



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: | Ashley Lodge Nursing Home |
| Name of provider: | Ashley Lodge Nursing Home Limited |
| Address of centre: | Tully East, Kildare, Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 August 2023 |
| Centre ID: | OSV-0000009 |
| Fieldwork ID: | MON-0040412 |

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 | 08:00hrs to 14:00hrs | Sinead Lynch |

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

This was an unannounced focused inspection on the use of restrictive practices. The home is a purpose-built nursing home which consists of 43 single bedrooms and 6 twin bedrooms. There are three spacious lounges for residents and visitors' use.

On arrival to the centre the inspector observed residents walking freely around the centre. Residents were seen in the enclosed courtyard with no restrictions on accessing this area. Residents throughout the morning sat in whichever communal area they wished.

The inspector walked around the centre and found that some residents were still in their bedrooms. Some of these residents informed the inspector that this was their choice. There were some restrictions in place such as low-low beds, sensor mats and bed rails. The majority of bedroom doors were closed ensuring residents' privacy. Staff were observed to discreetly offer assistance to residents that required help. Staff were always seen knocking on residents' bedroom doors before entering. Where bedroom doors were open the inspector observed the bedrooms to be clean and well organised. Each room was nicely decorated with personal belongings of the residents displayed around the rooms.

There was one large sitting room that had a large television and had ample seating available. There was also a large sun room at the end of the corridor which provided seating and access to the enclosed courtyard. The exit door to the front of the building, where visitors were observed to be entering, had a butterfly in place. This displayed the code to enter and exit the door in a discreet format. Residents who had capacity, had the choice to use this door and enjoy walks around the man-made lake to the side of the building. There was a walk going around the full centre which residents could avail of.

Residents who spoke with the inspector said they had attended the residents meetings where they could 'say their piece' and they felt listened to. One resident who spoke with the inspector explained how they had 'always wanted to visit a jail', this was accommodated and the residents had a 'great day out in Kilmainham jail'. Photos of this day out and many other days such as visits to the Japanese Gardens and the National Stud were displayed around the centre. The person in charge told the inspector that the bus for outings was available one day each week for residents to avail of. There were many activities available for residents in the centre. These were displayed on the activities board and updated following feedback from residents. One resident who spoke to the inspector was observed gardening on the day of the inspection. They said, 'this is what I love to do'. They were provided with work clothes and tools to carry out their role and they were very proud of their work to date.

Staff spoken with were aware of residents and their care needs. Staff demonstrated a good understanding of safeguarding procedures and responsive behaviours (how

persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment)

Many residents received their breakfast in their bedroom but for residents who wished to have a later breakfast or join other residents they could attend the dining room at a later time. This meal time was observed to be unrushed with staff available to assist and residents appeared to enjoy the company and chat with each other.

Residents were provided with external advocacy service and information was displayed on a notice board. Also on this notice board was information about residents' rights. This detailed to residents what their right as a resident was, and what to do if they felt their rights were not being upheld.

The inspector was provided with a restrictive practice register. This was also seen implemented in practice when the inspector walked around the centre. There were seven bed rails in use, one lap belt, five sensor alarms, one resident on one-to-one care and one resident on 15 minute checks in line with their assessed needs. Risk assessments were found to be comprehensive and resident specific care plans were in place for each restrictive measure. The rationale for each restriction was clearly documented. The resident and the multi-disciplinary team were involved in the assessment and plan for each restriction. Staff were aware of the restrictions in place and informed the inspector about other least restrictive measures that were trialled before their use. The centre and its management team had led out on an improvement plan to reduce the use of restrictive practice in 2023. Significant reductions in the use of bed rails had been achieved.

Oversight and the Quality Improvement arrangements

The inspector found that there was a positive approach from staff towards promoting a restraint-free environment. Staff had all received training in promoting a restraint-free environment and positive risk-taking. The induction process for new staff included information on restrictive practice and promotion of the values outlined in the provider's statement of purpose in conjunction with their commitments to promoting a restraint-free environment.

The person in charge and the assistant director of nursing were very familiar with the up-to-date policy on restrictive practice and held weekly meeting where the use of restraints was discussed and reviewed. They had implemented improvements in practice in relation to emergency restraint. This now involved the practice of two registered nurses signing for an emergency restraint following a comprehensive risk assessment. This was to be used for a limited period only and maintained under close review. There was a restrictive practice committee in place and many of the members of this committee met at this weekly meeting. Committee members included the person in charge, the assistant director of nursing, staff nurses, activity staff and healthcare staff. Minutes of these meetings were provided to the inspector on the day of the inspection.

The quality improvement plan was made available to the inspector. This plan identified areas for improvements with time lines and outcomes indicated. The increase use of low-low beds as an alternative measure had greatly reduced the use of bed rails and the sensor mats had reduced the use of a more restrictive form of restraint.

There was a risk register in place which identified restrictive practices in use in the centre and the control measures in place to mitigate the risks.

There was adequate numbers of staff available in the centre on the day of the inspection. This was evidenced by the call bells being answered promptly and the feedback from residents. The staff were allocated as per residents' assessed health and social care needs. The person in charge informed the inspector that at times the allocation of staff could be changed due to changing needs or when increased supervision was required for residents.

Residents were encouraged to live their life in the centre as they did in their own homes. Many residents continued to attend the church in the local town. Some residents had put forward requests to attend mass in the Carmelite Friary Church in the local town. The staff arranged this and residents who spoke with the inspector said they were 'delighted' to be able to attend.

One resident said they had expressed that they wanted to attend their relative's grave which was not in the local area. The management and activity staff arranged for the centre's bus to carry out the resident's wishes on a regular basis. This in turn allowed the resident to be more settled and content since their admission to the centre.

On review of this inspection residents appeared to enjoy a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating 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 | |
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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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