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:	Youghal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Cork Hill, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	03 November 2023
Centre ID:	OSV-0000577
Fieldwork ID:	MON-0041199

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
Friday 3 November 2023	09:00hrs to 17:00hrs	Mary O'Mahony

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

This inspection of Youghal community Hospital was unannounced and carried out as part of the programme of thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the National Standards for Residential Care Settings for Older People in Ireland. From observations made by the inspector it was evident that there was an ethos of respect for residents promoted in the centre, and person-centred care approaches were observed throughout the day. Overall, the inspector found that residents had a good quality of life and were, generally, supported by staff to have their rights respected and acknowledged. The impact of this on residents meant that, they felt safe in the centre and they said that their input was respected.

Youghal Community Hospital is a designated centre for older people, registered to accommodate 31 residents, in a mixture of single, twin and one four-bedded multi-occupancy bedrooms. The centre was set in a scenic location overlooking Youghal bay and it was very nicely presented externally. There were plenty parking spaces to the front and side of the building. There were six vacancies on the day of this inspection. The centre is situated on the outskirts of Youghal town in an old hospital building dating back to 1935. For this reason there are some restrictions in the building due to its age and era, and planning is in place for a new modern building, to cater for the changing needs and expectations of residents. Examples of this include, the lack of sufficient dining and communal space upstairs in the present building, no hairdresser's room and residents having to share shower facilities.

On entry to the centre, the inspector's first impressions were, that the flooring and some of the décor required upgrading in some areas, while in some areas of the centre painting was ongoing and new blinds were on order for the upstairs hallway. There was a fresh, clean smell permeating around the centre and it was apparent that resources had been invested in upgrading the external patios, developing a dining room, creating small sitting rooms in the upstairs area and upgrading fire safety doors, (doors which are designed to prevent the spread of smoke and flames for a defined period of time). The walls were decorated with lovely pictures, placed at a suitable height for residents' enjoyment. The addition of a hall table and lamp in the downstairs hallway lent a homely feel to the premises. Signage was in place to aid orientation for residents and visitors. There was lift access to upstairs where 15 of the residents were accommodated.

Following an introductory meeting, the inspection commenced with a walk around the centre with the person in charge. The inspector spoke with residents in their bedrooms, in the sitting room and dining room, throughout the day. Some residents were in the process of getting up, some were relaxing, and others had visitors. One resident told the inspector that the centre "was the first choice" and they went on to say they "felt that they were part of a home". Breakfast was served to residents in their bedrooms and some residents said they chose to have lunch in their bedrooms also. However, the majority of residents dined in the sitting room using individual tables, with only six residents availing of the new dining room downstairs which could seat 12 residents at each sitting, depending on the type of chairs in use for each resident. Currently there was only one sitting at mealtimes. Meals were observed to

be nicely presented in the beautifully furnished dining room and a number of choices, including home baked items, were available. Nevertheless, the inspector observed that a number of residents were served their lunch in the upstairs hallway, while sitting one behind the other, in their chairs by the windows. This was not a suitable area for dining as the corridor was obstructed for the duration of the meal, which created a fire safety risk in the upstairs section

There was a busy, happy atmosphere in the centre and visitors were present all day. A number of these spoke with the inspector and said they felt their family members were safe there and that there were no unnecessary restrictions on their freedom. In general, staff actively engaged with residents and there was a social atmosphere in evidence throughout the day. However, the inspector observed some institutional practices as previously described, with large numbers of residents sitting in the main sitting room for their meals and along the upstairs hallway at lunch time, as described. This restricted their access to the social event of dining with their peers and the benefits to be gained from going to an alternative place to dine, rather than sitting in the same place for long stretches of time.

A review of the bedrail records and checklists indicated that bedrails were in use for almost 50% of residents which is a high percentage in comparison to other similar centres. Some alternatives to bedrails such as low-low beds, sensor mats and floor mats were in use. One resident was somewhat restricted, in that they were awaiting the delivery of a suitable wheelchair, as the size of their current chair restricted access to outings and visiting their friends, which they had expressed a wish to do. A second resident informed the inspector that they would like to be reviewed by the physiotherapist, in relation to more suitable wheelchair facilities for going out and also in relation to maintaining their physical strength.

The inspector spent some time in the large sitting/day room and observed that suitable, varied music was playing on the large screen TV, as well as newspaper reading and one to one interactions. One of the staff who helped organise activities was off on the day of the inspection and one of the residents was observed to be ably leading the afternoon prayer session, supported by the staff member. Staff and residents said that there had been a great Halloween party in the centre on the previous Friday and they were still talking about the event, praising the music, the food, the activities and the costumes on the day. Nonetheless, there was a need in the centre for an activity co-ordinator to take charge of the daily activities and ensure continuity with a varied and interesting programme on each day, including weekends. Additionally, as there were a number of other rooms, such as the dining room available, residents may have benefitted from the choice of small group activities throughout the day, such as card games, crafts or tea parties. It was apparent from the roster that there were some weeks when there were no staff designated to organise activities on some days or they were reduced to one or two days each week due to absence or illness. In addition, as these staff undertook care duties in the mornings, the choice for residents was very limited some mornings, apart from TV music or TV mass. Residents told the inspector that they would like more variety in activities such as quiz, physical exercises, more bingo sessions and a choice to attend something outer than the large group activities.

The inspector found that doors to the back patio and the front of the hospital were unlocked, allowing free access for those who were mobile. A number of residents were seen to walk outside, accompanied by staff. Residents spoke of the lovely sunny days spent outside in the summer, walking with staff or relatives or sitting on the patio. Where any external doors were locked staff readily supplied these codes and they explained that cars passed by the front door to gain access to the parking bays, which had to be managed from a risk perspective.

The inspector observed that notices were displayed encouraging residents to have their say, and to advise them about the independent advocacy services available. Staff said residents were encouraged through verbal or survey responses to give their opinion on improving the service. The results of these surveys were reviewed and they were seen to contain evidence of overall satisfaction with staff and the accommodation. An effective internal and external advocacy service was in place and this service was currently in use for a number of residents. A number of relatives spoken with said that in general there was good communication with staff, there was no problem visiting and that staff ensured residents were facilitated to go out with them to their homes, or the local shops. One resident had requested that they did not wish for visitors to visit them, late in the evening, when they had retired to bed. This wish was respected.

Residents were supported and facilitated to maintain personal relationships in the community. For example, they occasionally visited local shops and scenic areas, such as the local beach, with family, or staff. Residents spoke about this, and how much they enjoyed going out. Minutes of residents meetings and survey results indicated that some residents would like more opportunities for outings. Photographs were on display for beach trips with family members and outdoor parties during the summer.

The majority of residents spoken with, praised the staff for their patience and the respect they showed to them. They loved seeing the hairdresser coming in every couple of weeks, as well as engaging with staff from an external activity group, external musicians, prayer sessions and the physiotherapist. This added a social, interesting dimension to their days and they looked forward to these events. One resident proudly displayed their knitting and they were seen to be very busy knitting for new babies and other special requests. A resident had been to Lourdes and said they were looking forward to going back again. Residents spoke with the inspector about the summer parties and how much they enjoyed the outdoors as they had the benefit of the "sea air".

The inspector spoke with members of staff who stated that they understood their role in facilitating the social life of residents and accommodating their rights. They said they helped to guide activities, along with an external activity group which came in twice a week. They told the inspector that residents enjoyed singing, the ever popular bingo, gardening, shopping and hand massages, including at the weekends. On the day of inspection there were some group and one-to-one activities observed, which residents greatly enjoyed, where staff were seen to sit with residents, chatting, reading and enjoying the hymns. All residents were supplied with the words of the songs and there were sufficient staff available in the sitting room to ensure everyone was enabled to participate to the best of their abilities. Staff attended to each

resident in a caring and attentive manner, indicating that they knew the residents and their capabilities very well. Additionally, cups of tea and snacks were on hand from the afternoon tea trolley.

Oversight and the Quality Improvement arrangements

Youghal Community Hospital was a designated centre that was working towards promoting a restraint-free environment. There was a clear governance structure in place and the management staff demonstrated some commitment to quality improvement, in respect of restrictive practices. There was generally a proactive approach towards positive risk taking in the home, where residents were supported to make decisions about their care and daily routine. The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the national standards relevant to restrictive practice in the centre, evaluating the centre as, substantially compliant, in the areas of responsive workforce and the use of information. The inspector concurred with this assessment outcome, for the overall inspection.

Staff confirmed to the inspector that there were adequate nursing and care staff to meet the needs of residents. Training attendance was being monitored in the centre and staff were supported and facilitated to attend training, such as safeguarding, restrictive practice and dementia care. This training supported staff in providing care to residents that aimed to maximise their potential, support their independence and facilitate choice and autonomy. The person in charge stated that a review of some training was being undertaking; for example, additional staff were scheduled to attend restrictive practice training and there was a plan in place to ensure that more staff commenced training on a human rights-based care approach, which would further strengthen the ethos of person-centred care. In addition, staff were scheduled to attend refresher training in managing the behaviour associated with the behaviour and psychological symptoms of dementia (BPSD).

Complaints were seen to be recorded in detail: nevertheless when the inspector reviewed the documentation of residents' meetings it was found that a number of complaints and concerns raised at the meetings had not been transferred into the complaints book, which would have enabled better management of the complaints: for example, one resident had stated that they wanted additional feedback on their complaint.

Residents were assessed prior to admission, to ensure the service was able to meet their holistic needs, including communication strategies and medical conditions. A sample of these assessments and residents' care plans were reviewed and these were seen to contain relevant information to guide staff on providing relevant, personalised care. Care plan records, seen by the inspector, confirmed that resident's views and that of their families, were incorporated into care interventions. The management team also described how residents had been facilitated to avail of the support of an advocacy service, which demonstrated an understanding of the importance of independent voices, to support residents' wishes and choices. In addition, the person in charge stated that staff liaised with them daily on behalf of individual residents and their wishes.

There was a restraint policy in place and the practices observed in the centre, reflected the key elements of this policy, which was based on the national policy on

the use of restrictive practices in nursing home settings. A weekly and daily log was maintained on the use of any restrictive practice. Staff documented the hourly checks of residents' welfare, when bedrails or specific, specialised chairs, were in use. Members of the management team spoke with the inspector about the processes in place, to monitor and reduce the use of restrictive practices. By way of example, the management team audited the use of restrictive practice in the centre. Where bed rails were recommended, this was as a result of assessment and recommendation by the multidisciplinary team, which included a physiotherapist and general practitioner. Consent forms giving permission and consent for their use, were on file. To support and implement best practice, further restrictive practice training was planned, to ensure there were improved outcomes for residents, by reducing the use of restraints where possible. In addition, the person in charge stated that a restrictive practice committee section would be incorporated into the existing health and safety (H/S) committee, to ensure that the issue remained on the agenda and best practice was continuously discussed and implemented.

Overall, the inspector found that there was a positive culture in Youghal Community Hospital, which promoted the wellness of residents, while aiming to promote a person-centred approach to care. Nonetheless, residents' quality of life would be enhanced by improving choice and access to meaningful activities, training additional staff in a human rights-based approach and providing training in the use and reduction of restrictive practices, to support the rights and well-being of all 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.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction 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.