



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

## Issued by the Chief Inspector

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| Name of designated centre: | Unit 1 St Stephen's Hospital                          |
| Name of provider:          | Health Service Executive                              |
| Address of centre:         | St Stephens Hospital, Sarsfield Court, Glanmire, Cork |
| Type of inspection:        | Unannounced   |
| Date of inspection:        | 12 January 2024                                       |
| Centre ID:                 | OSV-0000715   |
| Fieldwork ID:              | MON-0041201   |

## 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 |
|------------------------|----------------------|------------------------------|
| Friday 12 January 2024 | 09:30hrs to 16:30hrs | Mary O'Mahony                |

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

This inspection of Unit 1 St Stephen's Hospital was unannounced and carried out as part of the programme of thematic inspections, focusing on the use of restrictive practices. Thematic inspections are designed to assess compliance against 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, non-restrictive, care approaches were observed throughout the day.

Overall, the inspector found that residents were supported by staff to remain independent, according to their abilities, and generally, to have their rights promoted. The impact of this on residents meant that they were seen to be relaxed, among a group of caring staff. Nonetheless, the findings on this inspection were that residents' quality of life would be improved by an enhanced activity programme, access to their previous outings to local coffee shops, access to their weekly music therapy and access to regular chiropody and occupational therapy, which were no longer available to them. All these services were in place on the previous inspection.

The centre is situated on the Sarsfield Road hospital campus and is a designated centre for older people, registered to accommodate 16 residents, with a diagnosis of dementia. There were ten vacancies on the day of this inspection. The remaining units on the campus are under the remit of the Mental Health Commission.

On arrival to the centre, the inspector observed that there was adequate parking for visitors to the centre. The front door was locked and accessed with a key code by staff. The inspector saw that the key code was available, inside the door, in a format for residents without a cognitive impairment to access, which reduced the risk that vulnerable residents could leave the centre unaccompanied. The inspector's first impressions were that this was a very well-maintained centre. The unit was recently painted externally and there was good quality garden furniture outside in the back garden. The inspector observed that there was a garden seat and colourful garden pots, planted with flowers, at the entrance. Internally, resources had been invested in buying new, comfortable armchairs, new flooring, soft furnishings and repainting. The walls were decorated with colourful pictures and there was a lovely, lighting, electric fire in the sitting room, which gave it a homely feeling. The centre was very clean and an external company provided this service which was regularly audited,

The inspector spoke with residents in their bedrooms, the sitting room and in the spacious, beautifully decorated dining room, throughout the day. However, as there were only six residents in residence on the day of inspection, the inspector observed that the normal buzz of activity was missing at times, and occasionally residents appeared to be quite alone, because of the lack of sufficient opportunities for social interaction with their peers, in their newly renovated surroundings.

The inspection started with a walk around the centre, and some residents were observed to be in the process of getting up, some were relaxing, and other residents were chatting with staff. Breakfast was seen to be served to residents in the dining room; and all except one resident had their lunch in this communal setting. Meals were carefully presented and a choice of four, tasty looking, dishes were on offer at dinner. Snacks and drinks were served between meals, and it was apparent that residents looked forward to the extra cups of tea and biscuits.

In general, staff engaged well with residents and there were kind, personal interactions seen during the day. In the afternoon, staff led a gentle sing song and were seen to sit next to residents at various times during the day. Residents' accommodation was all on one level, in the bungalow type layout of the centre. Bedroom accommodation consisted of five, three-bedded rooms and one single room. Each of the multi-occupancy rooms had been reconfigured down from four-bedded rooms, and the additional space was now used for a coffee table and three good sized armchairs, for residents' social use. Currently, four of these three-bedded rooms were only occupied by one resident. The rooms were personalised with photographs and mementos, that provided glimpses into residents' previous lives and family connections. An activity notice board and a menu board were seen to be displayed. There was easy access to the colourful, and well planted, gardens and patios from each bedroom, and from some of the communal rooms also. Raised flower beds for residents' use were observed to be located outside the patio doors. Staff said that these were accessed by residents, in the spring and summer months.

Efforts were made to ensure privacy while personal care was being administered and signage was placed on bedroom doors, when care activity was being carried out. In addition, staff were seen to knock on bedroom doors prior to entry, and were heard to explain interventions to residents. The inspector saw that residents were free to access all areas within the building and locks had been removed from bedroom doors, to ensure freedom to walk around without restriction. The inspector observed that there were three bedrails in use on the day of the inspection. The inspector saw that alternatives to bedrails were in use such as low-low beds and crash mats, to reduce the use of restrictive practices. Those residents who walked independently or with a staff member, were observed going in and out of the relaxation room, the dining room and the sitting room, as well as lying on their beds whenever they wished.

Residents were seen to be comfortable with staff, nevertheless, they would have benefitted if all staff wore name badges, as due to their cognitive challenges they had difficulty recalling names without prompts, such as name badges.

The inspector observed that notices were displayed, encouraging residents, or their relatives in most cases, to make their concerns known, and advising them about the advocacy services available. While there were no visitors seen on the day of inspection, it was apparent from a sample of records of minutes of relatives'

meetings, that relatives found that care was very good and they were complimentary of staff, the food and communication with staff.

There was good medical attention for all residents from the consultant-led medical team, who were very accessible to staff and residents, to review medicines and ensure medical issues were addressed promptly. This was evidenced in the notes, recorded in the sample of residents' care plans, reviewed by the inspector. Nevertheless, there were risks to residents from the unavailability of other healthcare professionals, as described in the introductory paragraph: for example one resident with dementia who had recurrent foot issues had to arrange private chiropody care to maintain regular, pain-free mobility. Staff described how residents' ability to mobilise was dependant on good foot care. Some residents had no access to a chiropodist since last October, as the service was no longer available on the campus. Staff described how walking was very soothing for residents with dementia, and freedom of movement, in a pain-free manner, reduced the risk of responsive behaviour, (behaviours related to the effects of dementia and how residents with dementia responded to the environment and stimuli in their surroundings).

## Oversight and the Quality Improvement arrangements

The governance and management arrangements in Unit 1 were comprehensive and well organised on a local level. On the day of inspection the person in charge, the clinical nurse manager (CNM) and staff spoken with, stated that they were committed to ensuring that restrictive practices, such as the use of bedrails were minimised and that the rights of residents were respected and facilitated.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being, compliant. This had been submitted to the Chief Inspector prior to the inspection. However, the findings of this inspection were that improvements were required in relation to access to the external community, external activity providers and health care professionals, as described in the statement of purpose for the centre.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. In addition, risk assessments, consent forms and evidence that alternatives to restraints were trialled, were seen to be maintained in residents' care plans. The centre had a record of all the restrictive practices in use in the centre. This record was kept under constant review by the management team.

The inspector saw that regular management meetings were held in the centre, including with the consultant. These minutes detailed a number of relevant issues and outlined the actions to be taken to address any aspect of the service requiring improvement, in particular following audits, such as updates to care plans. Staff confirmed that there were adequate staff and a good skill mix on duty in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of alternatives and a good understanding of residents' needs and rights. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice with both, online and in-person training, provided for staff. Centre-specific policies on the management of restrictive practices, responding to behaviours that challenge, and risk management, guided staff in the appropriate use of restraint in the centre, in line with national policies and best practice guidance.

The inspector reviewed the care plans for residents who had bedrails in use and found that detailed care plans had been developed. The inspector also viewed care plans for residents, who experienced the behaviour and psychological effects of dementia (BPSD). Personalised strategies and interventions were outlined for staff, and these were seen to coincide with the guidance provided in the centre's policy. Interventions were seen to promote care and responses which were least restrictive.

Where necessary and appropriate, residents had access to low-low beds, instead of having bed rails raised. The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that residents were not unduly restricted in their movement around the centre, however choice were somewhat restricted as regards external facilities and outings, as staff on site were not trained or did not feel competent to drive the bus for outings.

Complaints were recorded separately to residents' care plans as required by regulation. These were addressed to the satisfaction of complainants. The complaints procedure was clearly displayed in the centre and residents and relatives had been made aware of the process. The provider was in the process of ensuring that the complaints' procedure was in compliance with the updated regulations.

Overall, the inspector identified that while management and staff were working to promote a positive culture in Unit 1, with an emphasis on a restraint-free environment, action was required by the provider to enhance the lived experience and quality of life of residents, by promoting their holistic wellbeing.



## 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.

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| <b>Substantially Compliant</b> | Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices. |
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### 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> |  |
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| 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> |   |
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| 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> |  |
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| 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> |   |
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| 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> |   |
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| 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.                                   |

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| 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**

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| 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**

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| 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**

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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |
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