



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

Issued by the Chief Inspector

Name of designated centre:	St Francis Nursing Home
Name of provider:	John Desmond Joyce & Sharon Joyce Partnership
Address of centre:	Kilkerrin, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	04 October 2023
Centre ID:	OSV-0000393
Fieldwork ID:	MON-0040975

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 4 October 2023	09:45hrs to 16:00hrs	Fiona Cawley
Wednesday 4 October 2023	09:45hrs to 16:00hrs	Sarah Quilter-Lee

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. Inspectors found that residents living in this centre were very well cared for and very well supported to live a good quality of life by a dedicated team of staff who knew them very well. Feedback from residents was that staff were very kind, caring and attentive to their needs.

Inspectors arrived in the centre mid-morning and were met by the person in charge. Following an introductory meeting, the inspectors walked through the centre. Many residents were in their bedrooms having their care needs attended to, while other residents were observed relaxing in the various areas of the centre. Breakfast and snacks were being served to residents in the dining room throughout the morning.

St Francis Nursing Home, situated outside the village of Kilkerrin in County Galway, provided long term care for adults with a range of dependencies and needs. The centre, a former monastery, provided accommodation for 34 residents which comprised of single and multi-occupancy bedrooms which were spread over two floors. Residents had access to a number of communal areas including a sitting room, a dining room, a sensory room, a library, a chapel and an external smoking area. Bedroom accommodation provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. Many residents had decorated their bedrooms with photos and other items of significance. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well-maintained.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were a small number of residents who required the use of bedrails and inspectors found that there was appropriate oversight and monitoring in place. Alternative devices and equipment were also used in the centre to support minimal use of bedrails. For example, a number of residents, who were assessed as being at risk of falling, used low beds with sensor alarms in place to facilitate the safe monitoring of a resident without the requirement of a physical restriction.

Residents had a restrictive practice care plan in place which outlined the rationale for use of restrictive practices and included any alternatives that had been trialled. Care plans were reviewed at a minimum of every four months.

Residents had unrestricted access to all areas inside the centre, other than staff areas and store cupboards. Each floor was accessible via a lift and a stairwell. Residents were observed mobilising freely throughout the centre during the course of the inspection.

The front door of the centre was locked with a keypad controlled lock. Staff informed inspectors that residents were generally not provided with the code to the front door

and that if a resident wished to go out to the front of the building, a staff member would accompany them. There were a number of other access points to the external enclosed grounds at the back of the premises which contained a variety of suitable seating areas and, a garden with seasonal plants and a chicken coup. Access to these areas were unrestricted and inspectors observed residents enjoying the outdoors at various points during the day. One resident told inspectors 'the best thing here is the garden and watching things grow'.

Inspectors spent time in the various communal areas of the centre observing staff and resident interaction. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Residents knew their way around the centre and the location of their own bedrooms. Residents were seen to be happy and content as they went about their daily lives and it was evident that residents' choices and preferences in their daily routines were respected. For example, one resident was observed by inspectors 'going to work' in the garden, a routine they were supported to maintain on a daily basis, while another resident went out shopping with one of the managers.

Friendly conversations were overheard between residents and staff, and there was a very relaxed, happy atmosphere in the centre throughout the day. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. There were systems in place to ensure residents with communication difficulties were facilitated to communicate freely. Inspectors observed that personal care and grooming was attended to in line with residents' needs and preferences. Staff who spoke with inspectors were very knowledgeable about residents and their individual needs. Residents were appropriately supervised and supported by staff throughout the day.

Throughout the day, residents were very happy to chat about life in the centre and the feedback was very positive. Inspectors spoke with residents in the communal areas and in their bedrooms. Residents told inspectors that they were happy their life in the centre. Many residents explained the reasons they decided to move into the centre and that they were very happy with their decision. One resident said that 'the place is home from home and the care I have received is unbelievable'. Another resident said 'everybody here is happy, you could not ask for better company'. 'I love it here, I really do', 'I like it very well', 'staff know me, are very good and I'm really happy', 'great, could not be better' were among some of the comments from residents throughout the inspection. Residents described how they like to spend their day. Residents said they were able to go to bed and get up whenever they preferred. They said that they were able to choose what they wanted to do during the day. One resident described how he liked to write poetry and sing while another resident told inspectors she liked to do a bit of art. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. They told inspectors that they would use the call bell if they required assistance when in their bedrooms and that the bell was always answered by staff in a timely manner.

There was an activities schedule in place and residents described the various activities available to them including bingo, exercise and music. Residents said that they could choose whether or not to participate. One resident told inspectors 'it's great, there is

something on here every day'. Inspectors observed activity staff supporting residents in a range of activities throughout the day, including group and one-to-one activities. Inspectors observed a lively game of bingo in the afternoon. This was a very social event with the majority of residents participating in the game. Lots of laughter and good humour were heard and residents were provided with refreshments of their choice including alcoholic beverages. The game was rounded off with a music session provided by one of the residents. Staff ensured that all residents were facilitated to be as actively involved in the game as possible. Those residents who chose not to participate or who were unable to participate were observed sitting quietly and contentedly watching the comings and goings around them. Residents also had unlimited access to television, radio, newspapers and books.

Residents were provided with a good choice of food and refreshments throughout the day. Residents were very complimentary about the quality of the food. One resident said 'the food is good and served with a smile'. Residents told inspectors that they had a choice of when and where to have their meals. Inspectors observed residents having meals at various times of the day depending on their preference. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

Residents told the inspector that they were able to go outside for fresh air or walks whenever they wanted to and that staff were always available to accompany them when required. A number of residents told the inspector that they often went out on trips with family or staff. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going in the centre throughout the day.

There was a designated outdoor smoking area which was adequate in size and well ventilated. Inspectors spoke with two residents who smoked, and they confirmed that they could access the outdoor area at any time of their choosing.

Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident meetings and a residents' satisfaction survey. Residents were aware of how to make a complaint and the provider had a system in place to monitor the level of complaints in the centre, which was low. Residents had access to an independent advocacy service.

The person in charge informed inspectors that management had identified that there was a need to increase staff awareness of residents' rights and positive risk taking and that there was an action plan in place to address this which included formal and informal training in restrictive practice. Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible. A number of staff told inspectors that they had read the recently updated policy on restrictive practice.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

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 management team within the centre comprised of the person in charge, and a general manager. The person in charge facilitated this inspection. At the outset of the inspection, the management team confirmed that the centre actively promoted person-centred care in a restraint-free environment, in line with national policy and best practice. Throughout the day, inspectors observed that the individual members of the management team were very well known to residents and staff and that they were a very strong, positive presence in the centre.

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. This document identified that the provider was striving to ensure residents' rights were upheld and respected. A quality improvement plan was developed following the completion of the self-assessment which outlined areas for improvement relevant to restrictive practice including staff training and raising staff awareness.

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.

There was effective monitoring and oversight in place in relation to restrictive practices. The centre maintained a record of all restrictive practices in use in the centre. This record was reviewed daily to ensure use of restrictive practice remained appropriate and proportionate to the needs of the residents. Restrictive practice care plans were in place and were reviewed monthly to ensure they contained up-to-date and relevant information. A restrictive practice audit was carried out annually and where areas for improvement were identified, action plans were developed and completed.

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. Staff confirmed that they were provided with access to this document.

Staff were supported and facilitated to attend training relevant to their role. Training in the area of restrictive practice was planned to take place in the weeks following the inspection. In the lead up to this training, the management of the centre were actively working to raise awareness of restrictive practice and its impact on residents' human rights. For example, it was included as a discussion point in staff performance reviews and also discussed at staff meetings.

The centre was laid out to support residents' to move about independently with due regard to their safety. The building was bright and well ventilated. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely. Residents were provided with access to equipment and resources that ensured care could be provided in the least restrictive manner. Where necessary and appropriate, residents were provided with low beds and sensor mats as an alternative to bed rails.

There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The centre employed one activity staff member who provided both group and one to one activities for residents.

Overall, inspectors found that there was a very positive culture in St Francis Nursing Home where staff and management recognised the rights of residents to live in an environment which was restraint-free.

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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