



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

Issued by the Chief Inspector

Name of designated centre:	Youghal and District Nursing Home
Name of provider:	Gortroe Nursing Home Limited
Address of centre:	Gortroe, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	24 August 2023
Centre ID:	OSV-0000307
Fieldwork ID:	MON-0040660

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
Thursday 24 August 2023	09:00hrs to 16:00hrs	Siobhan Bourke

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

This was an unannounced inspection with a specific focus on restrictive practices. Based on the observations of the inspector, and from speaking with residents and staff, it was clear that management were committed 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. Staff and management supported and encouraged residents to maintain their independence where possible.

Youghal and District Nursing home is a two-storey centre, located near Youghal in East Cork. Residents' accommodation was all single bedrooms with 42 rooms having en-suite toilet and shower and 12 rooms with en-suite toilets. There were 53 residents living in the centre on the day of inspection. Bedrooms on both floors were observed to be spacious with plenty of furniture such as large wardrobes, lockers and chests of drawers for clothing and belongings. Rooms were seen to be decorated with residents' personal possessions and photographs. Bedrooms also had comfortable seating for residents and their visitors.

On arrival to the centre, the inspector observed that there was plenty parking for visitors to the centre. The external grounds of the centre was decorated with Irish flags and bunting, which made the centre welcoming. The inspector saw that the front door was locked and the centre's receptionist welcomed visitors as they arrived to the centre. The front door was operated by a key pad and the code for the keypad was discreetly on display, in a butterfly symbol, for those residents that wished to leave the centre independently. The inspector was informed that a number of residents used the keypad to go outside.

Following an introductory meeting, the inspector was accompanied on a walk around the centre, by the person in charge. During the walkaround, the inspector saw that residents could move freely around the centre and between floors via a large lift and those who require assistance with their mobility were supported by staff with this.

During the walkaround, the inspector saw that a number of residents were up and ready for the day's activities, while others were being assisted with personal care. Some residents were enjoying breakfast in their bedrooms and the dining room. The inspector saw that staff knocked on residents' bedroom doors prior to entering and greeted residents in a respectful way. Residents who spoke with the inspector outlined how if they called for assistance staff attended them in a timely fashion.

The person in charge told the inspector that management and staff aimed to promote a restraint free environment, while maintaining residents' safety. Alternatives to bedrails such as low-low beds and crash mats were in use for residents with a high

falls risks who required them. The inspector saw that six residents were using bedrails on the day of inspection, a reduction from nine residents in 2022. The inspector saw that floor sensor mats were also in use for a number of residents who were assessed as being at high risk of falling, with sensor mats in place to alert staff should the resident leave their bed. The inspector saw that when these alarms rang, staff attended to the resident to provide them with any assistance required.

The inspector reviewed a sample of residents' care plans and saw that where restrictive practices were in use, they contained adequate detail, to outline the rationale for the use of these practices and included alternatives trialled. A multidisciplinary approach to restrictive practice was evident.

The centre had plenty communal spaces, which residents were seen to use during the day. The inspector saw that some residents choose to sit in private in these rooms or spaces, while others chatted together or with staff. The inspector observed that staff were patient and kind when attending to residents and were seen to interact in a friendly manner throughout the day. It was evident that staff knew residents well and residents' choices and preferences in their daily routines were respected. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector saw a number of residents walking around the well maintained external grounds of the centre, or were sitting outside the centre, catching the sun when it came out during the day. Some of the residents told the inspector that they liked to go for walks outside, with other residents living in the centre.

The centre also had an internal garden area with raised beds, a covered gazebo section with book shelves and outdoor seating. The inspector saw that this area could be accessed through the dining room, but required a code to unlock the keypad control on the door. Residents were required to get staff to assist them when entering this area, as the code was not displayed in the same way as the front door. The person in charge agreed to review this on the day, so that residents who were independent could access it freely. This area also contained the designated smoking area for residents. Residents who smoked had a risk assessment conducted that assessed their ability to smoke independently and ascertain the safe level of access they should have to cigarettes and lighter. Residents who smoked confirmed to the inspector that they had access to their own cigarettes and were provided with assistance if needed, when they wanted to smoke.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. During mealtimes, those residents who required help were provided with assistance in a respectful and discreet manner. Staff members supported other residents to eat independently.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. An activity co-ordinator was responsible for providing activities in the centre and the inspector observed one-to-one activities taking place in the morning and a group activity, bingo, in the afternoon on the day of inspection. Residents enjoyed daily group activities such as exercise classes, bingo, art sessions, baking and flower arranging and particularly enjoyed the live music sessions. A number of male residents participated in the men's club in the centre and as a group had gone on community outings. A number of residents told the inspector how they loved the local mobile library's visits to keep them supplied with interesting books to read. Residents were supported to go on outings and day trips with their relatives.

The inspector observed that there were no restrictions to visiting in the centre, and friends and relatives were seen to come and go during the day. Visitors told the inspector that they were always welcomed and were assured of the care provided. Residents had access to advocacy services. Residents were consulted with on the running of the centre through residents' meetings, led by the activity co-ordinator.

Residents talked about how they liked to spend their day. They said that they felt safe, and that they could speak freely with staff or the person in charge if they had any concerns or worries. Residents said they were able to get up whenever they preferred, go to bed at a time that suited them and were able to do what they wanted during the day. One resident told the inspector how they liked to get up early and go to bed at the same time as "I did all my life." Residents talked about the programme of activities and which activity was of particular interest to them. They confirmed that they could choose to participate or not. One resident told the inspector that staff "exceeded expectations" and others spoke about the kindness staff showed to them.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant other than Theme 3: Safe Services, which was self-assessed as being substantially compliant. The person in charge identified that further work was required in relation to positive behaviour support planning.

The provider ensure that arrangements were 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 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.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Staff were provided with face-to-face training from an external provider, with three sessions a year provided in the centre. Staff confirmed that there was an adequate number of 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 residents' needs and rights.

The provider ensured the centre was resourced with equipment 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. The person in charge had expanded these records in the months prior to the inspection, to include any sensor mats or low-low beds in use. The number of residents using bedrails on the day of inspection was low, a total of six out of 53 residents. This record was kept under constant review by the management team and was comprehensive and detailed. Each restrictive practice was identified and a comprehensive risk assessment had been completed. There was evidence of

consultation with the resident and where possible the resident consented, along with members of the multi-disciplinary team. Risk assessments were reviewed at regular intervals as required. Records and oversight of application and release records where bedrails were in use were maintained, as well as safety checks when in use. The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of their use in the centre.

Overall, the inspector identified that there was a positive culture in Youghal and District Nursing Home, with an emphasis on a restraint-free environment. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The inspector was satisfied that every effort was made to ensure that people living in the centre were facilitated to pursue their own choices and preferences and that their rights were respected.

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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