Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	Web Hill Limited
Address of centre:	Sunnyside, Upper Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	30 August 2023
Centre ID:	OSV-0005314
Fieldwork ID:	MON-0039145

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[1] 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 30 August 2023	09:00hrs to 16:30hrs	Breeda Desmond

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

This was a good service that strove to provide a rights-based approach to care for people to have a good quality of life; a restraint-free service and environment was promoted and encouraged that enabled residents' independence and autonomy. The inspector spoke with several residents during the inspection, in the smoking area, day rooms and dining room. The atmosphere was relaxed and care was delivered in an unhurried manner. Residents reported that staff encouraged them to part-take in different activities, were kind, helpful and great.

On arrival to the centre, the inspector saw two residents in the smoking shelter in the garden and stopped and chatted with them. One of the residents was awaiting a taxi to take them to Headway services; the resident reported they enjoyed going there, and looked forward to meeting up with staff and other service users. They explained that the smoking shelter was relocated and said that it was much more sociable as they could see the comings and goings of the centre. There was also a lovely new ornate fence with handrail to enable residents with reduced mobility access the garden independently. The high hedging surrounding the front of the site had been removed creating a much brighter and open garden space. New seating areas were installed in the garden as well as a raised garden bed at both sides of the entrance. Another resident explained that neighbours out walking now stop and chat since the hedging has gone, opening up the whole property; some neighbours had brought plants and shrubs to add to the flower beds. This resident loved gardening and explained how they spent most of their time out in the garden, tending to the flower beds and chatting to passers-by.

Padre Pio nursing home was a single-storey facility registered to accommodate 25 residents. As this was a gorgeous sunny day, the front door was wide open enabling residents to freely access the outdoors. The front door was key-pad accessible and the access code was displayed for residents and relatives to independently use the front door, as it was weather dependent whether the door was ajar or not. There was a ramp entrance to the front door enabling residents with reduced mobility or wheelchairs to easily entre the building.

The activities board was displayed in the conservatory with the proposed activity programme for the week. Also displayed was the HIQA poster regarding the fundamentals of Advocacy in health and social care. Alongside this was another poster of the 'Lions Club Ireland' coffee morning in aid of Childhood Cancer Ireland in Douglas later in the month. The magazine rack had reading material such as the statement of purpose, inspection reports and advocacy pamphlets displayed to enable easy access to this material.

Advisory signage was displayed on long corridors to orientate residents to areas such as the day rooms, dining room and bedrooms. Bedroom accommodation comprised twin and single occupancy bedrooms. Several of which had been refurbished since the last inspection with new flooring and curtains as well as refurbishment of communal rooms, handrails and corridors – all of which were re-painted. Twin bedrooms were seen to have appropriate privacy screens to ensure their individual

privacy, and curtains could be adjusted easily by residents. Televisions in bedrooms were wall-mounted and not too high so that residents could see the TV without straining their neck.

Following the introductory meeting with the person in charge advising of the restrictive practice inspection, the person in charge accompanied the inspector on a walk-about the centre where the inspector spoke with several residents. Some residents were in the process of getting up, some were relaxing and listening to the radio in the conservatory and day room and others were enjoying their breakfast. Meal times were protected in that medications rounds were undertaken before and after meal times to enable residents enjoy their dining experience uninterrupted. In general, staff actively engaged with residents and there was lovely socialisation seen and personal care was delivered in a professional manner.

Residents gave positive feedback about the food served, the choice at every meal. When asked, they said that the chefs were very accommodating and gave them whatever they asked. Meals were pleasantly presented and each resident was given their own ramekin with gravy or sauce depending on their preference. While the notice board to display the daily menu choice was available, this was possibly too small for all residents to see; when this was brought to management's attention, a new larger board was ordered, with delivery the day after the inspection, to enable staff display the full menu choice for all residents to view.

Residents showed the new tropical aquarium which the residents looked after. Residents named the first two fish Adam and Eve and explained all about the current fish in the tank and the care provided. Residents reported that they had a great summer and spent a lot of time out in the garden. Several residents chatted about the 'Summer Fest' that was held in the centre and explained about the games and contests between the Angels and Rebels teams; both teams were made up of residents and staff, and the Rebels were victorious. A perpetual trophy was proudly displayed in the conservatory for viewing. Photographs were displayed of the summer outings this year so far where residents enjoyed coffee in Passage West, Douglas and Rochestown.

The inspector observed that residents were dressed smartly in clothes and accessories of their choice. The activation programme was the responsibility of all staff. Staff were seen to sing and dance and encourage residents in a sing-a-long, which several residents engaged with during the morning. Interspersed with music, staff chatted, facilitated word games, and overall the morning was seen to be an enjoyable time for residents. Staff were seen to have excellent knowledge of residents and adapted the level of encouragement and participation to meet the individual's ability. A live music session was held in the day room in the afternoon. Residents sang along and enjoyed the music. During the session, beverages and snacks were offered to residents in communal areas and then staff visited residents in their bedrooms, chatted and offered refreshments. Visitors were welcomed to the centre and staff chatted and updated their relative on the progress of their family member.

The rehabilitation officer from Headway attended the centre on a weekly basis and was on site during the inspection. They visited one resident in their bedroom and provided one-to-one activation for that resident in accordance with their assessed needs. Following which, she took another resident out to a place of their choosing, and facilitated cognitive work such as word searches and quiz puzzles while at the same time improving their social and community integration.

Residents had access to advocacy services and there were information posters displaying this information which reflected the change in legislation and current material available.

Oversight and the Quality Improvement arrangements

The provider had a robust governance structure in place to promote and enable a quality service. The person representing the registered provider and person in charge were responsible for the service on a day-to-day basis. The provider attended the centre on a daily basis and supported the service in promoting a restraint-free environment including encouraging and facilitating ongoing professional training, staff development and practice reflection; and was open to feedback and suggestions in promoting a rights' based approach to delivery of care.

The provider and person in charge discussed how they reviewed their service in the context of restrictive practice following attendance at the HIQA information session and receipt of the self-assessment questionnaire and guidance on promoting a restraint-free environment. While they assessed the service as mostly compliant, they identified some areas for improvement. They sought the input of occupational therapy (OT) who came on site and reviewed their policy, environment and practice. Areas for improvement included information displayed in the centre might not be accessible to all. Items such as the magazine rack with the statement of purpose, inspection reports, advocacy pamphlets and residents' guide were relocated to enable residents using wheelchairs to better access this reading material; the complaints procedure and suggestion box were also lowered.

The service was home to six residents under 65 years old. The person in charge with the support of the provider were continually researching and seeking additional services for these residents such as Headway and The Irish Wheelchair Association, along with funding for transport to enable residents to travel to the associated centres around the city. Cork Stroke support was accessed for three residents to support their specific needs to enable them attain greater independence.

The person in charge met with the school principles of local schools in Rochestown and Passage West to invite students from these schools into the centre to encourage local community spirit and integration. 15 students from one school attended the centre every Monday morning and participated in activities such as card playing, one-to-one chats, singing and whatever the residents' would like. To facilitate this, additional training was provided to staff regarding Children First; students were confined to the day room and conservatory and two Padre Pio staff and two school staff were always present as part of safeguarding.

There were policies in place including one to support and promote a restraint-free environment including emergency or unplanned use of restrictive interventions to guide practice. The premise underpinning the policy was that of reducing the need for restraint in all formats. While it detailed the requirement of individual assessment, it also outlined the responsibility of staff and their knowledge and understating of residents in their care; the residents' usual behaviours, conduct, habits, preferences and means of communication to aid in identifying triggers to behaviours. To enable better outcomes for residents, it discussed the importance of comprehensive assessment and updating assessments as additional information became apparent; following from this, anticipation of a resident's reaction or response to something

could be anticipated and avoided when alternatives were put in place. The delirium screen tool formed part of the validated assessment tools available to staff to support behavioural management.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice. Following the person in charge and provider representative attending the HIQA information session regarding restrictive practice, additional training was facilitated on site by the person in charge and occupational therapist (OT). The OT reviewed their policy and practices, and environment from the perspective of promoting independence and based the training on this. In addition, a training needs analysis was undertaken which included discussion with staff on their suggestions. Following reflection, staff requested training on communication with particular emphasis on morning care, along with management of behaviours that challenge during morning care and protecting residents' privacy and dignity. In-house training was provided along with discussion sessions around these topics where concerns were teased out and staff gave their feedback on actions, interventions and interactions that worked, which staff found invaluable.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised the occupational therapist, physiotherapist, general practitioner and old age psychiatry, when required. Staff consulted with residents and their next-of-kin (when applicable) regarding all aspects of care including restrictive practice. Documentation reflected consultation and discussion was an on-going process regarding people's care and welfare including restrictive practice.

At the time of inspection, the only restrictive practice in use was the occasional administration of psychotropic medications [there were no bed rails, bed bumpers, low low beds, sensor mats or bracelets]. Psychotropic medication usage was under constant review; where a resident was identified as requiring an increased amount of PRNs, the GP reviewed the resident's prescription and adjusted it accordingly in consultation with the resident when possible.

Residents had access to physiotherapy. Residents care documentation showed that residents were assessed and care plans developed to either increase their mobility or maintain their existing degree of mobility and range of movement to enable residents to maintain their current level of independence.

Pre-admission assessments including people's communication needs were assessed to ensure the service was able to meet the needs of people. A sample of assessments and plans of care were reviewed and these had detailed person-centred information to direct individualised care. A baseline of the resident's care needs was established including communication, routines and behaviours. This enabled staff to easily identify a change in a resident's communication needs. The pre-restraint risk assessment form was in addition to the bedrail risk assessment to support restrictive practice decision-making. The restraint risk balance tool had a risk decision-making score to enable clinical decisions regarding restraint (rather than the decision being subjective). Behavioural support plans were evidenced with the associated observational tool (Antecedent, Behaviour, Control) to enable possible cause of

changes in behaviours to be established to enable staff to implement appropriate actions to deliver safe person-centred care. Observation showed that staff were familiar with residents' behaviours and records showed that residents' clinical observations were routinely checked to rule out infection as the possible cause of a change in status. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care and this was observed on inspection. Assessments included memory deficits and cognition with specific risks identified and strategies to minimise the risk. The medical histories were included in the assessments providing a comprehensive overview of factors that may influence outcomes for residents. Psychological and emotional wellbeing assessment included relationship dynamics and how they may influence a resident's behaviour. Overall, assessments and care plans were remarkably detailed to enable best outcomes for residents and reduce the necessity for restrictive interventions.
Walk-about observational tool was used as part of quality oversight. These audits were completed by a range of staff and the results informed the clinical governance meetings as well as the training needs analysis and reflective practice sessions. Other audits to support oversight of restrictive practice included restraint, monthly medication audits that included psychotropic prescriptions, privacy and dignity, and activities.

While beds had low low availability, this restriction was not in use. Residents had access to assistive equipment such as wheelchairs and walking frames to enable them to be as independent as possible. Many aspects of the physical environment enabled independence, for example, the flooring of many bedrooms, hallways and communal areas was upgraded and floor sashes were removed to enable freer mobility, especially for residents using mobility aids. Good lighting and handrails on corridors also facilitated easier and safer mobility.

Minutes of residents meetings were seen. Restrictive practice was discussed at meetings with information sharing to apprise residents about this. Other items discussed at these meetings included the upgrades to the premises, informing that the electrician and plumber were coming on site, planned outings and information on local taxis; advocacy and changes to the legislation regarding advocacy service, the complaints process and changes to the capacity legislation. Outstanding issues from previous residents' meetings were followed up and updates were given to residents about this.

Minutes of staff meetings showed that social care activities were iterated at meetings with detailed conversations about the activities programme and the responsibility of activation being that of all staff to enable meaningful activation and socialisation.

The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources, equipment or technology.

In conclusion, a restraint-free environment was championed to support a good quality of life that promoted the overall wellbeing and independence of residents in accordance with the ethos of their statement of purpose.

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.

Appendix 1

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.