



Report of a Restrictive Practice Thematic Inspection of a Designated centre for Older persons.

Issued by the Chief Inspector

Name of designated centre:	St Gabriel's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Colla Road, Schull, Cork
Type of inspection:	Unannounced
Date of inspection:	11 December 2023
Centre ID:	OSV-0000600
Fieldwork ID:	MON-0042261

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
Monday 11 December 2023	09:40hrs to 17:00hrs	Ella Ferriter

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

This was an unannounced inspection which focused on the use of restrictive practices in the designated centre. The findings of this inspection were that the service promoted a culture where there was a rights-based approach to care. Residents were supported to express their beliefs, values, wishes and preferences with regard to the care provided to them. Through observations and conversations with residents, it was evident that residents were supported to have a good quality of life in St. Gabriel's Community Hospital and were encouraged to be independent and remain part of the wider West Cork community.

St Gabriel's Community Hospital is a two story designated centre in the coastal village of Schull in West Cork. Residents' accommodation is all based on the ground floor with staff facilities and offices on the first floor. The centre can accommodate 21 residents in 17 single and two twin rooms, all with en-suite facilities. On the day of the inspection there were 18 residents living in the centre.

Residents knew their way around the centre and the location of their own bedrooms which were seen to provide a comfortable personal space to maintain their clothes and personal possessions. Many bedrooms were seen to be personalised with pictures of residents' families and personal furniture. Some residents had their own refrigerators. The inspector saw that new large flat screen televisions were being installed in rooms, which would facilitate residents to stream movies and their preferred television shows.

The inspector spent time throughout the day in the various communal areas of the centre, observing staff and resident interactions. The inspector saw that residents' personal care and grooming was attended to a very good standard. Staff engaged with residents to ensure their preference with regard to their individual style and appearance was respected.

Staff were seen to be patient and kind and care delivery was observed to be unhurried throughout the day. The inspector saw many positive meaningful interactions between staff and residents and it was evident that staff had a very good knowledge of residents' social histories, such as what they worked at, their family, and their hobbies and interests. One resident told the inspector that the staff were "exceptionally kind and would do anything for you". Staff who spoke with the inspector described the residents as their extended family.

Residents living in the centre had access to a wide range of assistive equipment such as wheelchairs, rollators, walking aids and low-low beds, to enable them to be as independent as possible. A number of residents had been provided with specialised seating following a comprehensive assessment by a health care professional. The specialised chairs supported residents to engage socially within their environment, and participate in meaningful activities, while also supporting their mobility care needs. Residents also had access to a bus for days out of the centre, which had been accessed via local community fundraising.

The communal sitting room was seen to be where many residents spent their day. The inspector saw that there was a minimum of one staff member supervising the room at all times. The décor in this room was seen to be homely and comfortable with a piano, comfortable chairs, bookshelves and soft furnishings. There was also a conservatory off this room that wrapped around the building, and overlooked Schull harbour. The inspector was informed that there were plans in place to refurbish the outdoor area off the conservatory, which would afford residents additional secure outdoor space with sea views.

Residents had unrestricted access, via unlocked doors on the corridors, to an enclosed courtyard. The inspector saw that this area was appropriately furnished and maintained. The gardens were accessed through unlocked doors on the corridors. The inspector saw that there were vegetable beds in a small green area to the side of the building. This was a project in which one resident had taken leadership on, who had an extensive farming background. Fruits and vegetables had been available for residents throughout the summer and the resident involved had been featured in the centre's newsletter.

St Gabriel's Community Hospital was a place which was embedded in the local community. The inspector saw that children from the local national and secondary schools attended the centre. The inspector met with a volunteer musician on the morning of the inspection who attended the centre twice a week. They were playing the piano and singing with residents. The musician informed the inspector that the aim of this session was to reminisce with residents about their past, and singing often facilitated these conversations. The inspector saw that residents really enjoyed choosing songs and talking about old memories they had of their childhood. West Cork Arts for Health also attended the centre weekly and had recently facilitated a project entitled "The Museum of Birds and Beast" which captured stories and experiences of residents of working and living in connection with the natural world. The inspector saw the walls of the centre were decorated with residents' art work, much of it capturing scenes of nature and the sea.

Residents spoke positively about their experience of living in the centre and detailed how staff supported them to engage in activities of their choosing. There was a full time person assigned to activities on the day of this inspection. They were observed to know residents' personal preferences and interests very well. The inspector saw two residents being taught how to play a game of draughts together, which they really enjoyed. Other activities observed on the day included a variety of games and puzzles and a game of bingo. Some residents chose not to take part in activities and were observed reading newspapers in the conservatory or reading and watching television in their bedroom.

The inspector saw that the only restrictive practices in use in the centre were bedrails and two key pad doors. Restrictive practices were seen to be reviewed at least every four months, with the purpose of reducing or eliminating the practice. As part of this restrictive practice self-assessment the provider had taken effective measures to reduce the use of bed rails from 60% of residents to 30%, on the day of inspection. The inspector was informed that the team would continue to aim to reduce this further in the coming months. Consent to use a restrictive device was sought from

residents and when a resident lacked capacity, the multidisciplinary team recommended the restrictive practice and communicated with the family or care representative.

The inspector had the opportunity to meet with one visitor on the day who spoke positively about the care their family member received. It was evident to the inspector that residents were facilitated to maintain contact with their friends and family. For example; one resident who had family abroad was having enhanced internet facilities installed in their bedroom and had recently received funding for a computer to be able to video call their family. Another resident remained on a local fishing committee and were facilitated to contribute to meetings.

Conversations had with residents clearly identified that residents were happy with the service provided. Residents felt safe in the centre. Residents told inspector that they choose where to spend their day, what time to get up and return to bed and that they did not feel restricted in any way. Residents were knowledgeable on who the person in charge was and the deputy. Residents voiced that they would not hesitate to make a complaint. The inspector summarised that residents lived a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was a positive approach to reducing restrictive practices and promoting a restraint free environment in St. Gabriel's Community Hospital. There was effective governance and leadership arrangements in place that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. The service prioritised residents' rights to live as independently as possible without unnecessary restriction, and to ensure residents were supported to live meaningful lives.

The registered provider was the Health Service Executive. There was a robust governance structure with clear lines of authority and accountability. Monthly quality meetings with senior management as well as directors of nursing from other community hospitals in Cork & Kerry provided additional opportunities to discuss restrictive practices and the provision of promoting a restraint free environment.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. They had assessed the standards relevant to restrictive practices as being compliant. The inspector concurred with this assessment. A quality improvement action plan was in place to reduce the use of restrictive practices, in particular bedrails in the centre. There was evidence of ongoing auditing and feedback informing quality and safety improvement in the centre. The management team had access and support from a practice development department to support them in the provision of evidence based care. Auditing and monitoring of practice was carried out, to inform quality improvements.

Through observation and communication with staff and residents, the inspector was satisfied that there were adequate staff, with the appropriate skill-mix to meet the needs of the residents.

Staff were facilitated to attend training relevant to their role to develop knowledge and competence to manage and deliver person-centred safe care to the residents. This included training relevant to safeguarding vulnerable people, restrictive practices, and supporting residents with complex behaviours. Staff were knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern.

Prospective residents were comprehensively assessed to ensure that the centre had the capacity to provide them with care, in accordance with their needs. The management team confirmed that bedrails would not be used on the request of residents' family or representatives only and this was detailed in the centre's restrictive practice policy. A sample of assessments and plans of care were reviewed by the inspector and detailed person-centred information to direct care. Care plans records seen by the inspector confirmed that resident's views and that of their families, were incorporated into care interventions.

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 regarding 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.

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. Residents living in the centre had access to independent advocacy services.

Overall, the inspector found that there was a positive culture in St. Gabriel's Community Hospital, which promoted residents rights and focused on a person-centred approach to care which ensured residents' human rights were upheld.

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.

