



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

Issued by the Chief Inspector

Name of designated centre:	Nenagh Manor Nursing Home
Name of provider:	Foxberry Limited
Address of centre:	Yewston, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 December 2023
Centre ID:	OSV-0000422
Fieldwork ID:	MON-0042019

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 13 December 2023	09:15hrs to 16:15hrs	Mary Veale

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

This was an unannounced focussed inspection on the use of restrictive practices. Residents were supported to live a good quality of life in this centre. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individual residents. There was a person-centred culture of care in the centre and the use of restrictive practices had been kept to a minimum and had steadily reduced over the past number of years.

On arrival at the centre the inspector was welcomed by the centre's office administrator. The inspector had an introductory meeting with the person in charge to discuss the format of the inspection. Following the meeting the inspector walked around the centre with the person in charge. The inspector observed residents in various areas throughout the centre, for example some residents were leaving the dining room following breakfast, some residents were walking in corridors and others were sitting in communal lounge rooms. The atmosphere was relaxed and calm. The inspector observed that a small number of residents were in their bedrooms in the morning. Most residents had their bedroom doors closed and privacy screens were in use in the shared rooms. The design and layout of the centre did not restrict the residents' movement. The inspector observed residents in the centres communal areas throughout the day of the inspection.

Nenagh Manor Nursing Home is situated in the town of Nenagh, Co. Tipperary. The centre is registered for 50 beds and provides long-term care and respite care. On the day of inspection there were 48 residents living in the centre. The design and layout of the centre did not restrict the residents' movement. The centre was a Victorian house with a modern extension. The original house retained many of its Victorian features, for example; high ceilings, stair cases, coving, and ornate fireplaces. The centre was laid out over three storeys. On the lower ground floor was a dementia unit with 10 single bedrooms called the Butterfly unit. There was an open plan sitting and dining room located within this unit. A conservatory was located at the end of the unit. The conservatory led out into an enclosed garden. The main house on the lower ground floor contained a lounge conservatory area and ten bedrooms. The upper ground floor included an open plan sitting and dining room, a library, a lounge and 16 bedrooms. The first floor contained nine bedrooms. Resident's bedrooms were clean, tidy and residents had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. The centre was suitably and comfortably decorated for the festive season with many homely features and bright communal areas with lots of natural light.

The main door was open on the day of inspection and an electronic locking system was observed in place on the door into the main reception area. The risk of having the door electronically locked was regularly assessed and reviewed in the centre's restrictive practice and risk register, and it was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. The inspector was informed that some of the residents had been informed of the key-pad code and if they wished could open the door leading to the main entrance. On the day of inspection all doors to the internal gardens were open and gardens were easily

assessable for residents. The inspector observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents were seen mobilising independently around the centre.

Residents told the inspector that they were consulted with about their care and about the organisation of the service. Residents said that they felt safe in the centre and their privacy and dignity was respected. Residents told the inspector they liked living in the centre and that staff were always respectful and supportive. Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences. Staff demonstrated 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).

The centre had an external smoking area which was freely accessible to residents who wished to smoke. The inspector spoke with a person using the smoking area who confirmed that they could use this facility at any time they wished. The resident informed the inspector that they could ask a staff member any time to take them to the smoking area as they required assistance and supervision while smoking for their own safety. They had access to their own cigarettes and said that they were never prevented from doing anything that they wanted to do in the centre.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents stated that the quality of food was excellent. Residents told the inspector that they had breakfast in bed up to 10:00 if they wished. The inspector observed the dining experience at dinner time in the butterfly unit. The dinner time meal was appetising, well presented and the residents were not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times. Residents were observed chatting and laughing with staff and fellow residents throughout the meal time experience.

Arrangements were in place for residents to feedback and contribute to the organisation of the service. Residents told the inspector that the person in charge and assistant director of nursing were always available to them and were always responsive to their needs and requests. In addition to this informal feedback, there were regular residents' meetings and regular satisfaction questionnaires completed by residents. Visitors told the inspector that the person in charge always communicated with them about changes to their relatives care and any concerns they had. Residents were supported to access the group advocate and the national advocacy agency if required or requested.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The centre had three activities co-ordinators responsible for providing activities in the centre and the inspector observed group activities taking place in the morning and afternoon on the day of inspection. Residents enjoyed daily group exercises, bingo, and particularly enjoyed music entertainment in the centre.

Residents were happy with the choice and frequency of activities and told the inspector that staff go out of their way to facilitate their requests and needs.

Residents had access to a minibus, a number of residents had made a trip to Knock Shrine in the summer and some were planning to go on a trip to a shopping centre in Limerick the week following the inspection. The residents had access to internet services. The inspector observed a number residents using voice assistive technology devices, hand held technology devices and streaming services. Residents told the inspector that they particular enjoyed each others company and had build up friendships with one another since admission and some residents had known each other prior to living in the centre. Residents told the inspector that there was no restrictions on visiting family pets. Residents had access to televisions, radios, national and local newspapers. Mass took place in the centre weekly. Visitors were observed coming in and out of the centre throughout the day and told the inspector that they were always welcome and were assured of the care provided.

Oversight and the Quality Improvement arrangements

Overall there were good governance structures in place with ongoing monitoring and feedback informing quality and safety improvement in the centre. There was good oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. There were appropriate risk assessments for bed rails, responsive behaviours, low to floor beds, smoking, environmental risks and falls with the least restrictive controls in place. Falls management was good in the centre. All incidents were recorded and investigated. Post falls protocol included immediate and appropriate management of the resident with neurological observations monitored for all unwitnessed falls. Reassessment of the resident's needs following a fall included a review by the physiotherapist and a full review of their risk for falling again, with their care plan changed accordingly.

The centre maintained a register of restrictive practices in use in the centre. The use of bed rails had been kept to a minimum over the years reduced from 23 in 2013 to currently two bedrails in use. Other examples of restrictive practices identified on the register included; low beds, movement sensor mats, falls injury prevention mats adjacent to the beds, storage of cigarettes for residents who smoked and secure storage of alcohol for residents.

There was evidence of restrictive device alternatives trialled, including the duration of the trial and of safety risk assessments performed prior to applying any restrictive device. Consent was always sought for restrictive devices and the GP and family were also involved in the decision making whenever the resident was unable to participate in this process. There was ongoing safety monitoring in place for all restrictive devices in line with centre's policy and the national policy. Restrictive practices were monitored daily and the centre had undertaken to reduce or eliminate restrictive practices where possible. Restrictive practice were discussed at the centres governance meetings and local staff meetings. A quality indicator report was completed on a weekly basis by the person in charge. This report which included restrictive devices was discussed with the operations manager.

Improvements were required in the auditing process of restrictive practices. Recent audits completed were similar to a check list and did not identify that there had been improvements in compliance for restrictive practice. The audit tool required review to align with the centres policy to include actions and a time bound improvement plan to provide a structure to drive improvement.

There was adequate supervision of residents with staffing levels on the day of inspection suitable to the assessed needs of the residents. Staff were supported to perform their respective roles with ongoing mandatory and additional training. The person in charge had completed a train the trainer course and was providing training in restrictive practices. Staff whom the inspector spoke with were aware of practices that may be restrictive, for example, low beds, bedrails, and removing mobility aids from residents reach during meal times. Staff were very knowledgeable of the individual and person-centred needs of each resident. Some residents used a bed

lever to assist with turning in the bed. Residents told the inspector that their call-bells were answered promptly and they were content and well looked after in this centre.

There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this centre. The person in charge was familiar with the guidance and had been working with the assistant director of nursing and care team to reduce and eliminate where possible restrictive practices. The centre had completed the self-assessment questionnaire and had developed a targeted improvement plan. Resources were made available for staff training and for equipment such as low to floor beds and falls prevention mats in bedrooms. This was a significant investment made by the provider and underlies their overall commitment to reducing restrictive practices.

Complaints were recorded and were robustly investigated. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. A small number of complaints had been received in 2023. All of these complaints were satisfactorily dealt with. Complaints and incidents were audited and trends identified and learning informed safety improvements in the centre. Evidence of learning from complaints was disseminated at staff meetings.

The centre had a service specific policy on the management of restrictive practices which was written in plain English and promoted the rights of residents. Consent forms for residents that had a physical restriction were always signed by the resident and their GP in conjunction with the nursing staff and the residents' family if appropriate. Restrictive devices were discussed at the daily handover and formally reassessed at a minimum of every four months or sooner if indicated. Restrictive practices had been audited recently and plans to improve the service included training for all staff in restrictive practices.

The inspector summarised that there was a positive culture, with an emphasis on promoting a restrictive free environment. Improvements were required in the documentation of the auditing of restrictive practice.

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.

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	
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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