



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

Issued by the Chief Inspector

Name of designated centre:	Grange Con Nursing Home
Name of provider:	Grange Con Quarters Limited
Address of centre:	Carrigrohane, Cork
Type of inspection:	Unannounced
Date of inspection:	05 December 2023
Centre ID:	OSV-0000233
Fieldwork ID:	MON-0040931

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 5 December 2023	09:50hrs to 16:35hrs	Siobhan Bourke

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

This was an unannounced inspection with a specific focus on the use of restrictive practices in the designated centre. Based on the observations of the inspector, it was evident that management had a clear commitment to providing person-centred care to residents based on their needs and abilities. Overall, the inspector found that residents had a good quality of life and were encouraged and supported by staff and management to be independent. There were 24 residents living in the centre at the time of inspection.

Grange Con Nursing Home is located in a scenic rural setting approximately six kilometres from Blarney and Ballincollig in Cork and is a family run nursing home. All residential accommodation is located on the ground floor with staff changing, staff dining facilities and management offices located on the first floor. The centre is registered for 24 residents and has nine single occupancy bedrooms, six twin room and one three bedded room. All the twin rooms and seven of the single bedrooms had ensuite toilet and shower facilities, while the remaining rooms had a hand wash basin. There were toilets and bathrooms in close proximity to bedrooms without ensembles.

On arrival to the centre, the inspector observed that there was adequate parking for visitors to the centre. The front door is locked and accessed with a key code by staff. The inspector saw that the key code was available, inside the door, in a format for residents or visitors without a cognitive impairment to access, while reducing the risk that residents with poor safety awareness could leave the centre.

During the morning, the inspector saw that many of the residents were observed to be up and about, resting in the two sitting rooms or the dining room, while others were having breakfast in their rooms or being assisted with their personal care. Staff who were providing care and assistance to residents were observed to provide this care in an unhurried and respectful manner, taking into account each residents' abilities and cognition. The inspector observed that all staff knocked on residents' bedrooms and communal bathroom doors and waited for a reply, prior to entering. Residents and staff welcomed the inspector in the centre and there was a warm and friendly atmosphere.

The inspector saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors who spoke with the inspector were complimentary regarding the care their relatives received. Residents and visitors were seen chatting together in the centre's sunroom or in their bedrooms.

The inspector observed that there was one bedrail in use on the day of the inspection. There were two residents that had sensor alarms in place to alert staff so that they could respond to residents that were identified as at risk of falling. The inspector saw that alternatives to bedrails were in use such as low-low beds and crash mats to reduce the use of restrictive practices in the centre.

Residents were encouraged to personalise their own rooms and many contained items personal to that individual. Many residents had decorated their rooms with photos and memorabilia. There were no restrictions on when residents could access their bedrooms. The centre was clean and suitably decorated, with furnishings, fixtures and fittings to ensure a comfortable and homely residence. The inspector saw that new furniture had been purchased for the dining room and sunroom and this gave the centre a homely feel.

The inspector spent time in the communal rooms of the centre observing staff and resident interaction. The inspector observed that personal care and grooming was attended to a good standard. Positive meaningful interactions were observed between staff and residents throughout the inspection. The inspector observed that staff engaged with residents and assisted them with walks around the centre. Care staff also supported the activity programme in the centre. In the morning, a staff member facilitated a chair exercise session, which residents appeared to enjoy. Staff told the inspector that their main role was to ensure that residents' needs were met.

Through conversations with residents it was evident that residents were happy with the service provided. Choice was respected and care was person-centred. Residents who spoke with the inspector, reported they felt safe in the centre and did not feel that there were any restrictions put on them. Residents told the inspector that they choose where to spend their day, what time to get up and return to bed. Staff who spoke with the inspector were aware of residents, likes and dislikes, for example a number of residents liked to have an early or late breakfast and this was facilitated. The inspector saw that residents could choose to have their lunch in their bedrooms or the dining room.

Arrangements were in place for residents to give feedback on the service provided to them and to contribute to the organisation of the service. There were a variety of formal and informal methods of communication between the management team. It was clearly evident that the director of nursing knew residents and their relatives well. Residents were consulted through opportunistic chats, surveys and formal residents' meetings. Minutes of residents' meetings and feedback from surveys reviewed indicated that residents were, overall, satisfied with the services provided. Residents were supported to access national advocacy agencies if required or if they requested this.

Communication aids, telephones, radios, newspapers, and internet access were available to residents. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. In the afternoon, a member of care staff facilitated a bingo session and a local yoga instructor facilitated both one-one and a group yoga class with residents. Residents told the inspector they also enjoyed the music sessions held in the centre. The inspector spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents. Staff considered activities an important part of their role to ensure that residents were comfortable and at ease in the environment.

Oversight and the Quality Improvement arrangements

Overall, the inspector was satisfied that there was a positive culture in the centre towards promoting a restraint-free environment and respect for residents' rights and dignity. Centre-specific policies in the management of restrictive practices, response to behaviours that challenge, and risk management, guided the appropriate use of restraint in the centre, in line with national policy and best practice guidance.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being compliant.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. The programme of audits included an audit of restrictive practices. The inspector saw that while regular management meetings were held in the centre, these could be enhanced by including monitoring and oversight of restrictive practices as an agenda item.

The centre had a statement of purpose that clearly outlined the services available and specific care needs that could be met in the centre. Staff confirmed that there were adequate staff and a good skill mix in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint and good understanding of residents' needs and rights. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice with both, online and face-to-face training, provided for staff working in the centre.

The registered provider had a policy in place for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. This policy was in accordance with national policy and best practice.

The inspector reviewed the care plans for residents who had bedrails or sensor mats in use and found that detailed care plans had been developed. The inspector viewed care plans for residents, who experienced the behaviour and psychological effects of dementia (BPSD). Personalised strategies and interventions were outlined for staff, and these were seen to coincide with the guidance provided in the centre's policy. Interventions were seen to promote care and responses which were least restrictive.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low-low beds, instead of having bed rails raised. The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that residents were not unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

The centre had a record of all the restrictive practices in use in the centre. This record was kept under constant review by the management team. Records and oversight of application and release records, where bedrails were in use, were maintained as well as safety checks.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and residents were aware of the process. The provider was in the process of ensuring that the complaints' procedure was in compliance with the updated regulations.

Overall, the inspector identified that management and staff were working to promote a positive culture in Grange Con Nursing home with an emphasis on a restraint free environment to support a good quality of life that promoted the overall wellbeing of residents while living in the centre.

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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