



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

Issued by the Chief Inspector

Name of designated centre:	Portumna Retirement Village
Name of provider:	Tony Williams
Address of centre:	St Brendan's Road, Portumna, Galway
Type of inspection:	Unannounced
Date of inspection:	14 September 2023
Centre ID:	OSV-0000378
Fieldwork ID:	MON-0041479

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
Thursday 14 September 2023	10:00hrs to 16:50hrs	Rachel Seoighthe

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

This was an unannounced inspection to review the use of restrictive practices in the centre. The inspector found that the provider was working towards maintaining an environment where residents were able to have a good quality of life, enriched by meaningful social interaction.

Portumna Retirement Village is a purpose-built two storey facility located in the village of Portumna, Co Galway. The centre is registered to provide care for 63 residents, with resident accommodation comprising of single and double rooms, all of which were en-suite. There were 61 residents living in the centre on the day of this inspection. The living and accommodation areas were laid out over two floors which were accessible by stairs and passenger lift.

Upon arrival to the centre, the inspector was met by the assistant director of nursing and the general manager. The person in charge was on planned leave and this inspection was facilitated by the assistant director of nursing. Following an introductory meeting the inspector spent time walking through the centre giving them the opportunity to meet with residents and staff.

The inspector observed an open plan reception area which was warm and inviting, and contained suitable seating for resident comfort. There was a constant staff presence in the reception area and several residents were seen spending time there, chatting and watching the comings and goings of staff, visitors and their fellow residents. The centres much loved cat 'Louise' was sleeping peacefully in this reception, adding to the homely atmosphere. A spacious communal sitting room was visible from the reception and the inspector noted that a large group of residents were engrossed in a painting activity which was taking place in this room.

There was a designated smoking area located near to the reception. This room was a large size and well ventilated. Risk assessments were completed to ensure that three residents who smoked were facilitated to do so in a safe manner. The inspector spoke with one resident who smoked, and they confirmed that they could access this area at their leisure.

The inspector noted that the majority of residents were up and about on both floors. Residents were seen to be mobilising independently and those who required assistance from staff were well supported. Some residents were observed spending time independently in their bedrooms or in other communal rooms within the centre. Resident's bedroom accommodation appeared clean and spacious. There was suitable storage for residents clothing and personal belongings. There was sufficient display space for photographs and items of personal significance. One resident expressed a preference to lock their bedroom and this choice was respected. There was a prompt response to call bells and the atmosphere in the centre was calm. There were several communal rooms located on both floors including sitting rooms, a visitors' room and a relaxation room which contained sensory décor. Communal rooms were seen to be well used by residents on the day of inspection.

There was discreet colour-coded signage placed at each corridor, to orientate residents to their location within the home. Hand rails were in place along all corridors of the centre to enable safe mobility and independence. There was seating available in the lift and in various other locations, for residents who may need to rest when mobilising. Information boards were displayed at each lift so that residents could have easy access to information about advocacy services and planned events in the centre.

The inspector observed a resident meal service. The dining room was bright and clean, and tables were nicely decorated with condiments and flowers. Menus were clearly displayed directly outside the dining room and the management team confirmed that there was a choice of food at each meal. The inspector noted that one resident declined the lunch time offering of 'chicken pie' or 'hake'. Staff were seen to be very attentive to the resident and several other menu options were offered. Staff mingled discreetly among residents in the dining area, to ensure they were supported to enjoy their lunch. The inspector noted that meals were well portioned and nicely presented in deep dinner plates, for resident ease. The inspector noted that a member of staff met with residents before the evening tea, chatting about their evening menu choice, to ensure sandwiches were prepared to the residents' exact taste.

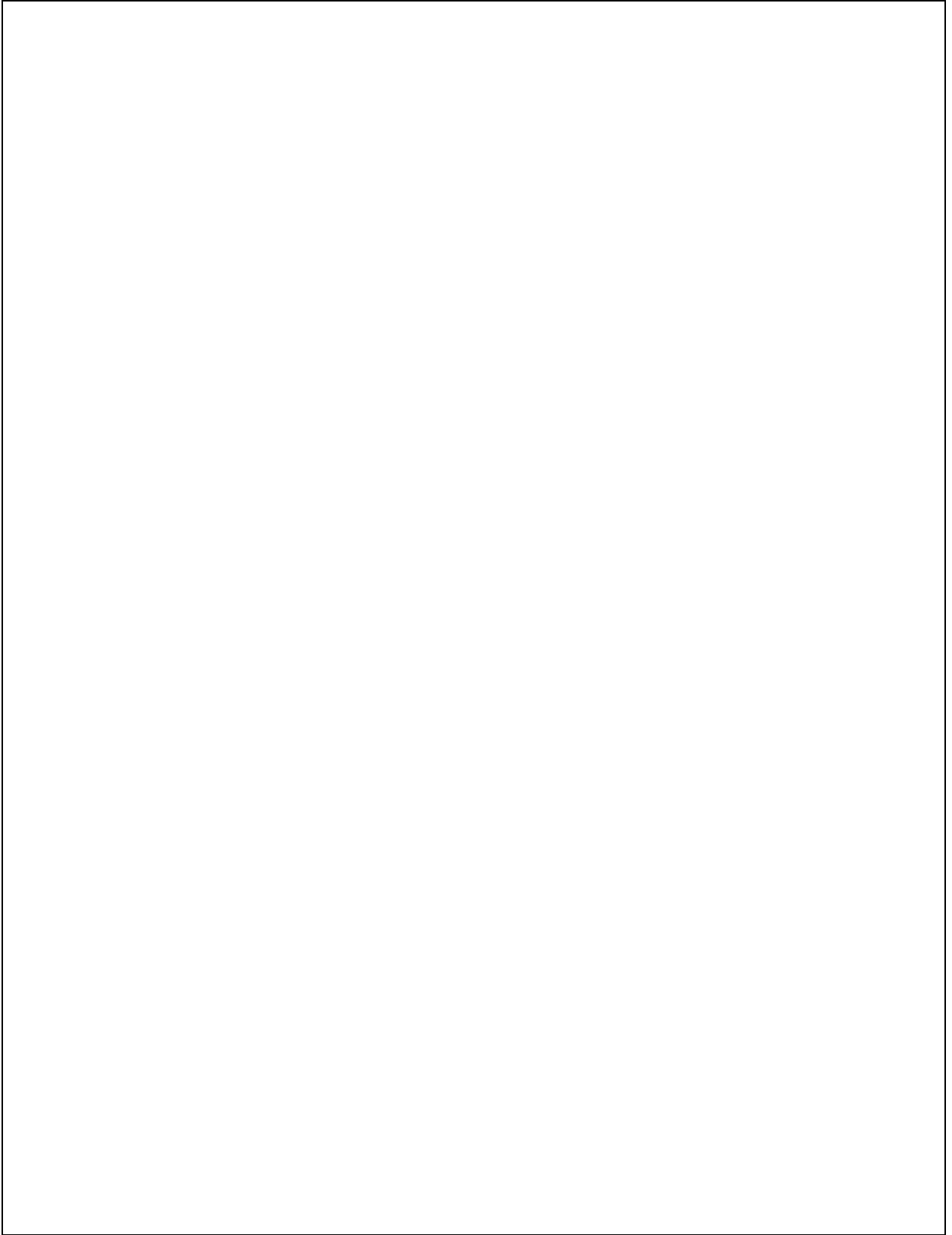
There were opportunities for residents to engage in activities in this centre in accordance with their preferences and capabilities. An activities coordinator completed social assessments for each resident, and information obtained was used to inform the activities programmes. The schedule of activities included live music, art, bingo and pet therapy. On the afternoon of the inspection, multiple residents made their way to the reception area to watch an outdoor live music performance. Staff provided residents with blankets and residents were offered a selection of alcoholic beverages. Staff and residents were seen to engage in the activity.

The inspector noted that staff and management interacted with kindness towards residents throughout this inspection. The inspector observed a stable staff team who were knowledgeable of resident needs and responsive to resident requests for assistance. There were effective supervisory arrangements in place and staff were seen to work as a team.

Residents meetings were held monthly and this offered residents the opportunity express their views about the quality of the service. Records of resident meetings demonstrated that there was discussion around activities, food, décor, safe-guarding and complaints. The use of restrictive practices was also discussed at resident meetings and records evidenced that residents did not feel restricted in the centre. Records relating to resident meetings included action plans to address the issues raised and there was evidence that resident feedback was reviewed by the management team. Residents had access to an independent advocacy service. Radios, televisions, local and national newspapers were provided and wifi was available throughout the centre.

Residents were seen to move freely in the centre and there was easy access to a well-maintained and secure garden area. Residents who wished to move independently between floors were given a key code to the elevator and were able to come and go as they pleased. The inspector was informed that residents who were able to use a key code could access the front door. The management team informed the inspector that signage was being considered to enable residents to use the key codes with greater ease. Visits were not restricted and the inspector noted that many residents received visitors throughout the day. Several residents told the inspector that they were free to spend their day as they wished. Residents knew staff by name and were complimentary of the service provided.

The inspector noted that there was good access to the local medical services and there was a transport service available in the centre, to enable residents to attend hospital services and appointments as needed. Residents were referred to multi-disciplinary services when assessment or treatment was required.



Oversight and the Quality Improvement arrangements

Prior to the inspection, the person in charge completed a self-assessment questionnaire which reviewed the centre's current responses to managing restrictive practice in the designated centre. It was evident that the provider was committed to providing a high standard of quality care and a safe service. The provider demonstrated a commitment towards achieving a restraint free environment and ensuring that residents were supported to retain their independence for as long as possible.

The registered provider of the designated centre was Tony Williams. There is a person in charge of the centre who is supported in their role by an assistant director of nursing and a clinical nurse manager. There were clear lines of accountability and authority. The assistant director of nursing deputised when the person in charge was absent from the centre. The clinical management team were supported in their roles by a general manager. Staff nurses, care staff, an activities coordinator, house-keeping, maintenance and catering staff made up the staffing complement.

The management team demonstrated effective communication and the inspector observed a collaborative approach to addressing operational issues. The general manager and assistant director of nursing, who facilitated this inspection, demonstrated good knowledge of residents care needs. Staff communicated well and worked as a team to ensure care was delivered in a person-centred manner in line with the centre's ethos of care.

There were management systems in place to ensure effective monitoring of the service. Records of management meetings showed discussion around areas such as restrictive practice and infection control. The provider chaired a 'best practice committee' who met regularly. Meeting records demonstrated that the committee consisted of staff members from all departments. The management team informed the inspector that feedback and suggestion obtained from both clinical and non-clinical staff was essential to inform quality improvement in the centre. There was an audit schedule in place which included used of restrictive practices and a monthly review of psychotropic medication use. Audits viewed effectively identified trends and areas for quality improvement. For example, information obtained from psychotropic medication audits enabled the medical team to review the dosage of medication prescribed for individual residents.

There was a restraint policy in place which reflected national policy. This supported staff decision-making around the use of restrictive practices. The use of restrictive practices was monitored on an ongoing basis. Comprehensive risk assessments were carried out by clinical staff prior to the introduction restrictive measures, such as lap-belts. Records demonstrated that the least restrictive option was considered first and there were examples found where low profiling beds and sensor alarms were provided to residents instead of bed rails. The management team were aware that alternatives such as low profiling beds could restrict resident movements and that they required ongoing review. Restrictive practice usage was recorded in a restrictive practice register, which was kept under constant review by the management team. Resident holistic care plans contained information regarding the management of restrictive practices. On the day of inspection there were fourteen residents who had bedrails in place and one resident had begun a trial without bedrails.

Staff were able to confidently discuss issues around different types of restrictive practices. A quality improvement plan was developed following the completion of the self-assessment. This plan identified requirement for further restrictive practice staff training. The

management team informed the inspector that restrictive practice training was being scheduled by the Person in Charge.

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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