



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Unit
Name of provider:	Health Service Executive
Address of centre:	Bantry General Hospital, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	25 January 2024
Centre ID:	OSV-0000597
Fieldwork ID:	MON-0042676

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 25 January 2024	10:10hrs to 16:30hrs	Siobhan Bourke

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

This was an unannounced inspection which focused on the use of restrictive practices in the centre. The inspector found that staff and management, worked to promote a rights based approach to care, to support residents living in the centre to have a good quality of life. There was a positive approach to reducing restrictive practices and promoting a restraint free environment in this service.

On arrival to the hospital's reception area, the reception staff contacted the person in charge to inform them of the inspection. Following a short introductory meeting, the person in charge accompanied the inspector on a walk around the centre. During the walk around, the inspector saw that some residents were being assisted with personal care, while others were up and ready for the day's activities or resting in their rooms. Staff were seen to knock on bedroom doors before entering and greeted residents respectfully and warmly. The inspector saw that residents' personal care was attended to a very good standard. Staff engaged with residents to ensure their preference with regard to their individual style and their choices were respected.

St. Joseph's Unit is a designated centre, located on the first floor of Bantry General Hospital, registered to accommodate 24 residents. Residents' accommodation comprises two shared rooms with four beds, two shared rooms with two beds and 12 single rooms, all with ensuite facilities. One of the four bedded rooms was designated for residents admitted for respite care. On the day of inspection, the centre was fully occupied. Since the previous inspection, double wardrobes had been purchased for the four-bedded shared rooms to ensure residents had access to their clothes and personal possessions. The inspector saw that many residents' bedrooms were personalised with family photos and in some rooms, residents' own furniture. One resident had a fridge to store their preferred beverages.

During the day, the inspector saw that painters were in the centre, undertaking some remedial paint work to corridors, the sitting room and some residents' bedrooms. Residents who spoke with the inspector outlined how they were consulted and informed of these works by the person in charge.

Two bedrooms in the centre were designated as palliative care suites with adjoining space that included a seating area and kitchenette, for family and visitors' use. The inspector saw that there was a separate entrance for visitors and relatives to the palliative care rooms with a sheltered area and outdoor seating. This enabled families to come and go at their own discretion to visit their loved ones. A palliative care consultant and clinical nurse specialist in palliative care were in the centre on the day of inspection. One family using this service on the day of inspection, told the

inspector how being able to be together, supported by the staff in their own community, was a huge comfort to them during a very difficult time.

The centre's entrance had a coded lock with the number displayed, so that residents who wished, could independently leave the centre. Residents could freely access any of the communal spaces in the centre such as the day room, the dining room and the sitting room. The sitting room had an accessible outdoor sheltered terrace which had seating and a sheltered area for residents' use.

The inspector spent time during the day in the dayroom and dining room observing staff and resident interactions. There was a full time activity co-ordinator in position who supported residents with group and one-one activities during the day. Many of the residents spent their day in the dayroom, participating in the activities while others chose to stay in their rooms. Residents told the inspector that they could choose which activities to participate in, with some preferring to just attend the musical activities in the centre. Two new flat screen smart TVs were in the dayroom and the sitting room. One resident told the inspector how they loved watching the large screen TV for sports and matches and enjoyed the movie nights held in the centre each week.

West Cork Arts for Health also attended the centre twice a week and enabled residents to participate in art and music activities. Five residents had inputted to a project led by this group entitled "The Museum of Birds and Beast" which captured stories and experiences of residents of working and living in connection with nature. This book was available for residents to read and review in the centre.

In the morning, a group of residents were reading and discussing the stories in a local newspaper and many of them appeared engaged in this activity. The dayroom was a warm, homely room with pictures displayed from down through the years in the community. These were a talking point among staff and residents with many of the residents able to give the historic context of the pictures. In the afternoon, a local regular volunteer to the centre led a lively game of bingo and visited residents in their rooms for chats. It was evident that they were well known to residents and they appeared to enjoy the time spent with them.

The inspector saw that staff provided care in a kind and unhurried manner to residents. The inspector saw many positive meaningful interactions between staff and residents and it was evident that staff had a very good knowledge of resident's social histories, such as what they worked at previously and their families. Residents who spoke with the inspector confirmed this and talked about how the staff supported them to maintain their independence and to regain their strength following illness.

Residents living in the centre had access to a range of assistive equipment such as wheelchairs, rollators, walking aids and low-low beds, to enable them maintain their independence. The physical environment was also set out to maximise resident's independence, with regards to flooring, lighting and handrails along corridors.

The inspector observed that there were four bedrails in use on the day of the inspection. One resident had a sensor alarm in place at night to alert staff, as the resident did not have capacity to use a call bell. The inspector saw that alternatives to bedrails were in use, such as low-low beds and crash mats to reduce the use of restrictive practices in the centre. The person in charge outlined how they were working through reassessment to reduce where possible the number of restrictive practices in the centre. Restrictive practices were seen to be reviewed at least every four months.

The inspector spoke with four visitors during the day, all of whom spoke positively about the care their family member received. It was evident to the inspector that residents were facilitated to maintain contact with their friends and family. Visiting was unrestricted and visitors were warmly welcomed and well known to staff. Visitors were chatting with residents in their bedrooms or in the dayroom. The centre had a visitor's room that could also be used if residents preferred. Residents were supported to go on outings with their families if they wished and another resident was supported to go out to their own home some weekends.

Residents who spoke with the inspector were very complimentary regarding the staff and service they received. Residents told the inspector they felt safe in the centre. Residents told inspector that they choose where to spend their day, what time to get up and return to bed and that they did not feel restricted in any way. Residents voiced that they knew how to make a complaint should they need to do so. Two staff from the national patient advocacy service had attended one of the regular residents' meetings in the previous months to outline their role and supports for residents. Residents who required it had access to advocacy services. Overall, the inspector saw that residents had a good quality of life, where they were facilitated to remain as independent as possible.

Oversight and the Quality Improvement arrangements

Overall, the inspector was satisfied that there was a positive approach towards reducing restrictive practices and promoting the rights of residents living in St. Joseph's Unit. Centre-specific policies in the management of restrictive practices, response to behaviours that challenge and risk management, guided the appropriate use of restraint in the centre, in line with national policy and best practice guidance.

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. The person in charge had assessed the standards relevant to restrictive practices as being compliant and the inspector agreed with this assessment.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. The programme of audits included an audit of restrictive practices each quarter. Action plans were developed to address audit findings and there was a structure in place through quality meetings to review and discuss findings.

The centre had a statement of purpose that clearly outlined the services available and specific care needs that could be met in the centre. Staff confirmed that there were adequate staff and a good skill mix in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint and good understanding of residents' needs and rights.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice and both online and face-to-face training was provided for staff working in the centre. Staff working in the designated centre could access expertise from the acute hospital where an advanced nurse specialist and clinical nurse manager in dementia care were employed. An education and training programme specific to dementia care was provided to staff working in the centre and the activity co-ordinator and person in charge were also involved in the delivery of this programme across both sites. This enabled sharing of learning and expertise across the social and healthcare services.

The registered provider had a policy in place for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. This policy was in accordance with national policy and best practice.

Residents had access to a multi-disciplinary team in relation to assessments of restrictive practices. The inspector reviewed the care plans for residents who had bedrails in use and found that detailed person-centred care plans had been developed. The inspector viewed care plans for residents, who experienced the behaviour and psychological effects of dementia (BPSD). Personalised strategies and interventions were outlined for staff, and these were seen to coincide with the guidelines in the centre's policy on caring for those with behaviour challenges, associated with the effects of dementia. Interventions were seen to promote care and responses which were least restrictive.

The inspector was satisfied that residents were not unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment. The centre had a record of all the restrictive practices in use in the centre. This record was kept under constant review by the management team and was comprehensive and detailed. Records and oversight of application and release records where bedrails were in use were maintained when in use.

Overall, the inspector identified that management and staff were working to promote a positive culture in St. Joseph's unit with an emphasis on a restraint free environment, which promoted the overall wellbeing of residents living in the centre.

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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