



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Private Nursing & Retirement Residence
Name of provider:	Hillview Private Nursing & Retirement Residence Partnership
Address of centre:	Rathfeigh, Tara, Meath
Type of inspection:	Unannounced
Date of inspection:	24 October 2023
Centre ID:	OSV-0000141
Fieldwork ID:	MON-0041120

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
Tuesday 24 October 2023	08:00hrs to 13:30hrs	Sinead Lynch

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 centre. Management and staff had a positive approach towards the human rights based approach to care delivery. Residents spoke very positively about how their human rights were upheld. They explained to the inspector how they had the freedom to leave the centre and go out with their families or friends. One resident who spoke with the inspector explained "I go out with my son or my daughter and once I let the staff know they help me get ready"

The use of restraint in this centre was minimal and in line with their assessed needs and expressed preferences, particularly taking into account the profile of the residents living in the centre and their high level of dependency. The inspector saw five residents with bedrails in use. There were two residents with wandering bracelets and staff informed the inspector that these were used as the least restrictive form of monitoring these residents.

The records reviewed showed that there was a multi-disciplinary approach taken to making decisions about the use of restrictive practices. The residents were involved in the decision process around restrictive practice where possible.

There was an 'annual feedback questionnaire' provided to residents. This informed the management and staff about changes in the centre that were required or requested. The person in charge informed the inspector that seeking residents' opinions was paramount to implementing quality improvements in the centre. Some of these changes were confirmed by the residents such as, inviting the local drama group into the centre as an afternoon activity.

Residents with restraint in use had a restraint assessment completed and a detailed care plan. Documentation was provided to show that this assessment was regularly reviewed and the care plan amended when required. These documents clearly outlined the alternatives that had been trialled prior to restraint being used. Records were available which showed that where restraints were in use they were checked and/or released by staff in line with the centre's restraint policy.

The entrance to the centre had a key pad and also a door bell for visitors. Some residents were capable of exiting the centre via the front door and were aware of the code. The back door leading out to the enclosed garden had no restrictions in place. Residents could come and go as they pleased. This enclosed garden had a slope in place leading out to a walkway around the garden that was easily accessible for residents using mobility aides. There was adequate seating and benches for residents to take a rest or sit with their visitors.

From the dining room there were double door leading out to another courtyard. This area could also be used by residents to exit the centre with their visitors.

Residents were observed mobilising independently around the centre and going from the day rooms to the dining room and their bedrooms. There were no restrictions on how residents spent their days. One resident who was in her bedroom informed the inspector

that she was 'having a lazy day and not getting up until after dinner'. The person in charge informed the inspector that this is the resident's home and if they wished to plan their day differently, that decision was respected.

There was an appropriate level of staffing on the day of the inspection. Staff were allocated to different areas depending on the dependency of the residents. Residents were assessed using an evidence-based dependency scale every four months or more frequently if changes occurred. Residents that required supervision or supports were observed to have the appropriate resources in place. One resident who spoke with the inspector said 'there is always one of them around and they're so good to me'.

Staff appeared to know their residents well. They knew their likes and dislikes. There was Holy Communion being served to residents on the day of the inspection. The server informed the inspector that they knew the residents who wished to receive the sacrament daily and those residents that only received the sacrament weekly.

The inspector observed the lunch time meal. There appeared to be a calm environment where residents were served their meal in a non-rushed manner. Residents were very complimentary about the food and the choice of meals. Each table was set with the required condiments, enabling each resident to freely access these condiments without asking or seeking permission. Where residents required assistance, this was provided in a discreet and dignified manner.

There was an activities co-ordinator who worked full-time in the centre. They were well known to residents. They provided the residents with an array of activities. Residents spoke very highly about this person and how they made every effort to keep them well entertained.

Residents were provided with information about the external advocacy services available to them. There were posters displayed around the centre. One resident had been provided with this service and they informed the inspector that 'it had been a great help to them to deal with a private matter'.

Oversight and the Quality Improvement arrangements

The management and staff of the centre had made great efforts in their aim to achieve a restraint free environment. In doing this, they informed the inspector that maximising resident's rights was paramount to meeting their goal. They had increased their focus on communicating with residents and families and informing them of the risks associated with restraint which had helped them progress their quality improvement plan.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being.

Residents had access to a multi-disciplinary team (MDT) to assist in the process of restrictive practice assessments. The MDT comprised of an occupational therapist, a physiotherapist, a nurse manager and the general practitioner (GP). Records of these assessment meetings were provided to the inspector.

Assessments and care plans were reviewed every four months or sooner if there was a change in the resident's condition or ability. Residents were involved in this process and where residents were unable to participate a nominated person was involved.

Pre-admission assessments including communication needs were assessed by the person in charge to ensure the service was able to meet the needs of the residents. The person in charge told the inspector how on many occasions residents were coming from acute hospitals with bedrails recommended, which were found not to be required afterwards. On admission to the centre and following assessment, residents were trialled with the least restrictive form of restrictive practice such as a low-low bed, which in many cases be a suitable alternative to bedrails.

There was a restraint policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. This policy was reviewed annually or more often if best practice had changed. The person in charge was the restrictive practice lead in the centre. There was a restraint register in place, this had been established to record the use of restrictive practices in the centre and was being reviewed on a monthly basis. The register was also reviewed at each monthly management team meeting. The contents of the restraint register and the restraint assessment assured the inspector that alternatives to restraint were trialled prior to any form of restraint being used. It also assured the inspector that the use of restraint in this centre was gradually being reduced and that the focus was on ensuring the rights of residents were upheld at all times.

There was adequate numbers of staff available in the centre on the day of the inspection. This was evidenced by the call bells being answered promptly and the feedback from residents was very positive.

Staff had up-to-date training on vulnerable adults, responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practice. The

induction process for new staff included information on restrictive practice and the promotion of the values of their statement of purpose in conjunction with their aim in promoting a restraint-free environment.

The centre had developed a quality improvement plan following a review of their practices. As part of this plan they had identified that staff would be trained in positive behavioural support. The person in charge informed the inspector that they planned to roll out this training to all staff over the next three months.

In conclusion, a restraint-free environment was promoted to support a good quality of life that promoted the overall wellbeing of residents while 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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