



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

Issued by the Chief Inspector

Name of designated centre:	Eyrefield Manor Nursing Home
Name of provider:	Norwood Nursing Home Limited
Address of centre:	Church Lane, Greystones, Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 November 2023
Centre ID:	OSV-0000036
Fieldwork ID:	MON-0041651

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 8 November 2023	08:40hrs to 17:20hrs	Bairbre Moynihan

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.

The inspector arrived to a calm and relaxed atmosphere in the centre in the morning. The person in charge greeted the inspector and following a brief introductory meeting guided the inspector on a tour of the centre.

Eyrefield Manor is registered to accommodate 53 residents with no vacancies on the day of inspection. The centre is laid out over two floors with 11 single rooms, 18 twin rooms and two triple rooms. All, with the exception of two single rooms, have full en-suite facilities. The two single rooms have en-suites with toilet and wash hand basin. The residents of these two rooms had access to communal showering and bath facilities. Residents had decorated their rooms with photographs of family and friends, pictures and belongings from home. In addition, in bedrooms that were shared, there were suitable arrangements in place to maintain resident's privacy and dignity. Communal areas included day rooms, dining rooms and visiting rooms on each floor. In addition, there was a small sitting room on the first floor and a prayer room on the ground floor. A lift and stairs connected both floors. Residents were observed independently using the lift during the day or with assistance to access the dining room downstairs or to attend to the activity of their choice in a day room.

Residents had access to an enclosed garden, the doors to which were accessed by a fob. The fob was kept beside the door so residents could access the garden without assistance and move between the garden and the centre. The front door was locked at all times and residents had to request to exit the front door. The inspector was informed that it was accessed through a key pad and residents could request the number if required. A resident informed the inspector that management provided the resident with the key code so the resident could come and go freely from the centre.

Positive meaningful interactions were observed between staff and residents throughout the inspection and staff demonstrated having good interpersonal and listening skills. The inspector observed that staff chatted freely with residents on topics of interest to them.

Lunch was served in each of the dining rooms on the ground and first floor. Some residents from the first floor chose to have their lunch in the dining room on the ground floor. Tables were pre-set and table cloths were in place on each table. Residents were provided with a choice and this was available in picture form for residents to view at each table. Residents were complimentary about the food and a number of residents described the food as being "excellent". Residents who were on a modified diet were offered the same choice. Sufficient staff were available to provide assistance to those residents that required it.

An activities co-ordinator was assigned to each floor. Residents were observed doing "craft time" on the ground floor and listening to music and a quiz on the first floor in the morning time. In the afternoon some residents had "nail therapy" and live music was on in both floors and residents were singing along to the songs. Some residents attended the live music in both day rooms. Residents were supervised at all times by the activities co-ordinator who was relieved by another staff member if they had to leave the room. Activities were on display on the resident noticeboard at the entrance to the dining room. The inspector was informed and rosters confirmed that an additional activities co-ordinator was employed since the inspection in January 2023 to provide activities at the weekends. Residents were facilitated to attend a day centre and a Church of Ireland service which were across the road from the centre. A resident informed the inspector how important it was for the resident to attend the service weekly. Roman Catholic mass was celebrated onsite once monthly. Residents had access to newspapers and were observed reading them during the inspection. WiFi was available for residents if they required it.

Residents were consulted about the service through residents' meetings and a satisfaction survey. Meetings were held three monthly with approximately 16 residents attending. Areas for action were discussed and actioned at the quality improvement meeting. Some actions were managed through the complaints process. A resident informed the inspector about an issue the resident raised at the residents' meeting and it was actioned promptly. A satisfaction survey of residents and relatives was completed in May 2023. 13 responses were received. Feedback was all positive with a comment about the "autonomy and choice afforded to residents".

Information was displayed in the centre on access to advocacy services. A residents' advocate was available for residents to advocate on their behalf if required.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through a reduction in use of restrictive practices and promoting residents rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. A restrictive practice improvement plan was completed in August 2023. During the course of the inspection, management acknowledged that further improvement was required to in relation to care planning, and committed to quality improvement in this area.

Staff confirmed that there were adequate staff on duty each day to meet the needs of the residents. Staff members were knowledgeable about restrictive practices and displayed good understanding of the topic. All staff had completed training in restrictive practices, dementia and safeguarding of vulnerable adults.

There was good governance and leadership evident in the centre. Management and staff demonstrated a commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights. There was good oversight and review of restrictive practices. The registered provider had an up-to-date policy in place on restrictive practices. Following completion of the self-assessment questionnaire, the registered provider had established a multi-disciplinary restrictive practice committee which met monthly with the aim of assessing each restraint for potential removal or alternative. Membership of the meeting included representatives from management, nursing, activities, a health and social care provider and the registered provider representative. Restrictive practices were an agenda item at the staff nurse meeting and management meetings which were held monthly.

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 profile beds and half bed rails, instead of having full bed-rails raised. The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

Eyrefield Manor had a record of restrictive practices in use in the centre which was completed daily, however, the record did not detail all restrictive devices in use. For example; two residents had low profile beds in use. Notwithstanding this, restraint use in the centre on the day of inspection was low and comprised of two residents with bedrails and 15 residents with sensor mats. Residents were trialled for three days when reducing or applying a restrictive practice, monitored every 30 minutes overnight and then discussed at the restrictive practice committee meeting. There was evidence from documentation reviewed that less restrictive options were trialled

and used. Safety checks of restrictive practices were consistently completed and documented two hourly and signed by two staff members.

Risk assessments were completed for residents using restraints. These included details of alternatives used prior to the use of a restraint. Consent forms were signed by the multi-disciplinary team and the resident or their care representative. The inspector reviewed a sample of care plans where residents had restrictive devices in use. Care plans in relation to restrictive practices required further information in order to guide care.

The incidents and complaints logs were reviewed. No incidents or complaints were received in relation to restraint practices in the centre. The complaints procedure was on display in the entrance hall. The procedure did not contain the timelines for responding to complaints but this was rectified while the inspector was onsite.

Overall, the inspector identified that there was a positive culture in Eyrefield Manor 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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