practice in the centre.

To enhance safety, the person in charge had created a map for the admission process which included guidance on the pre-admission assessments for new prospective residents with clear identification of any restrictive practices that were in use, the occurrence of falls and mobility equipment required. Following admission, efforts were made to reduce or prevent the use of restrictive practices with the intervention of the multi-disciplinary team while maintaining residents' safety and personal choice. There were adequate arrangements in place to protect residents from harm when using restrictive practices, with regular checks and reviews.

The provider implemented an audit programme to monitor and adequately oversee the effectiveness and progress of the restrictive practices in the centre. These were monitored on a monthly basis in the centre's key performance indicators (KPIs) and the centre's restrictive practice register. The improvement plan and the data analysis detailed the benefits, the circumstances of the restrictive practice use and the potential for learning, reduction and improvements. A completion date was set up with a nominated person responsible for the completion and review if the goal was achieved. Systems were in place to analyse, compare and trend on a quarterly basis the accidents and incidents in the centre, including falls and restraints usage. They also analysed the impact on the resident's quality of life and considered the reduction of restrictive practices.

Residents living in the centre had access to a wide range of assistive equipment, for example, electric wheelchairs, rollators, walking aids, low-low beds, half-bed rails, and sensory floor alarms to enable them to be as independent as possible. The use of these was regularly assessed with a view to further reduce or eliminate the use of restrictions.

The inspector saw that the person in charge in the centre was actively promoting positive-risk taking based on informed decisions. Where restrictive practices are used, the person in charge ensures that they do not negatively impact on the resident's physical, behavioural and psychological wellbeing. For example, when residents struggled to follow a diabetic diet, this was recorded in the restrictive practice register and monitored regularly. The inspector observed a positive risk-taking care plan that provided clear guidance to staff on what to do when the resident made an informed choice to have a sweet. Residents who spoke with the inspector expressed satisfaction with the variety of the desserts and food options provided in the centre.

Residents were encouraged to maintain interests important to them with adequately trained activities staff. The staff were committed to provide continuous support and independence to residents in accordance with the ethos espoused in the centre's statement of purpose.

The inspector judged the centre to be compliant as residents enjoyed a good quality of life, where the focus was on continuing to reduce or eliminate the use of restrictive practices.

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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