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

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<thead>
<tr>
<th>Name of designated centre:</th>
<th>Retreat Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Whyte/Cooney/Whyte/Whyte Partnership T/A Retreat Nursing Home</td>
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<tr>
<td>Address of centre:</td>
<td>Loughandonning, Bonnavalley, Athlone, Westmeath</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>20 August 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000086</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0027271</td>
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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\(^1\) 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:

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<tr>
<th>Date</th>
<th>Inspector of Social Services</th>
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<tr>
<td>20 August 2019</td>
<td>Siobhan Kennedy</td>
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What the inspector observed and residents said on the day of inspection

The provider informed the inspector that management and staff have been working over the years to reduce restrictive practices, particularly in relation to the use of bedrails. The inspector saw that residents were treated with respect and kindness and that they received a good, safe service which respected their privacy and dignity.

Six residents were using two bedrails. Eleven residents were using one bedrail even though alternative options were in place, for example, low low beds, sensory alerts, and foam floor mats. The inspector heard that the bedrails currently in use were made available for residents’ safety and welfare. Some of the residents using bedrails told the inspector that they felt safe at night. Some relatives expressed the peace of mind that they had knowing that residents were safe with the bedrails in place. A relative communicated that alternative options to bedrails had been trialled but were unsuccessful and this resulted in their continuous use.

Sound monitors (sensory alerts) were used as less restrictive measures. Staff placed floor alarms at 13 bed sides in order to alert staff in the event that a resident may need assistance. Four residents had chair alarms for the same purpose. These did not disrupt other residents. There was a calm, quiet ambience throughout the centre. None of the residents were using a lap belt on their chairs.

Two residents were wearing a personal sound alert (wandering bracelet) to keep them safe from exiting (without staff assistance) the keypad secured front door. The inspector met and talked to the residents, individually. Due to their health condition they were not aware of the bracelet or the intended restriction to keep them safe. The inspector saw that staff could identify from close circuit television the activity around the front door and was able to provide entry to visitors. The residents did not show any sign that the bracelets were causing them distress, discomfort, or agitation. The inspector was informed that it is not possible to remove the wandering bracelet and put it back on. Therefore the residents were subjected to wearing these even at times when they were fully supervised including the provision of personal care and attending activities. Alternative least restrictive measures had not been researched. The missing persons’ records were reviewed for these residents and found that there were no recent incidents.

The inspector saw that a resident was assisted to a communal room and the resident remained there alone for the majority of the day. While staff popped in and out of this room at intervals there was limited communication with the resident. In discussions with the inspector staff demonstrated that they were familiar with the definition of restrictive practices, for example, not supporting residents to be as independent as possible, furniture arranged to impede movement and a controlling tone of voice. However, they did not view the above scenario as a restrictive practice in spite of the very clear guidance in the designated centre’s policy on restraint which particularly highlighted social isolation. Staff highlighted the resident’s preference for solitary activities. Other residents were restricted in using the sensory room as the door remained closed for most of the day.

Residents who wished to smoke were assessed and there were no restrictions
imposed by staff. The smoking facilities were external to the centre.

Residents talked to the inspector about their day-to-day experience of living in the centre, their bed times, routines and activities during the day. They loved to see their visitors coming in to the centre and conveyed that staff treated them well offering refreshments which made it feel like being at home.

Some residents told the inspector that they did not feel restricted as they were assisted to do what they wanted by staff or independently had the freedom to do whatever they chose.

The statement of purpose identified residents’ rights. This included having the right to freedom of expression, right to complain, to hold opinions and to receive and impart information and ideas, particularly regarding personal care and treatment.

The inspector saw that residents were involved in making decisions. They were encouraged to make suggestions during the formal residents’ meetings and there was a suggestion box. In general, residents made suggestions about food and activities. Relatives were provided with questionnaires to elicit their views regarding the care provided in the centre.

The centre’s policy on restraint highlighted integrating diversional therapies as part of the residents’ lived experiences as this helps in managing the avoidance of restraint. The inspector saw that many therapies were being implemented during the inspection, for example, sensory music therapy, reality orientation and reminiscence therapy. Two staff members were responsibility for providing opportunities for residents to participate in activities of their choice. The designated activity coordinator was aware that restrictive practices were reduced as a result of residents’ engagement in activities.

The inspector saw a notice board in the corridor which displayed residents’ handcrafted butterflies. This depicted the philosophy underpinning the social care programme. The two staff members were successful in providing quality butterfly moments for all of the residents and there was a happy buzz in the activity sitting room throughout the inspection. There were other smaller rooms such as the sensory room and quiet spaces for residents. Some residents told the inspector that they loved bingo but unfortunately their session had to be brought to an end as the priest arrived to say mass. All of the residents wanted to celebrate the service. Prior to this, a resident led other residents in a group prayer. The inspector saw that residents of similar needs were supported to have companionship.

Relatives who communicated their views to the inspector were satisfied with the services and care provided. A relative explained that due to a resident’s condition the resident could not participate in the activities but staff always included the resident to prevent isolation.

There were two accessible courtyard gardens with shrubs, flowers and garden furniture for residents’ use, however, the weather was inclement during the time of the inspection and residents chose to stay in the comfort of the centre.
The inspector heard about the resident who attended a family wedding and all staff were available to make this a special event in the resident’s life. The inspector was informed that where residents’ monies were kept safe for them by management they had access to it when they wished. The inspector heard that residents were facilitated to exercise their civil, political and religious rights.

Residents said the centre was homely and comfortable. Bedroom accommodation comprises of 17 single and eight twin rooms. Fifteen single bedrooms had an en-suite facility, and a variety of communal bathroom and toilet facilities were available within close proximity of residents’ bedrooms with privacy locks in place.

The inspector viewed a selection of occupied bedrooms with residents and found they had been personalised to each individual’s preference. Furniture was provided in each room, including a comfortable chair and lockable drawer. Residents were able to bring additional items with them if they chose. Residents were satisfied with their bedroom accommodation and explained to the inspector how they could access their clothing and personal items either independently or with the assistance of staff. The inspector saw no restrictions in relation to residents going to their bedrooms or other parts of the centre at any time throughout the inspection.

The centre had sufficient space for dining and a range of comfortable lounge areas. They were decorated in a homely way and seating was arranged to provide different options, for example watching the television, engaging in small group activity or looking out of the window of the sun room to the driveway and entrance. There was a range of seating available including comfortable sofas, high backed chairs, and chairs with arms to support individual preference but also to take account of residents differing mobility needs.

There was a spacious sun room, oratory and hairdressing room for residents’ use. A variety of private and open spaces for residents to receive their visitors was available but the majority of visitors enjoyed the atmosphere of the entertainment that was going on in the activity/sitting room.

Residents were satisfied with their medical treatments, confirming that their general practitioner and other allied health professionals such as speech and language therapists, dietician, optician and a physiotherapist, would all visit to make sure that they were healthy and received the services they required.

Policies, procedures and practices for recruiting, selecting and vetting staff were implemented and effective. The inspector watched staff provide care to residents in a calm and unhurried manner. Staff were knowledgeable about residents’ needs and wishes and provided the inspector with a holistic picture of individual residents.

Staff confirmed that there were adequate staff and a good skill mix in order to meet residents’ needs without resorting to restrictive practices. They confirmed that if there was an emergency, management would authorise additional staff. The staff team
were flexible and could respond to an emergency.

Residents were highly complimentary of the support and assistance they received from staff. The inspector observed good interactions between residents and staff and saw that staff responded quickly to residents’ call bells. They attended to residents’ needs in a person-centred manner. Residents were closely supervised by staff throughout the inspection.
Oversight and the Quality Improvement arrangements

The inspector saw that the governance structure of this family operated centre remained constant. Management acknowledged from feedback of the inspection that while work has been achieved there is still work to be done to bring about improvements and better outcomes for residents in respect of restrictive practices.

The inspector did not see in the pre-admission or admission documentation any reference to restrictive practices, for example the assessment did not include potential residents’ sleep patterns and current use of equipment such as, the use of bedrails or any other restrictors.

The inspector examined the responsive behaviour policy 2019. This highlighted the need to gather information of the history and pattern of behaviour displayed by residents who were predisposed to experiencing episodes of behaviours and psychological symptoms of their dementia (BPSD). Staff confirmed that where necessary a behavioural support plan was devised highlighting the antecedents, behaviours and consequences (ABC model) of residents’ behaviours. However, this information for a specific resident could not be found for the inspector. Some staff described the triggers to behaviours and the most appropriate interventions adopted to engage or redirect residents experiencing such behaviours.

Matters arising from the previous inspection dated 20 September 2018 related to restraint risk assessments and records of decision-making not being consistently completed in line with the national policy and guidance. Alternative options to restrictions also were not documented.

The inspector examined the centre’s policy on restraint which was reviewed in August 2018. This was very comprehensive and clear.

It referenced the following principles:

- The use of physical restraint should evidence that the restraint will be in the best interest of the resident, is the least restrictive option and for the shortest duration.
- It should only occur when all other forms of nursing interventions have failed.
- Where a resident has been restrained over a period of two hours the restraint must be removed to change the resident’s position and to exercise the resident’s limbs.
- Nursing practice should embrace a holistic approach to care that ideally will reduce/eliminate the need for and use of restraint.

It explained the various types of restraint and referenced the following good guidance:

- Residents and relatives should be informed of the anticipated length of time the restrictive practice may be required.
- All aspects of restraint must be documented.
- Full consent to any restraining action should be obtained and documented.
- A full assessment needs to be carried out prior to the use of restraint.
- The requirements to be included in the assessment process in order to rule out
any underlying medical condition should include identifying the type of physical restraint, period of time that restraint is used (time limited), location of restraint, alternative measures considered/taken, for how long, and the outcome.

The statement of purpose also emphasised that where restriction was deemed necessary such actions are recorded, explained to the individual and other interested parties and shall be reviewed regularly.

The inspector found that the principles, good guidance and statement of purpose were not fully implemented.

The inspector reviewed the documentation in relation to assessing, implementing and reviewing the use of restrictive practices and in general, found that there was insufficient recording to monitor restrictions. Residents who were currently using bedrails had either requested or been assessed as necessitating them, however, the documentation did not in all cases reflect this. Appropriate auditing by trained staff of the procedures and systems may have identified these findings; whereby all the necessary documentation was not completed supporting the use of full-length bedrails as a restrictive practice.

The restraint policy referenced that if all alternative approaches have failed and restraint is assessed as an appropriate intervention the details of the outcome of the initial assessment (the decision document) should be maintained in the resident’s care plan. The reason for this is that the use of the restraint measure can be continually reviewed to ensure that the abuse of the use of restraint does not occur. This was not evident.

It further states that the decision to use a restrictive practice should be made in consultation with the multidisciplinary team. Care planning documentation in relation to multidisciplinary assessments in respect of equipment appeared difficult for staff to retrieve from the computerised system operating in the centre.

Following recommendations made at the last inspection, two files had been compiled and were presented to the inspector constituting the restraint risk register. These files contained consent by residents and or relatives to the use of bedrails and some care planning documentation which was in complete. The inspector found that the documents were not in accordance with the centre’s policy relating to the restraint risk register as it did not identify precipitating factors and behaviours, the actions taken, and by whom. In these records sensory alerts mats were considered a restrictive practice for some residents and the necessary documentation was available but not for other residents who also had a sensory alert mat.

There was no indication that the use of sound monitors as an alternative was the best option as documentation did not show the trialled phase identifying the duration/timeframe. So, they were not being monitored and subject to on-going review.

The records showed that some residents provided consent for bedrails, however, these bedrails had since been removed. There was no consent form for one resident
with a bracelet tag alert.
There was limited evidence that management and staff had worked with residents’ relatives sharing information to support residents’ families to review their thinking in order to provide their family member with more independence and freedom.

For those residents who had requested to use bedrails there was no documented information that the residents had been given opportunities to try other options before making their final decision to use bedrails.

There were records which showed that staff checked when residents were using bedrails and or chair alarms.

In respect of the resident who was socially isolated for the majority of the day from others or exploring other parts of the centre management agreed to further review this restriction.

The restraint policy contained information in respect of ‘enablement’ and the inspector recommended that this should be reviewed in light of up-to-date current guidance.

It was suggested that restrictive practices could be one of the topics on the agenda of the residents’/relatives’ meetings in order to promote further good practice. Also consideration may be given to including information regarding restrictive practices in the annual review.

The person in charge had not had the opportunity to assess the centre’s performance against the standards in the required restrictive practices self-assessment questionnaire as the questionnaire had not been received. It was agreed that this would be completed and submitted to the regulator.

The inspector found the centre to be substantially compliant as residents received a good, safe service but their quality of life would be enhanced by further improvements in the management and reduction of restrictive practices.
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.

| Substantially Compliant | Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices. |

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**

<table>
<thead>
<tr>
<th>Theme: Leadership, Governance and Management</th>
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<tbody>
<tr>
<td>5.1</td>
<td>The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.</td>
</tr>
<tr>
<td>5.2</td>
<td>The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.</td>
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<tr>
<td>5.3</td>
<td>The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.</td>
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<tr>
<td>5.4</td>
<td>The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.</td>
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<tr>
<th>Theme: Use of Resources</th>
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<tbody>
<tr>
<td>6.1</td>
<td>The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.</td>
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<thead>
<tr>
<th>Theme: Responsive Workforce</th>
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<tr>
<td>7.2</td>
<td>Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.</td>
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<tr>
<td>7.3</td>
<td>Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.</td>
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<tr>
<td>7.4</td>
<td>Training is provided to staff to improve outcomes for all residents.</td>
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<th>Theme: Use of Information</th>
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<tbody>
<tr>
<td>8.1</td>
<td>Information is used to plan and deliver person-centred, safe and effective residential services and supports.</td>
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**Quality and safety**

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<thead>
<tr>
<th>Theme: Person-centred Care and Support</th>
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<tr>
<td>1.1</td>
<td>The rights and diversity of each resident are respected and safeguarded.</td>
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<tr>
<td>1.2</td>
<td>The privacy and dignity of each resident are respected.</td>
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<td>1.3</td>
<td>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.</td>
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<td>1.4</td>
<td>Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.</td>
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<td>1.5</td>
<td>Each resident has access to information, provided in a format appropriate to their communication needs and preferences.</td>
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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. |