



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

## Issued by the Chief Inspector

Name of designated centre:	Ryevale Nursing Home
Name of provider:	Ryevale Nursing Home Kildare Limited
Address of centre:	Leixlip, Kildare
Type of inspection:	Unannounced
Date of inspection:	13 December 2023
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0041117

## 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.

---

<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 13 December 2023	09:30hrs to 14:45hrs	Sinead Lynch
Wednesday 13 December 2023	09:30hrs to 14:45hrs	Yvonne O'Loughlin

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

Overall, the inspectors found that the management of the centre promoted a culture of respect and a person-centred approach to ensure that residents living in the centre had a good quality of life, were encouraged to exercise their choices and had their rights respected.

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre.

Ryevale Nursing Home provides accommodation for a maximum of 172 residents. The service offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of five units; Rye, Millennium, Moy and Distillery units and a dementia-inclusive high support unit called the Liffey unit. There is an inner garden and courtyard within the Liffey unit, where residents can enjoy a walk or sit outside for fresh air. Residents and visitors can use sitting-rooms, dining-rooms, and gardens throughout the centre. There is also an open terrace area for those residents accommodated on the first floor. On the day of the inspection there was a small COVID-19 outbreak in the centre. To limit the risk of cross infection in the centre, the inspectors completed this thematic inspection in one unit only. This unit was Distillery unit which is registered for 32 residents.

The inspectors arrived at the centre in the morning and saw that there was a key-pad on the front door, which was in place to promote the welfare and safety of residents. However, there was a person working in reception to monitor this entrance. The reception had a staff member present seven days a week. There was no delay for residents or visitors coming and going from the centre.

The inspectors saw that the centre was bright and clean. The atmosphere was relaxed, and care was observed to be delivered in an unhurried manner. The staff knocked on the door before entering residents' bedrooms and discreetly offered assistance to residents.

During the inspection, a sufficient number of staff members were observed attending to the residents. The care provided was centred around the residents' needs and preferences, and residents seemed content and well looked after. Residents that spoke with the inspectors said they 'were well looked after and that there was always plenty of staff when needed'. The inspectors observed the staff being prompt and attentive, addressing residents' requests and needs without delay. Residents' independence was promoted and a positive risk-taking approach to care was evident.

Management and staff appeared to have a deep knowledge and understanding of the residents, including their daily routines and personal preferences. Conversations with residents in the centre revealed that all were highly appreciative and satisfied with the care they received.

The daily food menu was clearly displayed and included a number of choices at each mealtime. The inspectors observed the lunch-time dining experience. The inspectors observed that staff was available to assist residents. The visiting was not restricted, and the inspectors observed visitors coming and going in the centre throughout the day. Due to the small COVID-19 outbreak in the centre, visitors were advised to wear face masks for protection. The inspectors spoke to some visitors who stated they 'didn't mind wearing the face masks as it was protecting their loved ones'.

The inspectors reviewed the minutes of residents' meetings which took place at regular intervals. From the minutes of the meetings, it was evident that residents were encouraged to discuss the quality of their care, options for activities such as outings, plans for Christmas, food choices and restrictive practices.

The centre had a low incidence of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Each resident had a behavioural support care plan which reflected residents' needs and triggers and provided clear guidance for staff to assist residents with their care needs.

The inspectors observed two bed-rails in use in the Distillery unit on the walkabout. One resident had two bedrails in place. The resident also had protective covers on the bedrails to prevent limb entrapment. Staff were aware of the importance of ensuring each resident had a risk assessment completed before bed rails could be used. There was a check list in place to ensure any resident who had bedrails in place were checked regularly. Another resident who was observed to have bedrails in place had requested them. The inspectors spoke to this resident who explained they 'feel more secure' when the bed rails are in place.

Overall, all residents and visitors who spoke with the inspectors expressed a high level of satisfaction with the service provided. Residents stated that they were well looked after and felt safe in the centre, and there was always somebody to help them if they had some issue or problem.

## Oversight and the Quality Improvement arrangements

The governance and management structure in the Ryevale Nursing Home was well-established and worked effectively, promoting a restraint-free environment. On the day of the inspection the inspectors were met by the Director of Nursing and the Registered Provider Representative. Both team members knew the centre, their residents and the background to the supports required in order to meet their care needs. There were processes in place for residents to continue living in the centre in a similar way to their lives at home. The person in charge had completed the self-assessment questionnaire prior to the inspection and identified a quality improvement plan for the restrictive practices. They had judged the centre and its practices compliant in most areas but developed improvement plans where needed.

There was a restraint policy in place that guided staff regarding the use of restrictive practices. Staff members were trained in up-to-date evidence-based practices for caring for vulnerable adults and understanding responsive behaviours, such as how individuals with dementia or other conditions might express discomfort. The training records reviewed also included training in restrictive practices. The induction for new staff included information on these practices, aligning with the centre's goal of fostering a restraint-free environment.

The centre maintained a restraint register to document any use of restrictive practices, with monthly audits conducted for oversight. The annual review showed multi-disciplinary involvement and that all restraints were reviewed by the in house physiotherapist.

The minutes from the Residents' Council meetings demonstrated that residents had input into the planning of the activity programmes. This was further supported by the feedback from residents on the day of the inspection, indicating their active involvement in decisions about activities.

There were notices around the centre informing residents about the services available to them. Such services included advocacy services. Contact details were displayed for ease of access.

There were arrangements in place to monitor and evaluate the quality of the service. Various audits, such as restrictive practices audit, support of residents' rights and diversity of each resident, and person-centred care audit tools, were based on the national standards and were completed regularly to ensure that restrictive practices in use were appropriate and proportionate.

The inspector observed from documentation that there were 45 bed rails in use in the whole centre. However, over 20 of these bed rails were in use at the request of the resident. In some cases, some of these 20 residents had one bedrail in place or half a bedrail to support them for ease of movement. Other restrictive practice in use was, two lap belts, 23 bed bumpers and some environmental sensors that were connected through the nurse call system. These sensors were used to alert staff if a resident went to walk around their room but were at a high risk of falls. The use of these sensors was to mitigate the risk of falls. Restraint release logs were maintained while the restraints were in use. There was evidence that less restrictive practice alternatives were trialled in line with the national policy. Each resident had comprehensive risk assessments and detailed care plans to guide staff in the use of each restrictive measure in place. The care plans had the input and support from members of the multi-disciplinary team such as the general practitioner (GP) and the physiotherapist.

Assessments and care plans were reviewed every four months or sooner if there was a change in the resident's condition or ability. Residents were involved in this process and where residents were unable to participate a nominated person was involved. Pre-admission assessments including communication needs were assessed by the person in charge to ensure the service was able to meet the needs of the residents. Residents who were admitted to the centre and may have used restrictive practice methods such as bed rails prior to admission had a thorough assessment completed. The least restrictive approach was initially tried, and subsequent assessments resulted in a decision made by a multi-disciplinary team, which included the resident's involvement.

Overall, the inspector found that there was a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre and their loved ones.

## 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.
-----	---