



**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:	Beaumont Residential Care
Name of provider:	Beaumont Residential Care Limited
Address of centre:	Woodvale Road, Beaumont, Cork
Type of inspection:	Unannounced
Date of inspection:	10 January 2024
Centre ID:	OSV-0000198
Fieldwork ID:	MON-0042500

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 10 January 2024	09:30hrs to 17:00hrs	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 day rooms, dining room, library reading room and bedrooms, and spoke with one visitor. 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 was guided through the risk management procedures by the person in charge. Following the introductory meeting with the person in charge advising of the restrictive practice thematic inspection, the person in charge accompanied the inspector on a walk-about the centre where the inspector spoke with several residents and one visitor.

Beaumont Nursing Home nursing home was a two-storey facility registered to accommodate 73 residents, with resident accommodate over both floors. The dementia-friendly unit was on the ground floor and could accommodate 10 residents.

Some residents were in the process of getting up, some were relaxing and listening to the radio or TV in their bedroom, a few were in the day room listening to music, and two were in the library reading room enjoying the morning newspaper.

During the walk-about, it was noted that the dining tables were set for lunchtime. While the person in charge explained that one or two residents had their breakfast in the dining room, the remainder had their breakfast either by their bed or in bed in accordance with staff routines.

Advisory signage was displayed on long corridors to orientate residents to areas such as the day rooms, dining room and bedrooms. On residents' bedroom doors new signage was displayed with 'personal care delivery' alerting passers-by; there was a picture of a lovely spray of daisies on the flip side of the sign when care was not being delivered. Bedroom accommodation comprised single occupancy bedrooms. Several of which had been refurbished since the last inspection with new flooring, furniture, soft furnishings and curtains, as well as refurbishment of communal rooms, handrails and corridors – all of which were re-painted. Bathroom and en suite facilities were upgraded to enable easier access by residents to showers. Televisions in bedrooms were wall-mounted at an appropriate height for residents; at the time of inspection they were being upgraded to larger SMART TVs as many of the current TVs were small. One resident spoken with said she was looking forward to her new TV.

Residents spoken with at lunch time in the dining room gave positive feedback about the food served, the choice at every meal. Meals were pleasantly presented and looked appetising. The daily menu was displayed in the dining room. Meal times were

protected in that medications rounds were undertaken before and after meal times to enable residents enjoy their dining experience uninterrupted. Staff actively engaged with residents and there was lovely socialisation seen and assistance was given in a respectful manner.

Residents reported that they had a great Christmas with a range of festivities, parties and Santa's grotto was a big hit with residents, families and a special time was allocated to children visiting the centre. Some bedrooms still had an array of decorations and fairy lights twinkling, and others had sensory lights as part of the individualised care.

The inspector observed that residents were dressed smartly in clothes and accessories of their choice. The activities co-ordinator called to residents' bedrooms in the morning inviting them to the day room and explaining the activities of the day. As residents came to the day room, they were welcomed and chatted together while waiting for their friends to arrive. Age appropriate music was played in the background and residents sang along to the songs and chatted about the musical, singer, or place the music was associated. Residents all had their own table to rest their cup of tea, glasses and magazine or newspaper. A variety of activities was facilitated in the morning such as Bowles, a singsong and reading a story about the lough at Christmas time with lots of discussion and reminiscing. A quiz was enjoyed in the afternoon with lots of banter and interaction. Some residents declined to attend the quiz and their decision was respected.

A mobile snack trolley was a new initiative where staff called to all residents and offered a range of munchies such as deserts, cakes, biscuits, fruit, tea, coffee and soup. Care staff made this a lovely activity and staff were seen to actively engage with residents in a relaxed social manner while servicing the residents, and came back to residents and offered them second helpings. Two residents were relaxing and reading the newspaper in the library reading room. They said the person in charge was excellent and staff were superb.

Residents had access to advocacy services and there were information posters displaying this information which reflected the change in legislation and current material available. The activities board was displayed at several locations around the building as reminders to residents and staff of the day's activities programme. Other information displayed for resident to peruse included the complaints procedure, local community information and leaflets relating to flu for example. Throughout the day, the inspector saw that residents came to reception with queries and the person at reception actively engaged with them, offering help and advice as required.

Oversight and the Quality Improvement arrangements

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

As part of their quality improvement in 2023, a complete service review was completed and restrictive practice was the first project following from that review. A 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. Other audits to support oversight of restrictive practice included restraint, monthly medication audits that included psychotropic prescriptions, privacy and dignity, and activities. While they assessed the service as mostly compliant, they identified some areas for improvement and implemented changes to areas such as assessments, care planning, restrictive practice and the physical environment. Clinical governance meeting were facilitated on a monthly basis. Safeguarding review was a set agenda item for these meeting, and within this, restrictive practice was discussed.

The service was home to residents under 65 years old. The person in charge was proactive regarding seeking support for additional services for these residents such as personal assistant hours and specialist wheelchairs for example to enable residents to be more independent.

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. An additional policy 'Promotion of Residents' Psychosocial Health and Well-being including Activities and Resident Consultation' to highlight a holistic approach to care delivery. However, some policies were written as a guidance rather than a policy so their implementation could be interpreted as arbitrary.

The annual schedule of audit and audit results showed that areas such as medication management, responsive behaviours, restrictive practice, meal and menu choice and call bells comprised a sample of audits undertaken. Observational audits were also completed and results showed good insight into practice and areas requiring attention were followed up as part of quality improvement. The pharmacist was facilitated to undertake regular audits and reviews of prescriptions for residents, including 'as required' psychotropic medication; recommendations were made for the prescriber to enable better outcomes for residents. The input of physiotherapy was sought as part of a multi-disciplinary review of residents when bedrails were thought to be required.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, and ongoing training was scheduled to ensure all staff training remained current. While there was adequate staffing levels for day duty, a

review of twilight staffing was requested. Residents reported that waiting times for call bells to be answered could take time and audit results verified this. The incidents of falls was highest around twilight hours.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised the physiotherapist, general practitioner and old age psychiatry, when required. Documentation reflected consultation and discussion was an on-going process regarding people's care and welfare including restrictive practice. The delirium screen tool formed part of the validated assessment tools available to staff to support behavioural management to rule out concerns such as infection.

At the time of inspection, restrictive practice in use included bed rails, bed bumpers, secure dementia-friendly within the secure building, low low beds with floor mats, and the occasional administration of psychotropic medications. 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. Nonetheless, even though there was a designated space within each prescription to indicate whether a medication was to be crushed, this facility was not utilised, rather, the GP wrote a letter stating that the resident's medication was to be crushed. Consequently, it could not be assured that all medications were administered within their licencing parameters. Assurances were provided that this would be followed up.

Pre-admission assessments including people's communication needs, and these were seen to be 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 including their social and recreational hobbies and interests. The risk assessment was a tool to assess the overall risk to a resident such as fire, inappropriate care or poor manual handling technique for example. The restraint risk assessment form was in addition to the bedrail risk assessment to support restrictive practice decision-making. The bedrail assessment queried whether less restrictive measures were trialled and documentation showed that less restrictive measures such as low low beds were trialled in line with best practice. The restraint risk balance tool had a risk decision-making score matrix 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. Of the ABC charts examined, the antecedent information was often not detailed and occasionally the PINCH ME tool was not implemented to determine the possible cause of behaviours such as infection or dehydration for example.

Consent forms were examined; where possible, the resident signed their own consent regarding consent for interventions including restrictive practice; where a resident was unable to sign their consent due to cognitive impairment for example, an informed discussion was facilitated with their next of kin and they signed to acknowledge the discussion was had. 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. Other documentation showed the workflow for monitoring restrictive practice and trial removal and discontinuation of the restrictive intervention.

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 did not have floor sashes to enable freer mobility, especially for residents using mobility aids. Good lighting and handrails on corridors also facilitated easier and safer mobility. Staff have access to these mobile IT devices during the shift hours to allow them to document care provided contemporaneously. Each staff member has their own unique login credentials and the devices are stored in Nurses station when not in use.

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, 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.

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 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.

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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