



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

Issued by the Chief Inspector

Name of designated centre:	Raheen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tuamgraney, Scariff, Clare
Type of inspection:	Unannounced
Date of inspection:	08 November 2023
Centre ID:	OSV-0000611
Fieldwork ID:	MON-0041055

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 8 November 2023	09:45hrs to 16:30hrs	Sean Ryan

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. The findings of this inspection were that the service promoted a culture where a rights-based approach to care underpinned the rights of residents 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 and were encouraged and supported by staff and management to be independent and part of a wider community.

The inspector arrived to the centre during the morning time and was met by the person in charge and a clinical nurse manager. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas.

There was a calm, relaxed and homely atmosphere in the centre. Residents were observed to be comfortable and relaxed in a variety of communal areas that included two day rooms and a conservatory area. Some residents chose to remain in their bedrooms listening to the radio and reading the daily newspaper. Staff were observed to spend time engaging with residents in communal areas and they frequently checked on residents in their bedrooms to ensure they were comfortable. Polite conversation was observed between staff and residents.

Raheen Community Hospital provides care for both male and female adults with a range of dependencies and needs. The centre is situated in the rural setting of Raheen Woods, three miles from the village of Scarrif. It is a two story facility that can accommodate 25 residents on the ground floor of the premises. The first floor of the premises is used for administration purposes and a staff rest area. The centre provided residents with a variety of accessible private and communal space. The centre is accessed through a main front door, and a secondary door that required a key card and code to access and exit the centre.

Residents had unrestricted access to two enclosed gardens that were appropriately furnished and maintained. The gardens were accessed through unlocked doors on the corridors. Some residents also had private access to outdoor space from their bedrooms. Residents were very complimentary of this added feature in their bedroom and looked forward to warmer weather to sit outside and enjoy the view of the woods.

The inspector found that the provider promoted a restraint-free environment in the centre, in line with local and national policy. There were nine residents using bedrails in the centre, and there was evidence of a multi-disciplinary team approach to the assessment of risk in relation to their use. Residents confirmed that they had been involved in the assessment process, and their preferences were taken into consideration during the assessment. The majority of residents using bedrails had

requested them. Residents told the inspector that they felt safer in bed when they were applied, and that their use also alleviated their fears of falling. The inspector observed that there were alternative devices and equipment to support a reduction in the use of bedrails. Some residents at risk of falls were provided with low beds that could be operated by an electronic remotely.

While each resident had an appropriate assessment of risk completed with regard to the use of restrictive practices such as bedrails, not all care plans were person-centred or incorporated assessment findings into the care plan. A review of restrictive practice care plans found that they did not detail the type of restriction being used, or clearly outline the rationale for the use of restrictions such as bedrails. Care plans were reviewed at a minimum of every four months. Care plans were also in place for residents that experienced responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans were person-centred and provided guidance to staff on how to support the residents to manage their responsive behaviours.

Staff demonstrated an appropriate awareness of restrictive practices. This was evidenced through discussions with the management and staff on the various forms of restrictive practices, and the measures in place to reduce or eliminate their use. Staff detailed how each resident had different needs and wants, preferences and abilities. Therefore, staff emphasised that consultation with residents was essential to provide person-centred care, tailored to resident's needs. This included a review of practices that could potentially be restrictive to individual residents. Staff referenced the centre's policy and associated procedures as the principle guiding document in the management of restrictive practices.

The inspector spent time in the various communal areas of the centre observing staff and resident interactions. The inspector observed that personal care and grooming was attended to a good standard, and staff engaged with residents to ensure their preference with regard to their individual style and appearance was respected. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried. Positive meaningful interactions were observed between staff and residents throughout the inspection. Staff had good knowledge of resident's social histories, such as what they worked at, their family, and their hobbies and interests.

Residents reported that they felt respected and valued living in the centre. Residents described how staff involved them in discussion about the care they received, and confirmed that staff supported them to make informed decisions about the care they received.

Residents told the inspector that although they lived in a rural area, they felt that this did not impact on their connection to the wider community. Residents had entered a baking and flower arrangement competition in the local village show and had won prizes. This made residents feel like part of their community. Residents also described how the centre had a bus that supported them to take frequent trips to the local villages. Some residents were supported to go on outings with their family, and

socialise in the local public house. Residents detailed that this 'freedom to come and go as you please' made them feel at home living in the centre. Residents told the inspector that they did not feel restricted in any aspect of their life, and that staff would always support them to pursue the activities they enjoy. This included going out with family for coffee or going shopping.

Residents were encouraged to personalise their own rooms and many contained items personal to that individual. Some residents had relocated to the new part of the building and were complimentary of the furnishings and décor of the rooms. Each room was tastefully decorated by residents with items that gave it a homely and comfortable appearance. Bedrooms provided residents with adequate space to move freely, and there were appropriately placed handrails to support residents to mobilise independently.

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 were consulted about the service through resident meetings which took place monthly. There was a set agenda in relation to the quality of the service that included meals, activities, music, planned trips to local amenities, and other aspects of the service such as staffing and laundry.

The communal sitting rooms were areas of activity throughout the inspection. There was a minimum of one staff member supervising the room at all times. The inspector observed multiple staff in this role during the inspection and observed that the staff engaged with the residents, provided drinks and snacks, talked about family and topics of interest, and provided meaningful social engagement. Activities observed on the day included a variety of games and puzzles. Some residents chose not to take part in activities and were observed reading newspapers and watching television.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

Oversight and the Quality Improvement arrangements

The inspector found that there was a positive approach to reducing restrictive practices and promoting a restraint free environment in this centre. 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 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. The person in charge had assessed the standards relevant to restrictive practices as being Compliant, with the exception of the Theme in relation to a Responsive Workforce. A quality improvement action plan was in progress to address the areas identified as requiring improvement. This included the provision of training to staff in relation to positive behaviour support to provide staff with knowledge and skills to eliminate potential restrictive interventions, and support residents with their responsive behaviours.

The management confirmed that the centre promoted a restraint-free environment, in accordance with national policy, and best practice. There were governance structures in place to support oversight in relation to restrictive practices. The person in charge, supported by clinical nurse managers, collated and monitored information in relation to restrictive practices.

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.

Restrictive practices were monitored in the centre's restrictive practice register. The register contained details of physical restraints such as bedrails, and distinguished between residents who has requested their use, and residents who required their use following a multi-disciplinary team assessment of risk. There was evidence that residents had been fully informed of the potential risks to support them to make an informed decision. The register also contained details of each residents individual risk assessment, and confirmation that an appropriate care plan had been developed.

There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits. A restrictive practice audit had been completed in July 2023. The audit examined compliance with key aspects of the centre's policy and procedure that included consultation with the residents, consent, and that appropriate assessments were completed to underpin a person-centred care plan. The provider was in the process of reviewing the audit schedule to

improve the monitoring of restrictive practices to support reduction or elimination of their use.

The use of resources were effectively planned and managed. The centre has access to equipment and resources that ensured care could be provided in the least restrictive manner. Where appropriate, residents had access to alternative, and least restrictive, equipment resources such as low beds. The inspector found that the design and layout of the physical environment supported residents to be independent and did not place restrictions on residents. Communal areas, corridors, and bedroom accommodation were accessible to residents in terms of adequate lighting and appropriately placed hand and grab rails to support resident's independence.

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.

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 resident's.

The person in charge and clinical nurse manager detailed the process for admitting new residents to the centre. 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 and this was detailed in the centre's restrictive practice policy.

The inspector reviewed the care plans for residents who were assessed as requiring the use of physical restraints such as bed rails. There was evidence to show that staff had trialled alternative less restrictive methods. Following assessments and care planning, written consent was sought from residents for care and interventions when required. However, some care plans were generic and did not reflect person-centred guidance on the care to be provided to residents. For example, care plans lacked detail with regard to the use of bedrails such as the rationale for their use, frequency of their use, or the actions to be implemented to ensure the residents safety when the restrictions were applied. While care plan templates contained information on various forms of potential restriction such as physical, psychological, social and communication restrictions, this information had not been adapted to reflect the resident's actual assessed needs. Therefore, the inspector found that improvement was required to ensure that care plans accurately reflected the residents assessed

needs and detailed the supports required to maximise their safety when restrictive practices were necessary.

Overall, inspector found that while there were areas for improvement, there was a positive culture in Raheen 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.

Substantially Compliant	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

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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