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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Sacré Coeur Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Sacré Coeur Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Station Road, Tipperary Town, Tipperary</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14 May 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000278</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0026910</td>
</tr>
</tbody>
</table>
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 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

1 Chemical restraint does not form part of this thematic inspection programme.
limiting a person’s access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Inspector of Social Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 May 2019</td>
<td>Liz Foley</td>
</tr>
</tbody>
</table>
### What the inspector observed and residents said on the day of inspection

This was an unannounced focused inspection on the use of restrictive practices. Residents were supported to live a good quality of life in this small homely centre. Restrictive practices were not impacting negatively on the wellbeing of residents and were in place to promote safety and to maintain independence in so far as possible. The culture within the service promoted person-centred care and the use of restrictive practices had recently been reduced as a result of the centre completing HIQA’s self-assessment questionnaire. However limited access to outside spaces and movement sensor devices were not identified as restrictive practices and required further review.

The centre was located in Tipperary town and was located close to a busy road. Vulnerable residents were prevented from leaving the centre by key-pad access doors and gates. The environment was homely and suitably decorated with age appropriate furniture and décor. Residents were content and felt safe in the centre. Residents were encouraged to participate in the organisation of the service and were informed and consulted with about their care. Residents could choose how to spend their time within the confines of the centre and were both enthused and complimentary about the activities offered. Residents particularly enjoyed living in their local community and those that moved from rural areas now enjoyed a sense of belonging.

There was a secure garden area available to residents with access limited by a key-pad door. Residents told the inspector that they could use the garden whenever they wished, however a staff member would have to open the door, as the residents did not know the code. The management team had not identified this limited access to the enclosed garden as restrictive. This was discussed on inspection and will be reviewed. The centre had some multiple occupancy rooms which had adequate privacy screening in place and residents in single room accommodation enjoyed the privacy this afforded. Residents had a sitting room and dining room and they also liked to use a smaller communal room for quiet time or to meet with visitors.

Staff were observed discreetly assisting residents throughout the inspection and were aware of individual residents’ needs. Care was person-centred and in accordance with residents’ wishes and preferences. Residents were very complimentary of the staff team. Residents said that their concerns or suggestions were always taken seriously and they were encouraged to be involved in the organisation of the service. The management team had identified that some residents were reluctant to attend meetings or engage in care plan reviews. They have developed an action plan to explore options and ensure these residents have a voice.

There were adequate staffing levels and skill-mix to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources. The majority of staff had received training in dementia care and in managing responsive behaviours (how persons with dementia or other conditions may...
communicate or express their physical discomfort, or discomfort with their social or physical environment). This had a positive impact by minimising episodes of responsive behaviours for those residents. Staff told the inspector that external doors were secured to prevent vulnerable residents from falling outside or from absconding. The inspector noted that residents did not have free access to the secure garden as the door had a key-pad lock and residents did not know the code.

Restrictive practices observed included bedrails, movement sensor mats and key-pad access doors on all external doors. The use of bed-rails was supported by comprehensive assessments and safety checks were completed, in line with the national policy. Good practices were observed around consent. Consent was always sought from the resident and where the resident lacked capacity, the assessment included the multidisciplinary team and the recommendation was then communicated to the family or care representative. Bedrails usage was reviewed at least every four months and the centre had committed to becoming restraint-free. The use of movement sensor devices and key-pad access doors on all external doors were not identified as restrictive and required review in order to promote a restraint free environment.
Oversight and the Quality Improvement arrangements

There was a general lack of awareness in the service that current environmental restrictions could impact on residents’ rights to freedom of movement. While the intention was to maintain safety and prevent accidents, absconsion and intrusions, the negative impact had not been considered. The use of key-pad access doors and movement sensor devices was discussed with the management team who undertook to review these practices with a view to improving residents’ quality of life.

The use of bedrails had reduced from 25% of all residents to 8% as a result of the thematic programme. The person in charge and the registered provider were committed to a restraint-free environment and resources were made available as required to facilitate less restrictive options. The centre maintained a restraint register which was reviewed weekly by the person in charge, who was familiar with the guidance on restrictive practice. The management team had completed the self-assessment questionnaire and plans were in place to develop an improvement plan following the inspection. The centre was currently reviewing its policy on restraint in order to bring it into line with the guidance.

The inspector found that where restrictive practices were in use they were assessed, alternatives had been trialled, safety checks were in place and the practices subject to ongoing review. Care plans reflected the care given and staff were familiar with safety aspects and with individual’s preferences and wishes.

There was good oversight of quality management in the centre, with evidence of ongoing audit and quality improvement. There was a current management action plan in place to encourage resident consultation and participation in the organisation of the service. The residents’ committee meetings were facilitated quarterly, with any feedback discussed at management meetings.

There was good oversight of risk management in the centre with appropriate records maintained of incidents and learning achieved as a result of incidents. There were low levels of serious injuries as a result of incidents in the centre and there had not been any increase in falls or incidents since the use of bedrails had reduced.

Residents’ civil, political and religious rights were respected and facilitated in the centre. Resident’s choice to refuse participation was also respected. Further improvements were required to ensure residents’ rights to freedom were not impacted on as a result of the centre’s practices around environmental restraint.
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.

<table>
<thead>
<tr>
<th>Substantially Compliant</th>
<th>Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.</th>
</tr>
</thead>
</table>
Appendix 1

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.