



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

## Issued by the Chief Inspector

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| Name of designated centre: | Waterford Residential Care Centre      |
| Name of provider:          | Health Service Executive               |
| Address of centre:         | St Patrick's Way, Waterford, Waterford |
| Type of inspection:        | Unannounced                            |
| Date of inspection:        | 31 January 2024                        |
| Centre ID:                 | OSV-0007792                            |
| Fieldwork ID:              | MON-0042683                            |

## 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<sup>1</sup> 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.

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<sup>1</sup> 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 31 January 2024 | 09:30hrs to 18:45hrs | John Greaney                 |
| Wednesday 31 January 2024 | 09:30hrs to 18:45hrs | Aisling Coffey               |

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

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre. The feedback from the residents spoken with during this inspection was highly complimentary of the staff and the overall running of the centre. From the inspectors' observations and what residents told the inspectors, it was evident that residents were supported to have a good quality of life in Waterford Residential Care Centre.

Waterford Residential Care Centre is a purpose-built centre, first registered in March 2020. It is set out over two floors, with resident accommodation on both floors. Residents' accommodation was set out in two separate 30-bedded units, called Ferndale and Farronshoneen and one 20-bedded unit, called Grange. The units are named after local Waterford townlands. Ferndale Unit is on the ground floor and both Farronshoneen and Grange are on the first floor. The first floor is accessible by stairs and lift. The main door to the premises was open leading to a reception area. Each of the units are accessed from the main reception area and the doors are controlled by an electronic key code lock. The centre was pleasantly decorated with professional and resident artwork, as well as photographs from Waterford in the early 1900s. All the bedrooms are single rooms with en suite facilities, each containing a shower, toilet and wash hand basin. Resident bedrooms were personalised with items of significance, and each had secure storage. Inspectors observed information boards on the units displaying the day, date, season and expected weather to support resident orientation.

The inspector observed residents engaging in activities throughout the day, which provided opportunities for socialisation and recreation. Scheduled activities were provided by a number of activity staff working over seven days, with a minimum of two staff on duty each day. In addition to activities provided on a daily basis by activity staff, a number of activities were provided by external groups and individuals. These included chair yoga, musicians, an arts based programme and a historian. The centre had recently acquired a minibus that was adaptable to allow for a mix of wheelchair users and seating for independently mobile residents. There were a number of staff insured to drive the bus and many of these made themselves available outside of normal working hours to take residents to activities. For example, prior to Christmas there were frequent trips to Waterford city at night time so that residents could see the Christmas lights. Also, on the weekend before this inspection a number of residents were taken to a show in the Theatre Royal in Waterford city. There were also regular outings to local amenities and places of interest that may also involve a meal or just a coffee stop. Notwithstanding these positive findings, residents on the first floor informed inspectors that there were limited activities of interest taking place within their unit and they sometimes felt bored as a result. Records reviewed found some residents on the first floor had limited engagement in

activities within the recent past, while for others there was an over-reliance on passive activities, such as television and playing cards.

There were no restrictions on visiting in the centre and visitors were seen to come and go. Visitors spoken with were extremely complimentary of the care provided by staff to their family member. Residents were also facilitated to spend time outside of the centre with family, where possible.

Mass was celebrated every week in the café area of the centre and a Minister for the Eucharist attended at weekends. A Church of Ireland minister also visited the centre regularly to provide spiritual support to residents. Residents and visitors also had access to a ground-floor prayer room for quiet reflection.

There were a variety of formal and informal methods of communication between the management team and residents including informal chats, formal residents' meetings and an annual satisfaction survey. While there were minutes of resident meetings, actions taken in respect of issues raised by residents and the outcomes were not recorded in subsequent minutes. There was an information board in each unit with details in relation to the complaint process, safeguarding procedures, accessing advocacy and other support services. Residents spoken with by inspectors said that their concerns and complaints were taken seriously and acted on in a timely manner. While residents had access to advocacy services, there was a need to ensure that all residents were aware of the Patient Advocacy Service should they require support to make a complaint.

The centre had a record of restrictive practices in use in the centre. This identified that thirty two residents were using bedrails as a form of restraint and four residents were using a safety bracelet, which alarmed if the resident approached the door to exit the unit. Alternatives to restraint, which were in use included bed sensor alarms and chair alarms. Residents or their relatives had signed consent forms for the use of restraint. Not all residents, however, had a risk balance assessment completed to objectively assess the risks associated with the use of bedrails and whether or not the risk of using bedrails was less than not having bedrails. The record of one resident indicated that they had both bedrails and a bed sensor alarm in place, which would not be in accordance with best practice.

Inspectors observed that there was a keypad control lock on the entrance and exit side of the doors in each of the units. Inspectors were informed that a small number of residents had the codes to the doors but only one or two used it. Staff stated that residents could ask for the code and if they were assessed as being not at risk, they were given the code. A more proactive system, whereby only those residents deemed to be a risk were not given the code, would promote greater freedom to residents.

While the centre had a number of secure internal courtyard areas, inspectors found some doors to these areas locked, restricting resident access to the outdoors.

Residents told the inspector that they liked living in the centre and that staff were always respectful and kind. Staff were observed providing timely and discreet assistance, enabling residents to maintain their independence and dignity. It was evident from speaking to staff that they were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences. Staff demonstrated good understanding of safeguarding procedures and responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The lunchtime meal service was observed by the inspectors on two of the units. The inspectors saw that there were adequate numbers of staff available to ensure that residents that required additional support with their meals were attended to. Food was attractively presented and residents were complimentary of the quality and quantity of food provided. All residents were offered choice of food at mealtimes and there was fresh drinking water available. A resident informed the inspectors that if they wished to have a glass of alcohol in the evening time, they were facilitated.

## Oversight and the Quality Improvement arrangements

Inspectors found that there was a positive approach to promoting a restraint-free environment in the designated centre. The management team demonstrated a commitment to providing person-centred care and to continued reduction in the use of restrictive practices. Despite the obvious commitment by management to focus on reducing restrictions, further work was required, in particular in relation to the use of bedrails.

The registered provider of this designated centre is the Health Service Executive. The provider is represented by a manager for older persons services. The person in charge of the centre is an assistant director of nursing and they report to a director of nursing. There are clinical nurse managers in charge of each of the units.

Staff members were knowledgeable about restrictive practices and were able to describe the different types of restraint in use in the centre. The training matrix was not available for review on the day of inspection. This was submitted following inspection which identified 100% compliance in safeguarding of vulnerable adults training and 82.5% attendance at responsive behaviour training. A large number of staff were overdue attendance at training in dementia care.

There was good governance and leadership evident in the centre. Management and staff demonstrated a commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights. The registered provider had an up-to-date policy in place. A multi-disciplinary restrictive practice committee had recently been established with the aim of reducing restrictive practices and upholding residents' rights. This was still in the early stages of development and there were plans to bring on board resident and relative representatives.

The centre had access to equipment and resources to support the provision of care in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low profile beds. The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment. Residents had sought to make telephone calls in private and access internet services. Private telephone access had been raised on a number of occasions in the residents' meetings. These facilities were not available for residents on the day of inspection, despite the efforts of centre management to get such facilities installed.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed all of the standards relevant to restrictive practices as being substantially compliant. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that restrictive practices were appropriately used and reviewed. As part of the quality improvement plan following completion of the self-assessment, the management team had set up a restrictive practice committee, which included members of each staff department. The committee had met on one occasion, and further, regular meetings were scheduled with the aim of identifying restrictive practice and promoting a restraint-free environment.

The service was home to three residents under 65 years old. The person in charge was proactive regarding seeking support for additional services for these residents such as personal assistant hours and specialist wheelchairs for example to enable residents to be more independent.

Pre-admission assessments, including residents' communication needs, were assessed to enable the service to meet the needs of prospective residents. A sample of assessments and plans of care were reviewed and these were found to have variation in the degree of personalisation. Many of the care plans contained detailed personalisation to guide staff in care delivery based on assessed needs and expressed preferences, while others lacked this personalisation. There was a bedrail risk balance tool that had a risk decision-making score matrix to enable objective clinical decisions regarding restraint. This was not completed for all residents and therefore the risks associated with the use of bedrails were not fully assessed for all residents. Additionally the centre's documentation referenced multidisciplinary involvement in decisions to trial a restraint, but evidence of this multidisciplinary approach was not documented.

Behavioural support plans were reviewed in respect of residents known to have responsive behaviours. There were mixed findings in terms of the degree of personalisation to guide staff responses to the resident in a compassionate and empathetic manner. While ABC charts were utilised to gain an understanding of resident behaviour, they were being used inappropriately on a number of occasions when a resident raised a valid complaint about noise or a lack of privacy within their bedroom, and without any documented evidence of addressing the actual complaint raised.

Consent forms were examined; where possible, the resident signed their own consent regarding consent for interventions including restrictive practice. Where a resident was unable to sign their consent due to cognitive impairment, for example, an

informed discussion was facilitated with their nominated contact and they signed to acknowledge the discussion was had.

Residents had access to assistive equipment such as wheelchairs and walking frames to enable them to be as independent as possible. Good lighting and handrails on corridors also facilitated easier and safer mobility. For residents with hearing aids, care plans documented the need to ensure that batteries were changed regularly to facilitate resident inclusion; however, the practice was not consistently adhered to as evidenced by the clinical records and family feedback.

There was sufficient staff on duty on the day of inspection for the 78 residents living in the centre, taking into account the size and layout of the centre. Good compliance levels were identified in online safeguarding training, however, improvements were required in compliance levels with restrictive practice training and dementia training with 82.5% of staff having completed responsive behaviour training and only 23% of staff had completed dementia training.

In summary, while areas for improvement were identified, residents enjoyed a good quality of life in Waterford Residential Care Centre where they were facilitated to enjoy each day to the maximum of their ability.

## 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.

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

| <b>Theme: Leadership, Governance and Management</b> |  |
|---|--|
| 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.  |

| <b>Theme: Use of Resources</b> |   |
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| 6.1                            | The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents. |

| <b>Theme: Responsive Workforce</b> |  |
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| 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.   |

| <b>Theme: Use of Information</b> |   |
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| 8.1                              | Information is used to plan and deliver person-centred, safe and effective residential services and supports. |

## Quality and safety

| <b>Theme: Person-centred Care and Support</b> |   |
|---|---|
| 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.                                   |

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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

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| 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

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| 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

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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |
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