



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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Unit, Listowel Community Hospital
Name of provider:	Health Service Executive
Address of centre:	St Josephs Unit, Listowel Community Hospital, Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	05 July 2023
Centre ID:	OSV-0000564
Fieldwork ID:	MON-0040726

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
Wednesday 5 July 2023	09:15hrs to 16:45hrs	Ella Ferriter

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

This was an unannounced, focused inspection on restrictive practices. From the observations made by the inspector it was evident that the philosophy underpinning the provision of residential care in the centre, was person centred. Overall, the inspector found that residents had a good quality of life and were encouraged and supported by staff and management to be autonomous and independent. This approach upheld residents' basic needs and their fundamental rights, while promoting their privacy and dignity.

St. Josephs Unit, Listowel Community Hospital is a designated centre for older people registered to accommodate 24 residents. There were 23 residents living in the centre on the day of this inspection. The centre is situated in the town of Listowel, County Kerry. It has been adapted and renovated over time with the addition of single bedrooms and a decrease in the occupancy of shared rooms, over the last few years. Bedroom accommodation consists of single, twin, triple and four bedded rooms. The inspector saw that residents living in single bedrooms had very personalised spaces and there was very positive feedback about the comfort and privacy that these rooms afforded people. The person in charge informed the inspector that there was a waiting list for these rooms. The inspector saw that residents had access to appropriate storage in their bedrooms for personal belongings. Although there were televisions in each bedroom, visibility for some residents in multi-occupancy rooms was limited, due to the location of overhead hoists, which the management team committed to reviewing following this inspection.

Staff were observed coming and going from individual residents' bedrooms throughout the day. The inspector saw that each bedroom door has a sign indicating if entry was permitted and this was respected by staff. In addition, the inspector observed that all staff knocked on resident bedrooms and communal bathrooms and waited for a reply, prior to entering rooms.

There was a choice of communal spaces within the centre and two secure gardens. The inspector saw that residents were free to access all areas of the centre, with the exception of clinical rooms. Two doors had a keypad system, with the number displayed for residents use. Residents were observed walking around the centre, sitting in the gardens and moving freely throughout the centre, on the day of this inspection.

The inspector saw that centre was decorated appropriately and according to the wishes of the residents. Gardens had been developed in consultation with residents and recent additions included vegetable plots and raised beds. One resident who had extensive experience with gardening was observed planting and watering plants. They told the inspector that they enjoyed this work and regularly visited local shops with staff to purchase new plants for the centres garden. Pathways were safe and accessible throughout the gardens. There was seating available both inside and outside the centre. This made it easier for people with mobility issues to walk throughout the centre, as it allowed them to rest at various points. This practice ensured that people's mobility and independence was maximised.

Positive meaningful interactions were observed between staff and residents throughout the inspection and staff demonstrated having good interpersonal and listening skills. The inspector observed that staff chatted freely with residents on topics of interest to them. Staff had good knowledge of their social history prior to their admission. For example, what job they worked in or what part of Kerry that they had lived. Staff told the inspector that the residents are central in all aspects of the service provision and staff are employed solely to meet residents' needs. The inspector saw reference to this on display throughout the centre with regards to resident's rights, encouraging feedback from residents and a resident's charter at the entrance door.

There were a variety of formal and informal methods of communication between the management team and residents including conversations and meetings. The inspector read the notes of formal residents' meetings which residents were supported by staff to attend. They made suggestion about menu choices, outings they wanted to go on and the activities to take place during celebratory occasions. Residents were supported and facilitated to maintain personal relationships in the community and visited local coffee shops with staff. On the day following the inspection six residents were going to Tralee on a bowling trip with staff.

Conversations the inspector had with residents clearly identified that residents were happy with the service provided. Choice was always respected and care was person-centred. Residents reported they felt safe in the centre and did not feel that there were any restrictions put on them. Residents told the inspector that they choose where to spend their day, what time to get up and return to bed. When one resident was asked about the staff they responded "one are nicer than the other here" while another stated "they make my day and I enjoy their company". Overall, residents were very complimentary of the respectful care, assistance and encouragement provided by staff.

Communication aids, signage, picture aids, telephones, radios, newspapers, and magazines were available to residents. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The inspector spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents. Staff considered activities an important part of their role to ensure that residents were comfortable and at ease in the environment. The inspector observed an exercise class, table games and music. The staff member who led on the activities was observed to have had excellent knowledge of each resident. For example, each resident was identified by name and the level of participation was adapted to meet their ability. The inspector observed there was a flow of conversation between the residents who participated.

Oversight and the Quality Improvement arrangements

There was good governance and leadership evident in St. Josephs Unit, Listowel Community Hospital. Management and staff working in the centre demonstrated a commitment to quality improvement with respect to restrictive practices, person centred care and promoting residents' rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. The inspector concurred with this view point.

On arrival, and throughout the day the inspector spoke with the management team regarding the arrangements in place to ensure a restraint-free environment. Both confirmed that the centre promoted a restraint-free environment, in accordance with national policy and best practice. The inspector was satisfied that every effort was made to ensure that people living in the centre were facilitated to pursue their own choices and preferences and that their rights were respected.

The centre was managed with an emphasis on promoting people's autonomy and independence to the fullest extent. It was clear to inspector that the person in charge played a leadership role in ensuring the ethos of the centre was focused on promoting residents' rights. This allowed residents to engage in activities of their choosing and pursue interests that involved an element of positive risk-taking. For example; one resident walked into the local town daily to shop and meet neighbours and other residents were encouraged and facilitated to go home with family for weekends. Residents were also free to enjoy the outdoor garden areas on their own, at any time of their choosing, without the need for staff supervision.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. 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. The centre had recently reviewed its policy on restraint, to ensure that it was aligned to current practice.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to 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 centre had a record of all the restrictive practices in use in the centre. The numbers using bedrails on the day of inspection was low, a total of two out of 23

residents. This record was kept under constant review by the management team and was comprehensive and detailed. Each restrictive practice was identified and a comprehensive risk assessment had been completed. The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of their use in the centre.

The inspector reviewed the care plans for residents who had bedrails in place and found clear documentation in place. Care plans relating to restrictive practices for one resident required further information to guide care. There was evidence to show that staff had trialled alternative less restrictive methods. The inspector examined the behavioural support plans for two residents and saw that the behaviours were described and the interventions were detailed sufficiently to guide staff in order to respond to the residents in a manner that was not restrictive.

The inspector summarised that there was a positive culture, with an emphasis on a restraint free environment in St. Josephs Unit, Listowel. Residents enjoyed a good quality of life 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.

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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