



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

## Issued by the Chief Inspector

Name of designated centre:	Bandon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Lane, Cloughmacsimon, Bandon, Cork
Type of inspection:	Unannounced
Date of inspection:	03 October 2023
Centre ID:	OSV-0000557
Fieldwork ID:	MON-0040932

## 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
Tuesday 3 October 2023	09:15hrs to 17:25hrs	Siobhan Bourke

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

This was an unannounced focused inspection on the use of restrictive practices. From the observations of the inspector, it was evident that staff and management were working to promote the rights and choices of residents living in the centre. Residents living in the centre were supported to have a good quality of life. Residents told the inspector that they had choices in how they spent their day.

On arrival to the centre, the inspector was greeted by the centre's receptionist and held an introductory meeting with a clinical nurse manager. The person in charge attended the centre, shortly after, and accompanied the inspector on a walk around the premises.

Bandon Community Hospital is a modern purpose built centre on the outskirts of Bandon town. The design and layout of the premises met the individual and communal needs of the residents. The centre is a single storey building. The inspector saw that the centre was bright and warm throughout. Residents' bedroom accommodation consists of 21 single rooms and two twin rooms. All bedrooms had en-suite shower and toilet facilities. During the walk around, the inspector could see a number of improvements to the premises since the last inspection. The sitting room had been refurbished and was a welcoming and warm space for residents and visitors to enjoy. The kitchenette area was now an inviting space and set up to reflect a café style feel. This room was decorated with ornate table lighting, table cloths and a coffee and tea making facilities and biscuits readily available. This area could be used as another space for residents and their relatives to socialise together.

During the walk around, the inspector saw that the door leading to the well maintained internal courtyard was easily accessible for residents to independently access should they wish. This area had a number of raised beds, plants, a tree and seating and was a welcoming restful space. The main front door of the centre was open so that residents who wished, and visitors could leave the centre without the assistance of staff. Other outdoor spaces for the centre had locks that required a PIN code to exit through them. One resident who knew the code told the inspector that these exits were hard to manoeuvre even with the code and they required staff assistance to use them. The person in charge agreed to review these exit points so that residents who had capacity, could freely access the external grounds should they wish.

The inspector saw that residents' rooms were well maintained and homely. A number of residents had beautiful family photographs and memorabilia brought from their homes to personalise their bedrooms. There was plenty storage in residents' bedrooms for their clothes and belongings. The two twin rooms in the centre were used for accommodating residents admitted for short periods of respite at the time of inspection. The inspector saw that the privacy screens in these rooms were inadequate to ensure residents' privacy and dignity could be maintained. The person in charge agreed to review this.

During the day, the inspector observed staff interaction with residents and saw that staff knocked and waited for a reply before entering residents' bedrooms. Staff were knowledgeable regarding residents' preferences and care needs. Staff were patient respectful and kind in their interactions with residents. Residents told the inspector they were consulted with about their care and about the services provided. Residents reported that they felt safe in the centre. Residents told the inspector that staff were always respectful and kind to them. One relative told the inspectors that staff were "kind and caring" and "couldn't do enough" for their loved one.

The inspector saw that there was a low use of bedrails in the centre with one resident using two bedrails. Staff were aware of the potential negative impact of restrictive practices and had taken effective measures to reduce their use. Floor crash mats and low-low beds were in use, as least restrictive alternatives for residents where they were suitable. Other restrictive practices in use in the centre were chair and bed sensor mats and wander alarms. A number of residents with cognitive impairment who may be at risk, should they leave the centre, wore bracelets that acted as wander alarms, that activated the door lock of the centre when they approached it. There were adequate staffing levels and skill-mix to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources.

The inspector observed the lunchtime meal where residents were provided with a choice for the main course and desert. It was also observed that residents were able to choose to have their meals in the bright dayroom/ dining room or in their bedrooms. The dining experience had improved since the last inspection and was observed to be a sociable dining experience for residents. Food was brought to the dining room in a heated ban-marie and served and portion up with regard for residents' preferences.

Residents who smoked had a risk assessment conducted that assessed their ability to smoke independently and ascertain the safe level of access they should have to cigarettes and lighter. A resident who smoked confirmed to the inspector that they had access to their own cigarettes and lighter and were provided with assistance to exit the centre to the designated smoking area, when they wanted to smoke.

There was a varied and interesting schedule of activities available for residents living in the centre. These were provided by an external facilitator two days a week and by the centre's own staff on remaining days. On the day of inspection, a local priest attended the centre to celebrate mass, as he did every Tuesday, and the residents were joined by attendees from the adjacent day care centre. During the mass residents and staff sang hymns together with their neighbours and friends from the day centre. Following the mass, the priest stayed to share a cup of tea and chats with the residents which they appeared to enjoy. Following the mass, the activity staff held a game of bingo and following lunch a lively game of Boccia (a ball throwing game) took place with over half the residents attending. A number of residents told the inspector that they also enjoyed the chair yoga that was held twice a week in the centre.

The inspector observed that residents were supported to have companionship. There were no restrictions to visiting hours in the centre, and friends and relatives were seen to come and go during the day. Residents had access to advocacy services, and information posters were displayed around the centre.

Residents were consulted about the service, through residents' meetings which took place regularly. These meetings were chaired by an external provider, who gave feedback to the management team from the residents. A review of minutes of these meetings indicated that action was taken in relation to feedback provided by residents. For example, during one meeting, residents expressed little awareness regarding advocacy services and an information session with advocacy services was held to address this. Residents also gave feedback that they would like more outings from the centre and a trip to a local beach was enjoyed by a group of residents following this.

## Oversight and the Quality Improvement arrangements

There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The person in charge was familiar with the guidance and had been working with the nursing and care team to reduce where possible restrictive practices. The centre completed the self-assessment questionnaire and submitted it to the Chief Inspector prior to the inspection. The person in charge had assessed all standards as being compliant in the self-assessment. During the course of the inspection, the person in charge acknowledged that further improvement was required in relation to these practices, in particular in relation to privacy curtains in shared rooms and ensuring easier access to all outdoor spaces. The person in charge committed to quality improvement in this area.

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 was in line with national policy. The centre had a statement of purpose that clearly outlined the services available and specific care needs that could be met for residents.

Staff confirmed that there was an adequate number of 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. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and caring for residents with dementia. Further face-to-face staff training in restrictive practice was scheduled for mid-October.

Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. Staff 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).

Residents living in the centre, had access to equipment and resources that ensured care could be provided in the least restrictive manner for all residents. Where necessary and appropriate, residents had access to low-low beds, instead of having bed rails raised. The physical environment was set out to maximise resident's 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. The inspector saw that residents had good access to physiotherapy and occupational therapy services to promote their mobility and independence where possible.

The restraint register was used to record restrictive practices currently in use in the centre. There was evidence that the register was reviewed on a regular basis. 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. A weekly report was collated on key risks to residents and included any restraints or restrictive practices such as bedrails, sensor alarms and wander alarms in use in the centre. Minutes of governance meetings for the HSE, where the directors of nursing from the community hospitals met with the managers for older persons, were reviewed during the inspection. Minutes of these meetings indicated that sharing of learning could be enhanced in relation to restrictive practices, by discussion of centres where good practices were in place.

The inspector reviewed a sample of care plans for residents, who had bedrails or other restrictive practices such as wander alarms in use and found that comprehensive care plans had been developed. There was evidence to show that the less restrictive methods and safe approaches to risk had been discussed, and these had been used on a trial basis when deemed suitable. The inspector viewed a number of care plans for residents, who experienced the behaviour and psychological effects of dementia (BPSD). Personalised strategies and interventions were outlined for staff. Interventions were seen to promote care and responses which were least restrictive.

The physical environment was laid out, and appropriately maintained, to support residents' to move about independently and allow access to all areas, with due regard to their safety.

Complaints were recorded separately to residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. There was a need to update the complaints procedure on display to ensure that it reflected the updated regulation on the management of complaints. The person in charge was aware of the requirement to do this. Residents living in the centre had access to independent advocacy services.

Overall, the inspector found that there was a positive culture in Bandon Community Hospital, with an emphasis on a restraint free environment, 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.

<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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