



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

## Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Hospital, Carlow
Name of provider:	Health Service Executive
Address of centre:	Old Dublin Road, Carlow, Carlow
Type of inspection:	Unannounced
Date of inspection:	31 October 2023
Centre ID:	OSV-0000549
Fieldwork ID:	MON-0041115

## 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
Tuesday 31 October 2023	09:00hrs to 14:00hrs	Sinead Lynch

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

This was an unannounced inspection which focused on the use of restrictive practices. The inspector observed that residents were supported to have a good quality of life in this homely centre. Residents were supported to make choices about their daily routine such as when they would get up and go to bed. There was a good choice of activities made available to residents.

On arrival to the centre the inspector was met by senior management who gave a clear description of the centre and the ethos to provide a home where residents felt safe and supported. Following a brief introductory meeting the inspector was guided around the centre by the director of nursing.

Residents were observed to be in both communal areas and their bedrooms. Some were observed mobilising around the centre and support was provided by staff when required or requested.

Residents who spoke with the inspectors said they were 'very happy' in the centre and one resident said 'I am well settled here and the staff are very good to me'.

Residents' bedroom accommodation was provided in spacious rooms that were nicely decorated. Each residents had a lockable space for their personal belongings. Above each bed there was a television for each resident. One resident was observed to be watching morning TV chat shows; this activity did not impede on other residents as there were head phones available on request for residents. The majority of bedrooms had large glass panelled windows with views over the enclosed garden on one side, and views of the courtyard on the other side of the centre.

Residents spoke very highly of the activities in the centre. One resident said they 'loved to go out in to the garden when the weather is good', 'staff will take me out to the gardens for fresh air and exercise and it feels great'. There was chair yoga made available to residents. This was noted to be one of the most popular activities. Meeting minutes viewed by the inspector showed that residents had requested to have chair yoga more frequently and this was accommodated by the management team.

The dining room was observed to be spacious with comfortable seating available for residents. Each table was set with the required condiments for the lunch meal. Residents were observed to be offered a variety of drinks by staff. The residents had ordered what they wanted for their lunch earlier in the day but the staff reminded residents of the choice available before serving. Staff informed the inspector that sometimes residents change their minds so it is nice to give them a reminder. Staff were available to assist residents when required or requested. Those residents that required assistance were provided with it in a discreet and dignified manner.

On the day of the inspection 3 of the 55 residents in the centre used bedrails. Each resident had a risk assessment completed prior to their use. The assessment involved members of the multidisciplinary team to include the GP (general practitioner), the

OT (occupational therapist), the physiotherapist and a nurse. There was a resident specific care plan developed following the assessment, this process involved the resident where possible or their nominated person. There was a key pad to enter and exit the dementia unit. However, the residents could access external space that was safe and secured.

Staff had completed restrictive practice training and in their conversations with the inspector they demonstrated awareness of what restrictive practice was and the negative impact on the residents. The management informed the inspector that they believed it was paramount to the residents' health and wellbeing that staff were educated and trained in other relevant courses to ensure they were aware of the importance of residents' rights to a restraint-free environment and welcomed residents' rights to choice. Staff had been provided with training to entice this practice such as 'Human rights-based approach', Enabling and enhancing dementia care', and Safe practice for older person care'.

There were arrangements in place for residents to feedback and contribute to the centre. There were questionnaires distributed to identify any area the centre could improve on. These questionnaires were valuable to the management team in working to provide and residents-led service. There were also regular residents' meetings. Minutes of these meetings demonstrated that issues residents identified were actioned on in a timely fashion. One resident pointed out that their chair in the dining room was too narrow and not comfortable for them in particular. The inspector observed this resident who was provided with a new wider and more suitable chair for this specific resident's needs. When speaking with the inspector, the resident said 'I asked for a new chair that was wider and in fairness they got me one'.

There was an external advocacy service made available to residents. Posters were displayed around the centre.

## Oversight and the Quality Improvement arrangements

The centre had completed a self-assessment questionnaire prior to the inspection and judged themselves and compliant in many aspects of restrictive practice.

This information showed the progress the registered provider and the staff had made to reduce the use of restrictive practice in the centre and ensuring residents' human rights are upheld.

There was a robust governance and management structure in the centre. On the day of the inspection the inspector was met by the Director of Nursing and the Assistant Director of Nursing. Both team members knew the centre, their residents and the background to the supports required in order to meet their care needs.

The provider had systems in place to give residents the opportunity to continue living in the centre in a similar way to their lives at home. The clinics that residents may have been attending while living at home were available on the grounds of the centre. Residents could access the day hospital which was adjacent to the centre. There was a visiting geriatrician in the centre on the day of the inspection. This service ensured residents were not required to attend the acute hospitals for follow up or review appointments. Management of the centre informed the inspector that they wanted residents to continue having the freedom to utilise services they would have done while living in their own homes.

Residents had access to members of the multi-disciplinary team to assist in their assessments and care planning process. Any resident that required a restrictive practice measure was thoroughly assessed and had a follow up review from the occupational therapist and the physiotherapist. These reviews were found to be comprehensive and always involved the resident or a nominated person.

There was a notice board on each unit. These notice boards informed the residents about the services available to them. Such services included the 'The decision support services, external advocacy services and the Office of the confidential recipient. Contact details were displayed for each of these services and an explanation of the service they provided. One resident was using the services of the external advocacy provider where the person in charge had made a referral on behalf of the resident.

Improvements in relation to the centre were evident. The team had developed a new resident's guide. This new guide was developed in consultation with the residents. Their views and opinions were sought and implemented. For example, one resident was involved in the recruitment process of a new hair dresser. This resident was given the opportunity to ask the person questions that they thought other residents would like answered. The management team informed the inspector that going forward residents were going to be involved in the consultation of all works or improvement plans.

The management and staff had identified improvements they wished to implement in the centre following consultation with the residents. Some of these included introducing Wi-Fi. There was a portable laptop available for residents to use but

access to internet was limited. The management informed the inspector that they had plans to implement free Wi-Fi throughout the centre. Other improvements considered were the works on the memory garden. The plan was to improve this facility so residents would be able to enjoy this space in 2024.

Less restrictive equipment was made available for residents who required them such as low-low beds and sensor mats. However, residents were supported to live as least a restrictive life as possible.

Residents spoke very highly about the centre and the staff. They informed the inspector that they 'get to do their own thing' and that 'staff will always take time to chat'. Residents appeared very much involved in the care that was delivered to them. The management stated that the service's ethos was to become a 'resident-led service' empowering residents to live the lives they want to live.

## 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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