



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

Issued by the Chief Inspector

Name of designated centre:	St David's Nursing Home
Name of provider:	St. Davids Nursing Home Limited
Address of centre:	Gentian Hill, Knocknacarra, Salthill, Galway
Type of inspection:	Unannounced
Date of inspection:	17 January 2024
Centre ID:	OSV-0000391
Fieldwork ID:	MON-0041041

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 17 January 2024	09:00hrs to 15:00hrs	Fiona Cawley

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

This was an unannounced inspection, focused on the use of restrictive practices in St David's Nursing Home. The overall feedback from residents in this centre was that it was a good place to live, and that staff supported them to enjoy a good quality of life. The inspector found that residents were very well cared for by staff and that they were encouraged and supported with choices and preferences.

The inspector arrived in the centre during the morning time. Following an introductory meeting with the nurse on duty, the person in charge and the provider, the inspector walked through the centre and met with residents in their bedrooms and communal areas. Some residents were having breakfast in the dining room, while others were relaxing in the communal areas. Other residents were having their care needs attended to in their bedrooms.

St David's Nursing Home, which provided accommodation for 18 residents, was a two-storey building situated in Salthill, County Galway. The centre provides care for both male and female adults with a range of dependencies and needs. Living and bedroom accommodation was on both floors which were serviced by an accessible chairlift. There were accessible communal areas available for residents to use depending on their choice and preference including a lounge, a conservatory and a dining room. These areas were styled with comfortable furnishings to provide a welcoming, homely environment for residents. Bedrooms provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. Many residents had personalised their bedrooms with photos, ornaments and other items of significance.

There was a visitors' room available, providing residents with a choice of a comfortable space to meet with friends and family members in private.

The premises was laid out to meet the needs of the residents. The building was bright and well ventilated. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a sufficient number of accessible toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and well maintained. Call bells were available in all areas of the centre and the inspector observed that these were responded to in a timely manner.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were four bedrails in use in the centre on the day of the inspection. The inspector observed that there were alternative devices and equipment available to support a reduction in the use of bedrails including low beds and sensor alarms. Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible.

As the day progressed, residents were observed in the various areas of the centre getting on with their day. The inspector spent time observing the interaction between staff and residents. The majority of residents were observed in the lounge chatting to one another and staff, listening to music, watching television, reading and participating in activities. Some residents chose to remain in their bedrooms relaxing in their own company. There was a friendly, relaxed atmosphere throughout the centre. Residents and staff were heard chatting to each other. Staff were observed interacting with residents in a positive, respectful manner. The inspector observed that residents were content and relaxed in their environment. Communal areas were appropriately supervised by staff and those residents who chose to remain in their bedrooms were frequently checked to ensure that they were safe and comfortable. It was evident that residents' choices and preferences in their daily routines were respected. Personal care was attended to a good standard and staff provided care to residents in an unhurried fashion. Staff who spoke with inspectors were knowledgeable about residents and their individual needs.

Residents were observed mobilising freely throughout the centre during the course of the inspection. Residents had access to all areas inside the centre other than staff areas and store cupboards. There was access to the external courtyard which contained a variety of suitable outdoor furniture and seasonal plants. This area was accessible by means of a keypad. Staff said that residents could go outside unaccompanied and that if necessary discreet supervision would be provided to maintain their safety whilst respecting their wishes. Residents told the inspector that they were able to go outside for fresh air or walks if they wished. One resident told the inspector that they were considering whether or not they would go out to the post office that day and that they went into the city most days. Another resident told the inspector how much they enjoyed their weekly shopping trips, while another resident said that they regularly went out for a pint with family.

The inspector chatted and interacted with the majority of residents during the course of the inspection. There were a number of residents who sat quietly in the communal areas and who were unable to speak with the inspector. These residents were observed to be comfortable and content in their surroundings. Those residents who were able to speak with the inspector were happy to chat about life in St David's. Residents told the inspector that they were happy with their life in the centre. One resident told inspector that 'life is good', while another resident described the centre as 'nice and cosy'. Another resident told the inspector what it was like to live in the centre. They said 'it worked out in my favour, I can remain independent and I go in and out to Galway if I need to'. Another resident explained why they came to live in the centre and said that although they would prefer to be at home, they were well cared for by staff who were very good to them. They said 'life is good here, I'm making the most of it'. Residents told the inspector that they could decide for themselves how to spend their day. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. One resident said that 'the staff always ask how I am and that means a lot to me'. Residents said they were able to get up whenever they preferred and were able to do what they wanted during the day. Residents described the various activities available to them in the centre including bingo, exercise, singing and music, and they said they could choose to participate or not. The inspector observed group and one-to-one activities taking place during the day of the inspection.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going in the centre throughout the day. Residents told the inspector that they could meet their visitors in the privacy of their own bedrooms, or in the visitors' room.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance and leadership in the centre that supported a positive approach to promoting a restraint free environment in the centre. The person in charge confirmed that the centre actively promoted person-centred care in a restraint-free environment, in line with national policy and best practice. Staff recognised residents' rights to live as independently as possible without unnecessary restriction.

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. This document identified that the provider was striving to ensure residents' rights were upheld and respected. The annual review of the quality and safety of the service included a quality improvement plan which outlined areas for improvement including the reduction of restrictive practices in the centre.

The centre maintained a record of all restrictive practices used in the centre. This record was reviewed on a regular basis to ensure use of restrictive practice remained appropriate and proportionate to the assessed needs of the residents. A risk assessment was completed for all identified restrictive practices in use. Restrictive practice care plans were in place which outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months to ensure they contained up-to-date and relevant information. Restrictive practice was discussed at regular staff meetings.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. A restrictive practice audit had been completed in October 2023 and an action plan was developed which outlined areas for improvement.

Policies were available in the centre, providing staff with guidance on the use of restrictive practices and were reviewed and updated at regular intervals to ensure they contained current and up-to-date information.

Staff were supported and facilitated to attend training relevant to their role such as the use of restrictive practice in the centre and safeguarding vulnerable people. Staff were generally knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern.

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 beds and sensor mats as an alternative to bed rails. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised. The centre employed activity staff who provided both group and one-to-one activities for residents.

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.
-----	---