



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

Issued by the Chief Inspector

Name of designated centre:	Silvergrove Nursing Home Limited
Name of provider:	Silvergrove Nursing Home Limited
Address of centre:	Main Street, Clonee, Meath
Type of inspection:	Unannounced
Date of inspection:	04 August 2023
Centre ID:	OSV-0000162
Fieldwork ID:	MON-0041105

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
Friday 4 August 2023	09:15hrs to 13:45hrs	Sheila McKeivitt

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 centre. The single storey building had twenty-eight single bedrooms some with en-suites and others with a wash hand sink within the bedroom. The centre mainly provided long-term care to older residents, some of whom had a diagnosis of dementia. Occasionally, a small number of residents were admitted for a period of respite or convalescent care.

The nursing home was accessed by calling the front door bell, staff controlled the front door from the front administration office. Entry from the front foyer into the home was controlled by means of a keypad. Visitors and residents who were assessed as safe to come and go independently could view the key code on the top of the door. Residents who required assistance or supervision of staff or relatives to leave were seen to be in receipt of support to do so.

The centre provided dementia friendly environments with décor and furnishings designed to assist residents be as independent as possible. The use of colour contrast with walls painted in warm colours provided residents with a safe environment in which to navigate. In addition, there was good use of signage throughout the building which facilitated residents find their way around the home. There was evidence of fixtures and fittings that created direct links with the past including wall-mounted memory boxes outside each bedroom. These were filled with personal items of interest that enabled residents with dementia identify their bedroom.

There was effective use of lighting to assist residents mobilise safely throughout the building and each resident had access to a light over their bed.

Residents who wished to smoke were supported to smoke in the designated smoking room. Residents were seen to mobilise throughout unhindered with unrestricted access to the garden situated to the rear of the nursing home. Residents were observed to wear appropriate footwear with mobility equipment available for those who required aids to mobilise.

The nursing home had no physical restraints in use. The inspector saw that they had no bedrails, bed alarm mats, chair alarm mats or wandering alarm bracelets in use.

During the inspection residents were observed to be interacting with staff in a friendly manner. Staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents. When staff entered residents' bedrooms they announced their arrival before entering and informed the resident about the purpose of their visit. Where residents required support with their personal care needs staff supported residents in an unhurried way allowing residents choose what clothes they wanted to wear that day.

Residents told the inspector that they were happy with their bedrooms and commended the support they received from staff with regard to laundry and the daily

cleaning of their bedroom. The inspector saw a number of resident bedrooms and found them to contain sufficient space for residents to be able to mobilise unhindered. There was a lockable facility in all bedrooms however, all residents did not have access to a key to allow them to lock items away.

Residents were also able to personalise their own rooms and many seen contained items personal to that individual. There were no restrictions on when residents could access their bedrooms. However, many of the bedrooms and en-suite doors could not be locked as there were no keys in the doors viewed and therefore residents could not lock these doors if they wished.

Throughout the day the inspector found many examples where residents were encouraged and supported to retain their independence. They were supported by staff to walk to the shops and cafes of their choice in the village. Residents were also supported to maintain established links with the community, for example, they attended the local library to use the facilities which were available to meet the needs of residents with dementia. They also attended events in the local theatre and had links with the local Friends of the elderly group, who invited residents to their coffee mornings. They had also linked in with a "local buddy system" and one resident was taken out to Mass in each Sunday via this service.

Residents went out on trips to places of interest, they had pictures on display of their recent trip to Howth which they said was most enjoyable. They told the inspector that they were looking forward to going to the local bar for lunch on Friday.

Residents were seen to receive visitors throughout the day and there was a private space for residents to receive guests other than in their own room. Resident families and friends were invited into the centre for events. They told the inspector how they had attended an art day in May, where the residents displayed all their art and crafts and that on the previous week all families had been invited in for the summer barbeque, which was a lovely day.

Residents said they had their say and their voice was heard. They said they had regular meetings, where they discussed life in the centre including the food, activities, planned outings and events. The inspector noted in minutes of these meetings that they had been informed about Sage advocacy and the National advocacy services available to them.

Oversight and the Quality Improvement arrangements

The centre had achieved a restraint-free environment and had worked hard to maximise residents' rights and choices. Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being.

Discussion with the management team confirmed that they were eager to ensure that the centre did not use restrictive practices and where they were used that their use was proportionate and deemed to be the least restrictive option.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. The person in charge was the restrictive practice lead. One of her key roles was to ensure that each member of staff had completed training on restrictive practice.

A sample of resident records were reviewed and all those seen confirmed that a pre-assessment had been carried out prior to the resident's admission. Resident care plans were then produced on the basis of information gathered at the pre-assessment stage. Care records viewed by the inspector confirmed that resident's views and preferences were incorporated into the care plans and that they were well-written and easy to follow. Although, some comprehensive assessments were not always fully completed.

The centre had a restraints register in place to record the use of restrictive practices in the centre. This document was reviewed and would form part of the centre's annual review of quality and safety.

Discussion with various members of the staff team confirmed that they had attended a range of appropriate training such as restrictive practice, dignity awareness, dementia care training and felt that this training informed their understanding of restrictive practice and how it could impact on the individual. Those who had not attended training to date were booked in to attend training in September.

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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