



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

Issued by the Chief Inspector

Name of designated centre:	Mount Carmel Nursing Home
Name of provider:	Sisters of St. Marie Madeleine Postel
Address of centre:	Abbey Street, Corner of Limerick Road, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	15 November 2023
Centre ID:	OSV-0000734
Fieldwork ID:	MON-0041810

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards **for Residential Care Settings for Older People in Ireland**. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental¹ in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

Physical restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include 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 15 November 2023	09:30hrs to 16:30hrs	John Greaney

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

Overall, the inspector found that management of the centre promoted a culture of respect and a person-centred approach to ensure that residents living in the centre had a good quality of life, were encouraged to exercise their choices and had their rights respected.

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre. Following an introductory meeting, the inspector walked through the centre and observed residents in various areas including the dining room and day rooms. Some residents were up and about, some were having their breakfast, while others were having their care needs attended to. The atmosphere was calm and relaxed throughout the centre.

The registered provider for Mount Carmel Nursing Home are the Sisters of Saint Marie Madeleine Postel. There is a board of management comprising seven members that provide operational oversight of the centre. There is a well established governance and management structure in place. A member of the board works in the centre for two days each week and holds weekly meeting with management personnel in the centre. A weekly report is then sent to the chairperson of the board. The board of management meet on a quarterly basis.

Mount Carmel Nursing Home is a two storey premises with bedroom accommodation and communal space on both floors. Bedroom accommodation comprises 31 single bedrooms, all with en suite shower and toilet facilities. Six of the bedrooms are on the ground floor and twenty five are on the first floor. The first floor can be accessed by both stairs and lift.

The inspector arrived at the centre in the morning and saw that there was a key-pad controlled lock on the front door. The inspector was informed that the code was known to all but four of the residents living in the centre to support the welfare and safety of these residents. While most residents have access to the code, only two residents choose to leave the centre independently. Any other residents that leave the centre, usually do so in the company of relatives or friends.

Residents were observed mobilising freely throughout the centre during the course of the inspection. Residents had access to all areas inside the centre other than staff areas and store cupboards. There was unrestricted access to the garden through doors from the sitting and dining rooms.

The inspector saw that the centre was bright and clean in all areas. The atmosphere was relaxed, and care was observed to be delivered in an unhurried manner. Staff

knocked on the door before entering the bedroom and discreetly offered breakfast or personal care to residents.

The inspector observed that residents' bedrooms were nicely decorated with personal memorabilia such as photographs and artwork. Residents who spoke with the inspector said that 'they can decorate their bedrooms as they wish.'

As the day progressed, the majority of residents were observed in either the main sitting room on the ground floor or the sitting/dining area by the nurses' desk on the first floor. Residents were observed chatting to one another and staff, listening to music, reading and participating in activities. The inspector spent time in the various communal areas of the centre observing staff and resident interaction. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. A small number of residents chose to spend time in their bedrooms and they were supported to do so by staff. It was evident that residents' choices and preferences in their daily routines were respected. Staff who spoke with inspectors were knowledgeable about residents and their individual needs

The inspector found that there were sufficient staff on duty to meet the needs of residents. Staff were observed to be actively involved in conversation with the residents, offering them choices in relation to daily activities and where and how they wanted to spend their day.

The daily food menu was clearly displayed and included a number of choices at each mealtime. The inspector observed the lunch time dining experience. The food was served in the dining room on the ground floor, in the sitting area on the first floor and in residents' bedrooms based on the expressed resident's choice. The inspector observed that staff were available to assist residents. Visiting was not restricted, and the inspector observed visitors coming and going in the centre throughout the day.

The centre had a low incidence of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Each resident had a behavioural support care plan which reflected residents' needs and triggers and provided clear guidance for staff to assist residents with their care needs.

Overall, all residents and visitors who spoke with the inspector expressed a high level of satisfaction with the service provided. Residents stated that they were well looked after and felt safe in the centre, and there was always somebody to help them if they had some issue or problem.

Oversight and the Quality Improvement arrangements

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights.

The person in charge facilitated this inspection. At the outset of the inspection, they confirmed that the centre actively promoted person-centre care in a restraint-free environment, in line with national policy and best practice. Throughout the day, the inspector observed that the person in charge was well known to residents and staff and that they were a very strong, positive presence in the centre.

The governance and management structure in the Mount Carmel Nursing Home was well-established and worked effectively, promoting a restraint-free environment. The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the centre as predominantly compliant in all areas with the exception of staff training, which was ongoing.

The person in charge ensured that the centre's admissions were carried out in accordance with the statement of purpose. Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support.

Policies were available in the centre, providing staff with guidance on the use of restrictive practices and were reviewed and updated at regular intervals to ensure they contained current and up-to-date information.

The centre maintained a record of all restrictive practices used in the centre. There were no residents using bed rails on the day of the inspection. There were 14 residents using sensor floor mats at night and one resident with a bed alarm. A risk assessment was completed for all identified restrictive practices in use. The process could be enhanced through documentation of the decision-making process leading to the use of sensor alarms. Restrictive practices were monitored in the centre regularly through the weekly collection of data for restrictive practices, which were used in the centre as one of the Key performance indicators (KPIs). Restrictive practice was discussed at monthly clinical governance meetings.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. Restrictive practice audits had been completed and action plans were developed, where improvements were required.

Formal consultation with management was through residents' meetings and satisfaction surveys. The inspector reviewed the minutes of residents' meetings. There was a dedicated resident advocate that visited the centre regularly. Residents also had access to the services of the two main national advocacy organisations, however, there were no residents currently availing of these services. A review of the minutes of residents' meetings indicated that the meetings were used to introduce new residents, discuss any issues that were raised at the previous meeting, and to discuss the quality of their care including food and activities. There was also discussion around staff members being trained as 'digital champions' to assist residents with any issues they may have with electronic communication such as mobile phones and emails. The process of consultation could be further enhanced through the use of relative surveys, particularly for the families of residents with a significant cognitive impairment.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. All residents were accommodated in low low beds. Communal areas were appropriately supervised.

Staff were supported and facilitated to attend training relevant to their role such as the use of restrictive practice and safeguarding vulnerable people.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

The National Standards

This inspection is based on the *National Standards for Residential Care Settings for Older People in Ireland (2016)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.

List of National Standards used for this thematic inspection:

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

Theme: Use of Resources	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
7.4	Training is provided to staff to improve outcomes for all residents.

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

Quality and safety

Theme: Person-centred Care and Support	
1.1	The rights and diversity of each resident are respected and safeguarded.
1.2	The privacy and dignity of each resident are respected.
1.3	Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.
1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.
1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services

2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

Theme: Safe Services

3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.
3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

Theme: Health and Wellbeing

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