



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

Issued by the Chief Inspector

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| Name of designated centre: | Asgard Lodge Nursing Home |
| Name of provider: | Asgard Lodge Nursing Home Limited |
| Address of centre: | Monument Lane, Kilbride, Arklow, Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 16 August 2023 |
| Centre ID: | OSV-0005187 |
| Fieldwork ID: | MON-0041133 |

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 |
|--------------------------|----------------------|------------------------------|
| Wednesday 16 August 2023 | 10:30hrs to 18:30hrs | John Greaney |

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, it was clear 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.

Asgard Lodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area not far from the town of Arklow, Co. Wicklow. It is a two storey facility that can accommodate thirty four residents in twenty four single and five twin bedrooms. Six of the single bedrooms are on the first floor and all other bedrooms and all communal space is on the ground floor. The first floor can be accessed by stairs and lift. Sixteen of the single bedrooms and one twin bedroom are en suite with shower, toilet and wash hand basin; six single rooms are en suite with toilet and wash hand basin; two of the single rooms share a bathroom that has a shower, toilet and wash hand basin; and each of the remaining four twin rooms have a shared bathroom with one of the other twin rooms. There are adequate communal shower facilities for those residents that do not have a shower in their bathroom.

On arrival to the centre the inspector observed that there was adequate parking for visitors to the centre. The front door is operated by a key and all staff carry a key, in addition to a key being stored in a break glass unit immediately inside the front door for use in an emergency. The inspector was informed that having a key operated front door allows staff to greet visitors as they arrive and also to ensure the safety of residents that may have a cognitive impairment.

The inspector arrived at 10:30am and there was already a high level of visitor activity. Some visitors were coming to spend time with their relative, while others were taking their relative out for a period of time. The inspector spoke with some visitors on arrival and all were happy with visiting arrangements and with the care provided to residents. One visitor commented that their relative had improved significantly since coming to the centre and now considered the centre their home.

Staff were observed coming and going from individual residents' bedrooms throughout the day. The inspector observed that all staff knocked on resident bedroom and communal bathroom doors and waited for a reply, prior to entering. The bedroom doors may benefit from signage to indicate that it would not be appropriate to enter the bedroom at a particular time, either due to personal care being provided or the resident wishing to have some privacy at that time.

In addition to communal spaces within the centre, there is an external secure garden. Internal communal space includes a snug, a small lounge, a larger lounge, a conservatory and a dining room. The inspector saw that residents were free to access all areas of the centre, with the exception of clinical, storage and ancillary rooms. The main access to the outdoor area is through a door from the large lounge. There is a raised lip on the base of the doorframe that is a potential trip hazard, this was highlighted with warning tape to alert residents and visitors of its presence. There was also a large general waste bin and a recycling bin in the corner of the outdoor space. The bins were not locked or secured from access by residents and would benefit from being enclosed.

The inspector observed that there were no bedrails in use on the day of the inspection. Five residents used lap belts for safety while they were seated in their speciality chairs and these were in place following a seating assessment by an occupational therapist. There were three 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. There were eight residents using bed wedges to prevent them from falling out of bed.

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 and some residents had brought in their own furniture. There were no restrictions on when residents could access their bedrooms.

The inspector spent time in the various communal areas of the centre observing staff and resident interaction. The inspector observed that personal care and grooming was attended to a good standard. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. Positive meaningful interactions were observed between staff and residents throughout the inspection. The inspector observed that staff chatted freely with residents on topics of interest to them. Staff had good knowledge of their social history, such as what they worked at and their interests outside of work. Staff told the inspector that their main role was to ensure that residents' needs were met.

There were a variety of formal and informal methods of communication between the management team. It was clearly evident that management knew residents and their relatives well. Residents were consulted through opportunistic chats and formal residents' meetings. There was a former member of staff that visited the residents and was available at residents' meetings to speak on behalf of residents that may have a cognitive impairment. The provider had arranged for members of a national advocacy service to come and chat with residents about the service that was available. The inspector was informed that the advocates made a presentation to the residents and also chatted with some residents individually.

Through conversations with residents it was evident that residents were happy with the service provided. Choice was respected and care was person-centred. Residents 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.

Communication aids, signage, picture aids, telephones, radios, newspapers, and magazines were available to residents. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. 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 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. 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, with the exception of the Theme in relation to Safe Services, which was assessed as Substantially Compliant.

Pre-admission assessments were conducted by the person in charge to ensure the service could meet the needs of people. Following admission, care plans were developed to guide staff on the care to be provided. These were seen to be personalised and included positive behavioural support.

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 restraint. 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.

Staff confirmed that there were adequate staff, with the appropriate skill-mix to meet the needs of the residents. Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people, dementia awareness, restrictive practice and complex behaviour. While there was a high level of attendance at training, the provider was requested to consider including ancillary staff in attending training in complex behaviour due to support them in their interactions with residents that may present with responsive behaviour. Staff were knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern.

The centre has access to equipment and resources that ensured care could be provided in the least restrictive manner. Where appropriate, residents had access to alternative, and least restrictive, equipment resources such as sensor alarms. The inspector was informed that there were three low low beds for use by residents at risk of falling from the bed. There were no residents using bed rails. There were eight residents using bed wedges. These are soft foam wedges that are attached to the bed by velcro and are put in place to prevent residents from rolling out of bed. Discussions with management and staff indicated that these were not considered restrictive. These were not maintained on the restraint register. The person in charge was requested to risk assess the use of bed wedges for each resident individually in

the context of the potential they may have to restrict residents' movements. This should also be documented to demonstrate that this was the least restrictive measure that could be used to support the safety of the resident. Consideration should also be given to including these on the restraint register. These should also be included in residents' care plans

The physical environment was laid out, and appropriately maintained, to support residents' to move about independently and allow access to all areas, with due regard to their safety. Some general areas of the premises, such as corridors, could be enhanced by the use of colour contrast and paintings as they were relatively bare. Some additional signage could support the navigation of the premises for new residents and for residents with a cognitive impairment.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. There was a considerable focus by management on the provision of advocacy for residents that may need support to navigate the complaints process or to assist with other matters important to residents.

Overall, the inspector found that there was a positive culture in Asgard Lodge 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.

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| Substantially Compliant | 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

| Theme: Leadership, Governance and Management | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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. |

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| 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

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| 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

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| 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

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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |
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