



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

## Issued by the Chief Inspector

Name of designated centre:	Oakfield Nursing Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Ballinakill, Courtown, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	24 January 2024
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0042622

## 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 environmental<sup>1</sup> 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.

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<sup>1</sup> 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 24 January 2024	09:00hrs to 16:20hrs	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 service 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 a member of the centre's administration staff. The inspector had an introductory meeting with the clinical nurse managers to discuss the format of the inspection. Following the meeting the inspector walked the centre. The person in charge arrived at 10am and met the inspector during the walk around the centre. The inspector observed residents in various areas throughout the centre, for example some residents were leaving the ground floor dining room following breakfast, some residents were walking in corridors and others were sitting in communal sitting rooms. The atmosphere was relaxed and calm. The inspector observed that a small number of residents were in their rooms 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 resident's movement. The inspector observed residents in the centres communal areas throughout the day of the inspection.

Oakfield Nursing Home is situated near the seaside town of Courtown, Co.Wexford. The centre is registered for 91 beds. The centre provides long-term care and respite care. On the day of inspection there were 83 residents living in the centre. The centre was laid out over three levels with the ground floor and first floor consisting of four main corridors. The lower ground floor had one corridor with a dining room, day room and 11 single rooms. The ground floor had 26 single bedrooms and 19 twin bedrooms. The first floor had 14 single bedrooms and one twin bedroom. All of the bedrooms in the centre were en-suite with a shower, toilet and wash hand basin. Resident's bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. The centres weekly activities programme was available in the residents' bedrooms. Pressure reliving specialist mattresses, cushions and falls prevention equipment was observed in residents' bedrooms.

There was a choice of communal spaces. For example; residents had access to dining rooms and day rooms on each floor. Residents had access to a sunroom, a reading area, a games area and oratory on the ground floor. The residents had access to a library and hairdressing room on the first floor. The environment was homely, clean and decorated beautifully. Armchairs chairs were available in all communal areas.

Residents had access to enclosed garden areas from bedrooms on the lower ground floor and some bedrooms had access to a balcony area from the ground floor. The

garden areas were attractive and well maintained with flower beds, seating areas and bird feeders. The centre had a grotto in one of the garden areas off the ground floor which was easily accessible for residents. Residents on the first floor had access to a terrace balcony.

An electronic locking system was observed in place on the front 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 register, and it was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. The inspector observed that residents who were able to use the key-code pad could follow discreet pictorial graphics containing the key codes which were displayed conveniently near the door 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.

A resident who was identified as a high risk of elopement wore a wander guard bracelet device. The inspector observed that the electronic lock system activated an alarm to alert staff that the door was open when visitors were leaving or entering the centre when the resident wearing the wander guard bracelet device walked by. This risk 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.

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).

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. Nursing staff had recently completed on-line training on the national restrictive practice guidelines. Staff whom the inspector spoke with were aware of practices that may be restrictive, for example, low beds, bedrails, and removing mobility aids 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. The centre had a wireless moveable call-bells system, on the day of inspection the inspector observed that all

call-bells were accessible and easy to reach in the residents' bedrooms and en-suite bathrooms.

The centre had an external smoking area which was freely accessible to residents who wished to smoke. The inspector spoke with a person who used the smoking area who confirmed that they could ask a staff member for assistance to use this facility at any time of their choosing. 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 complimentary of the home cooked food and the dining experience in the centre. Residents stated that the quality of food had improved since the previous inspection and was very good. Residents told the inspector that they could have breakfast in bed up to 10:30 if they wished. The inspector observed the dining experience at dinner time on the ground floor. 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 clinical nurse managers were available to them and were responsive to their needs and requests. In addition to this informal feedback, there were regular residents' meetings and an annual satisfaction questionnaire for residents. Visitors told the inspector that the centre always communicated with them about changes to care and any concerns they had. Residents were supported to access SAGE advocacy services 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 two 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 sessions. A number of residents told the inspector that they enjoyed playing card games most evenings together. 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 and enjoyed trips to a local garden centre and local coffee shops. The residents had access to internet services. The inspector observed a number residents using voice assistive technology devices and hand held technology devices. 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

There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The person in charge was familiar with the guidance and had been working with the management 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 devices in bedrooms.

Staff had undertaken mandatory on-line training in restrictive practice and in dementia awareness training which included the management of complex behaviour. Staff had undertaken toolbox talks specific to restrictive practice and a masterclass training presentation on restrictive practice which was available to all staff on the centres on-line training platform. This was a significant investment made by the provider and underlies their overall commitment to reducing restrictive practices. The inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspector observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

The centre maintained a register of restrictive practices in use in the centre. 3 of the 83 residents had bedrails in use. Other examples of restrictive practices identified on the register included; a wander alert bracelet, sensor alarm devices and the key-coded lock to the front door, a number of external access doors, mobility aids and the safe storage of cigarettes and lighters for residents who smoked.

Overall there were good governance structures in place with ongoing auditing 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 also appropriate risk assessments for bed rails, responsive behaviours, 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.

Complaints were recorded on the centres electronic documentation system and were robustly investigated. The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The complaints procedure was clearly

displayed in the centre and residents who the inspector spoke with were aware of the process. A 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.

Care plans viewed detailed person-centred interventions and staff were very familiar with residents' needs and social histories. Validated assessment tools were used to risk-assess residents' needs and to ensure that each resident was supported in positive risk-taking through an informed decision, with the information on the rationale and possible risks associated clearly documented. An associate care plan was in place, and the inspector saw that it detailed specific information on each resident's care needs and what or who was important to them. The care plans described the alternatives tried and instructed staff members to perform regular safety checks and instructions on restrictive practice use and release. There was also evidence in residents' notes that all residents where some form of restrictive physical practice was used were reviewed by multi-disciplinary teams such as residents' general practitioner (GP), physiotherapist or occupational therapist.

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 signed by the resident in conjunction with the nursing staff and the resident's family if appropriate. Restrictive devices were discussed weekly with the management team and formally reassessed at a minimum of every four months or sooner if indicated. Restrictive practices were audited quarterly and plans to improve the service included training for all staff in restrictive practices, complex behaviour and dementia awareness training. Restrictive practice were discussed at the centres governance meetings, local management and local staff meetings. Restrictive practice devices in use were recorded on a weekly key performance indicators (KPI's) report and discussed with the risk and compliance manager.

The inspector summarised that there was a positive culture, with an emphasis on a restraint free environment in Oakfield Nursing Home. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.



## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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