



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

Name of designated centre:	Kerlogue Nursing Home
Name of provider:	Candela Healthcare Limited
Address of centre:	Kerlogue, Wexford
Type of inspection:	Unannounced
Date of inspection:	08 August 2019
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0027390

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

¹ Chemical restraint does not form part of this thematic inspection programme.

limiting a person’s access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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	Inspector of Social Services
08 August 2019	Liz Foley

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 large purpose built centre. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individuals. One area that required review was the key coded access at the front door. Access was restricted to those who knew the code and both visitors and residents were observed freely coming in and out of the centre. The centre had not considered deactivating the code during periods when reception was manned, however the door was opened for unplanned periods during the day depending on the weather. There was a person-centred culture of care in the service and the use of restrictive practices had been steadily reduced over the past year.

On arrival at the centre the inspector was welcomed by the person in charge. A small number of residents were in the day room and some were mobilizing around the various parts of the centre. Some residents were in bed and the inspector observed low beds with crash mats in some rooms. There was a relaxed atmosphere in the centre with staff observed assisting residents in a respectful and unhurried manner. Residents were observed having breakfast in the dining rooms until approximately 10.45am. There was free movement throughout the centre with only access to store rooms, the sluice room, the main kitchen and some offices restricted to residents. There was plenty of accessible space for residents to access or walk or move around within and outside of the centre. The doors leading out into the larger enclosed garden at the rear of the centre were open. Doors to smaller internal courtyards were also open. The centre operated over two floors with two passenger lifts for access. There was no restriction to the use of these lifts and some residents were able to use them independently. Movement sensor beams were in use in some bedrooms. These were used instead of falls alert mats or devices as they were less intrusive and did not make noise in the bedroom to disrupt the resident. The centre was suitably and comfortably decorated with many homely features and bright communal areas with lots of natural light. Bedrooms were personalised if desired and many of the rooms observed were homely with residents' personal belongings, photos, artwork and effects seen.

Residents told the inspector they were free to move around and supported to access any area of the centre they desired. For example, a residents meeting was held on the morning of the inspection and residents from all parts of the centre who wished to attend were supported and assisted to do so. Residents were supported to participate in the organisation of the centre by fortnightly resident meetings. A resident chaired this meeting with the assistance of a staff member. Resident's feedback was taken seriously with good evidence of quality improvement from suggestions made or problems identified.

Residents told the inspector that staff were always supportive and respectful. There was a proactive approach to feedback from both residents and their families. One staff member was rostered for four hours per week to advocate for residents. This

was achieved by facilitating the fortnightly residents' meeting and by spending one to one time with those residents that choose not to attend, or were unable to attend these meetings. The advocate also liaised with families particularly for residents who could not express their own opinions. In addition to this, advocacy services were also available from the national agency for advocacy and this was advertised in the centre. Management in the centre were responsive to feedback from residents and their families. There was a recent annual meeting for families who were invited in and informed about developments in the service and encouraged to give feedback at any time to any staff member. Families were both assured and encouraged by this approach.

There was adequate supervision of residents with current staffing levels suitable to the assessed needs of the residents. Staff were supported to perform their respective roles with ongoing mandatory and additional training. All staff had undergone training in restrictive practices and were aware of practices that may be restrictive, for example, low beds and removing mobility aids during meals. Staff were very knowledgeable of the individual and person-centred needs of each resident. There was evidence of good communication between staff and residents, for example, residents whose bedrails were removed as part of the centre's quality improvement plan told the inspector they were fully involved in the process. While not all of the residents were optimistic at the start they were now used to not having the bed rails and did not miss them. One resident now uses a bed lever to assist with turning in the bed.

The centre maintained a register of restrictive practices in use in the centre. Over the past year the use of bed rails had reduced from 22 to five. In addition to this the use of falls alert devices for example, floor sensor mats had also reduced. The centre chose to install, on a phased basis, a less intrusive system for monitoring residents who were a high falls risk. The beams sensed movement around a resident's bed and alerted staff through the call bell system; a number of these had already been completed. These were identified on the restrictive practices register. Other examples of restrictive practices identified on the register included; low beds, bed wedge, specialist occupational therapy chairs, security tag and lap belt. The key-coded front door had not been recorded on the register and the person in charge had undertaken to review this. There was evidence of alternatives trialled 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 closely monitored and the centre had undertaken to reduce or eliminate restrictive practices where possible.

Improvements were required to ensure care plans were sufficiently detailed to guide staff to provide the person-centred, individualised and respectful care which the inspector observed being delivered to residents.

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 over the past year with the management and care team to reduce and eliminate where possible restrictive practices. Resources were made available for staff training and for the installation of sensor beams in bedrooms. This was a significant investment made by the provider and underlies their overall commitment to reducing restrictive practices.

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. For example the risk of removing walking aids from residents in the dining room at meal times was identified with appropriate controls including constant supervision and staff available to retrieve these aids when needed. There were also appropriate risk assessments for responsive behaviours, 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.

Complaints were recorded separately to the residents' care plans and were robustly investigated. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. There were eight complaints in total recorded for 2019 so far, seven of which were verbal complaints. 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 to all staff.

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 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, the purchase

of additional low beds, installation of sensor beams, removal of bed rails and update the electronic care planning system to help nurses with assessments for restrictive practices. Some of these targets had already been reached for 2019.

There were sufficient resources available for activities in the centre. Residents told the inspector they were very happy with the quantity and quality of group activities offered. Residents and staff told the inspector that one-to-one activities such as sensory activities were available daily for residents who were not interested in or unable to participate in a group activity. Residents were supported to remain active in the local community by hosting coffee mornings in the centre and regular outings. Residents particularly enjoyed the companionship of the two dogs that attended the centre daily. In addition there was one pastoral care staff who worked part time in the centre providing counselling and spiritual support to 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.
-----	---