



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

Name of designated centre:	St Joseph's Hospital
Name of provider:	Bon Secours Health System Limited
Address of centre:	Bon Secours Care Village, Mount Desert, Lee Road, Cork
Type of inspection:	Unannounced
Date of inspection:	23 July 2019
Centre ID:	OSV-0000284
Fieldwork ID:	MON-0027379

## 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	Inspector of Social Services
23 July 2019	Breeda Desmond

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

The governance arrangements in place promoted a good quality of life for residents in accordance with the statement of purpose and the ethos of the Bon Secours Sisters that encompassed a rights-based approach to care.

The inspection started with a walk around the centre and some residents were in the process of getting up, some were reading, and listening to the radio by their bedside, while others were relaxing in one of the lounges, some had visitors. The inspector observed that the secure gardens could be freely accessed; while the main entrance was secure with keypad code, the code was displayed by the keypad. The inspector spoke with residents in their bedrooms, day rooms and dining rooms. Bedrooms were decorated in accordance with people's choice and many had brought furniture, paintings and mementos from their homes. The atmosphere was relaxed and in general, care was delivered in an unhurried manner.

The inspector observed there was a wide range of stimulating and engaging activities throughout the day that provided opportunities for socialisation and recreation. Residents said they were encouraged and enabled to attend activities and their choice to attend these or not was respected. On the day of inspection there was mass in the beautiful chapel and mass was held six days of the week; balance and exercise class was on in the day room; the hairdresser was available all day and coffee morning was held in the activities room for residents to socialise and catch up with their friends while waiting for their hair to be done. The activities board had large coloured signage to inform residents on the daily activities. There was a large display screen at main reception that provided information on internal and external events to help keep people up to date with the goings-on.

Visitors were observed throughout the day in the seating areas, visitors' rooms and residents' bedrooms.

The inspector observed that in general, care was delivered in accordance with the ethos espoused in the statement of purpose regarding promoting people's autonomy and independence. Staff actively engaged with residents and there was lovely banter and socialisation seen and personal care was delivered in a professional manner. Most observations demonstrated that staff engagement with residents in a positive connective way by asking their preferences and engaging in normal socialisation; however, on occasion, observations in one of the smaller dining areas showed poor engagement with residents and the dining experience was institutional and rushed. Lunch in this small dining area started before 12mid-day which was very early in the context of residents' reasonable expectation of usual habits or the general norm for mealtime. The residents' experience including the dining experience in this area was not in keeping with the ethos described in the statement of purpose or the other positive observations throughout the centre on the day of inspection.

## Oversight and the Quality Improvement arrangements

This was a good service that promoted a restraint-free environment through effective leadership. The provider had a robust governance structure in place to promote and enabled a quality service which included the board of management, chief executive officer and executive teams including mission co-ordinator to support and promote the catholic ethos of the Sisters of Bon Secours; on site, the person in charge was supported by the deputy person in charge, clinical nurse managers (CNMs) and a CNM dementia-link specialist.

A restraint register was maintained at unit level and information relating to restrictive practice was compiled on a weekly basis and CNMs demonstrated good oversight of this information. This weekly report provided oversight of restrictive practices at individual and service level, and informed the weekly data collection as part of their key performance indicators. Team huddles were conducted three times a week as part of information sharing and education where interventions and forward planning regarding care was discussed along with progress on interventions and suggestions; restrictive practices were highlighted and discussed during these sessions.

Nonetheless, the number of bedrails in use remained high at 40 residents.

This was discussed with the person in charge and the clinical management team and following review of care and assessment documentation, it was identified that the risk matrix to inform a risk-based decision was not used for bedrails. Consequently, decisions made regarding bedrails were subjective and not grounded on evidence-based best practice.

There were several policies in place relating to restrictive practice including restraint and behavioural and psychological symptoms of dementia together with supporting policies for emergency or unplanned use of restrictive practice to guide practice.

While these were updated in May 2019, they did not reference current legislation or national standards; while the 'bedrail risk balance tool' formed part of the restraint policy, this was not used in practice. The policy regarding obtaining consent did not include guidance to support staff when a resident lacked capacity to give consent.

Staff had up to date training on vulnerable adults, behaviours that challenge and restrictive practice. The induction process for new staff included information on restrictive practice and promotion of the values of their statement of purpose in conjunction with their commitment in promoting a restraint-free environment.

While residents had assessments and care plans to direct and inform a person-centre approach, many of the assessments and care plans were not timely reviewed or comprehensively completed, in the sample examined. Pre-admission assessments were undertaken by the person in charge to ensure the service could meet the needs of people. A sample of assessments and plans of care were reviewed and while some had detailed person-centred information to direct individualised care, others did not. For example, there was no care plan for pain management needs even though the screening assessment identified 'ongoing pain management needs'; 'mood and behaviour' was not comprehensively completed to enable staff to easily identify a

change in a resident's communication needs. Nonetheless, behavioural support records helped establish the possible cause of changes in behaviours including the possibility of infection; this supported staff to implement appropriate actions in care delivery. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care; documentary evidence supported this. Screening assessments for restraint were completed for all residents; where it was indicated that a restraint such as bedrail was required then the bed-rail assessment was completed. Notwithstanding this, the restraint assessment tool (which was the risk assessment tool supporting the screening assessment) was not routinely completed, consequently, the risk associated with the restraint in relation to the resident was not established to ensure the application of the restraint was appropriate.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised the occupational therapist, physiotherapist, general practitioner and old age psychiatry, when required. Staff consulted with residents and their next-of-kin (when applicable) regarding all aspects of care including restrictive practice and minutes of family meetings were maintained as part of residents' documentation.

People had access to a wide range of assistive equipment (for example, low low beds) to enable them be as independent as possible. The physical environment was set out to maximise people's independence regarding flooring, lighting and handrails; the internal doors to the secure gardens were opened and this facilitated 'short-cuts' through the gardens to the main dining room and main reception. The inspector was satisfied that no resident was unduly restricted in their movement due to a lack of appropriate resources, equipment or technology.

Residents relayed that meetings were held every few months and they had opportunity to raise issues and discuss matters concerning the centre and how it was run. Minutes from these meetings were reviewed; lots of issues were discussed and issues raised were reflected in subsequent meetings, for example, updates on feedback given on meals and menus, laundry, the beautician, physiotherapy, art therapy and expansion of the activities programme. Residents enjoyed the cookery demonstrations and were encouraged to give feedback regarding all aspects of menu choices. Residents had access to advocacy services and there were information posters displaying information regarding advocacy services. 'Its All About Me' booklet was a relatively new initiative that was being completed with residents and their families to provide valuable information about residents and their lives prior to their admission to the centre; other initiatives included the 'alive inside programme' which was a music programme for people with a diagnosis of dementia and individualised rummage boxes as part of dementia care promotion.

In conclusion, while a restraint-free environment was promoted regarding many aspects of life, bedrails usage remained high with 40 residents. A review of assessments and care planning process could assist in the reduction of bedrail usage as the decisions would be made on evidence based tools rather than a subjective opinion. In addition, better supervision of staff would highlight care that was not in keeping with the ethos endorsed in the statement of purpose which 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.

<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>	
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>	
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>	
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.

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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