



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

Issued by the Chief Inspector

Name of designated centre:	Dunabbey House
Name of provider:	Health Service Executive
Address of centre:	Springmount, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	28 September 2023
Centre ID:	OSV-0000590
Fieldwork ID:	MON-0041195

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
Thursday 28 September 2023	10:00hrs to 17:50hrs	Bairbre Moynihan

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

This was an unannounced inspection with a specific focus on restrictive practices. Based on the observations of the inspector, it was clear that management had a clear commitment to providing person-centred care to residents based on their needs and abilities. Overall, the inspector found that residents had a good quality of life and were encouraged and supported by staff and management to be independent.

Dunabbey House is registered for 28 beds, two of which are for residents requiring respite with 23 residents on the day of inspection. The centre is all on the ground level and contained 22 single rooms and three twin rooms. At the time of the inspection the single rooms were occupied by one resident. En-suite facilities and or jack and jill bathrooms were available in the twin rooms. All other residents had access to shared toilet and showering facilities. Bedrooms were personal to the residents containing family photographs and personal belongings. Communal accommodation comprised of a dining room, three sitting rooms and an activation room. Residents had access to an internal courtyard and seating was available for residents in the garden. The garden was well maintained and residents were observed mobilising in it during the day. All doors to the external courtyard were unlocked. A resident informed an inspector that a number of residents went walking in the external garden every morning and did a loop of the centre.

On arrival at the centre the inspector was greeted by a resident who guided the inspector to the nurses' station. The inspector identified that the front door was unlocked and residents were freely moving between inside the centre and the grounds. The person in charge was not onsite when the inspector arrived at 10am and the inspector was informed that the person in charge attended every morning for one to one and half hours and then was available in Dungarvan Community Hospital, a HSE centre across the road if required. Meeting minutes reviewed from March 2023 confirmed this arrangement. The person in charge attended onsite shortly after the inspector's arrival.

The inspector was informed that there were no restrictive devices in use on the day of inspection.

All staff were wearing surgical masks despite no residents in the centre having a diagnosis of COVID-19 or suspected of having COVID-19. Management did not identify that masks were a restriction to effective communication and socialisation between staff and residents. A risk assessment was submitted following the inspection. This was completed in July 2023, referenced the high level of COVID-19 circulating in the community and was risk rated as an extreme risk. The risk assessment did state that masks could be removed if social distancing could be maintained or if there were communication issues between residents and staff. However, the inspector saw no instances where masks were removed. The risk assessment did not identify the level of vaccine uptake on the risk assessment. Furthermore, there was no evidence provided to the inspector that residents were consulted about mask wearing. A resident informed the inspector that "I hate the masks, I do not understand people". In addition, staff stated that they saw the masks as a restriction to effective communication with one staff member stating that the residents do not understand them when the masks are on.

It was evident that staff knew the residents well and were aware of their likes and dislikes. Residents reported that they felt safe in the centre and identified who they would escalate a concern to. A staff member from the finance department from Dungarvan Community Hospital attended onsite weekly to facilitate residents who may have a query regarding their finances.

Staff respected the privacy of residents and were observed knocking on residents' bedroom doors before entering. Residents informed the inspector that they had a choice of when they got up and went to bed. A choice of meals was provided to residents, including residents who required a modified diet. The menu was on display in the dining room. The majority of residents attended the dining room at lunch and this was observed to be a social occasion with residents chatting amongst themselves. A small number of residents assisted the catering staff at mealtimes. Residents were complimentary about the food. A satisfaction survey was completed about the food. Three responses were provided to the inspector. The information had not been collated at the time of inspection with suggestions provided by residents in the responses observed.

The registered provider had devised an information leaflet on restrictive practices for residents. Residents were consulted about the service through resident's meetings which took place three monthly. Residents were informed at a meeting how to make a complaint. The food and menu were discussed and residents suggested that they would like more painting and art. Since the meeting, art had commenced and was facilitated by an external provider. A restrictive practice questionnaire was completed in July 2023. 100% of respondents stated that they have access and control over their finances and 100% of residents stated they felt safe and secure. Improvements were identified for the activities programme and were accompanied by an action plan.

An activities co-ordinator was onsite five days a week. A resident was leading out on a decade of the rosary when the inspector arrived onsite. Residents were observed doing an exercise class in the morning and playing bingo in the afternoon. Mass was celebrated onsite once weekly. WiFi was available for residents if they required it. Furthermore, a computer was available for residents in one of the lounges.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was a proactive approach in the centre to promoting a restraint free environment, person centred care and promoting residents' rights.

There was a restrictive condition on the centres' registration which stated that "by 30 September 2023, the registered provider shall ensure that there is a Person in Charge in the designated centre and that the post is held by a person who is a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years, not less than 3 years' experience in a management capacity in the health and social care area and a post registration management qualification in health or a related field." The person in charge provided assurances that they had completed a post registration management qualification at the time of inspection and they were awaiting the certificate. The person in charge met all other requirements of the condition.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed all the national standards relevant to restrictive practices as compliant.

Staff and rosters confirmed that there were adequate staff on duty each day to meet the needs of the residents. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the topic. All staff had up-to-date training completed on safeguarding of vulnerable adults, responsive behaviour and restrictive practice training and restrictive practice incorporating a restraint free environment.

The registered provider had up-to-date guidelines in place for the use of restrictive practices. The person in charge was identified as the restrictive practice lead. A restrictive practice committee was recently established and the first meeting was held on the week of inspection. The committee was a joint committee with representatives from Dunabbey House and Dungarvan Community Hospital. A monthly meeting was scheduled with meeting minutes stating that an emergency protocol was being devised if restrictive practices were required in an emergency situation.

The inspector was informed that the centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents if required. Staff had access to for example; low profile beds and the inspector was informed that equipment was kept in the equipment store in Dungarvan Community Hospital and maintained on a database. The physical environment in Dunabbey House 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. However, as discussed earlier in the report communication between staff and residents was restricted due to the requirement for staff to wear masks.

The inspector reviewed the care plans of a resident who the inspector was informed was at risk of absconsion. The registered provider had completed a risk assessment and the front door remained unlocked for the benefit of other residents, however the residents' care plan detailed that there may be a requirement to lock the door if the resident had exit seeking behaviours. The inspector was informed that it had never occurred and the care plan detailed and staff were clearly able to describe the triggers and how to prevent escalation of the situation.

Details on advocacy services were on display on the residents' noticeboard. Complaints were recorded separately to residents' care plans. The complaints procedure was clearly displayed in the centre and residents were aware of the process. However, both the complaints policy and procedure were not in line with Regulation 34.

Overall, the inspector identified that there was a positive culture in Dunabbey House, with an emphasis on a restraint-free environment. While opportunities for improvement were identified during the inspection, 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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