



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

Name of designated centre:	St Theresa's Hospital
Name of provider:	Health Service Executive
Address of centre:	Mountanglesby, Clogheen, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	26 September 2019
Centre ID:	OSV-0000741
Fieldwork ID:	MON-0027697

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	Inspector of Social Services
26 September 2019	Liz Foley

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

This was an unannounced focussed inspection on the use of restrictive practices. This was a short-stay centre where residents were supported to maximise their abilities. Two external doors were restricted with a key-code lock which was not identified as a restrictive practice and this required review. Entry to the centre via the front door was by a switch that released the door and a key-code was required to leave the building. There were no other restrictive practices in use on the day of inspection. There was a person-centred culture of care in the service and the use of other restrictive practices, for example, bed rails, was reviewed daily with a view to remove these practices. Review of activity provision was also required as several residents told the inspector that the day was long and boring at times with activity provision dependant on staff availability.

There was a relaxed atmosphere in the centre. Residents were observed mobilizing to the day room and staff were observed assisting residents with their morning routines in a respectful and unhurried manner. Some residents choose to remain in their bedrooms. There was free movement throughout the centre with only store rooms, sluice room, the main kitchen and some offices restricted to residents. Accessible spaces included the day room which was also the dining room, reception area and oratory/quiet room. There was no access currently to an enclosed or safe garden space for residents; this would improve once the new completed extension was occupied. Windows in bedrooms were set high and residents were unable to see out of them. Storage spaces in some bedrooms had improved and will be extended to all bedrooms following occupancy of the new extension.

Mass was celebrated in the day room on the morning of the inspection and was well attended by residents who told the inspector that it was available monthly however the local priest visited the centre two to three times per week. The local day care was situated opposite the centre on the same site and residents who normally attended the day care when at home were facilitated to attend. There was one TV in the six bedded room which was not working on the day of inspection; residents told the inspector it had not worked for approximately two weeks. Other multi-occupancy rooms had one TV also. Residents said that the evenings were particularly long and that activities consisted of impromptu sing-songs, occasional bingo and chats with other residents. Activities were provided by the care staff, therefore if the centre was busy care was prioritised over activities and some days there were no group activities. This required review.

Residents said they were not asked or encouraged to go outside and some told the inspector they had to get permission and be accompanied outdoors. Staff confirmed that residents were not allowed to go outside unaccompanied. While some residents said they would be unable to go outside alone it was a general practice to keep the front door restricted to residents and residents did not have the code for this door. There were no residents who were at risk of absconding due to cognitive problems. In the absence of risk assessments or any other rationale this practice was found to be restrictive and paternalistic and required review to ensure freedom was not

unnecessarily restricted. Family members did know the code to the front door and were observed coming and going throughout the day.

Residents told the inspector that staff were always supportive and respectful. There was a proactive and open approach to feedback from both residents and their families. There were weekly resident meetings and families were encouraged to attend. Advocacy services were available from the national agency for advocacy which was advertised in the centre. Some residents had multiple stays in the centre and had come to know the staff well. All staff were highly complimented for their kindness, professionalism and the exceptional care provided. Residents could choose when to get up and retire to bed. The food was also highly complimented and residents had a choice at every meal.

There was adequate supervision of residents based on their assessed care needs however social and recreational needs were not always being met as this was dependant on the availability of staff. Staff were supported to perform their respective roles with ongoing mandatory and additional training. All staff will undergo training in restrictive practices with one date scheduled for the end of September and more to be agreed. Staff were aware of the need to reduce the use of physical restrictions however they were not immediately aware of the impact of the restricted front door on residents. Staff were very knowledgeable of the individual and person-centred needs of each resident.

The centre maintained a register of restrictive practices in use. This was blank on the day of inspection as there were no bedrails, lap-belts or other restrictive devices used. The centre had failed to identify the key-coded front door as restrictive however agreed to immediately undertake a review of this. Staff were aware of the impact of other restrictive devices, for example, falls alert mats and removing mobility aids. All residents were assessed on admission for the need for bed-rails and there was good evidence in care plans viewed of this practice. The validated assessment tool assisted staff to identify risks and recommended the use of less restrictive options, for example low bed, half bed-rail or crash mat where a resident required or requested a bed rail. Some care plans were generic and social and recreational needs were not routinely assessed therefore activity provision was not consistently meeting the residents' individual needs.

Oversight and the Quality Improvement arrangements

There was a positive 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 returned the self-assessment questionnaire prior to the inspection. The findings on inspection were not consistent with the self-assessment in two themes; effective services and person centred care were not found to be fully compliant. The use of restrictive practices was low in the centre however failure to identify the key-coded doors as restrictive had impacted on the freedom of all residents. The person in charge immediately undertook to assess and review this practice.

Resources were made available for staff training and less restrictive equipment such as a low bed and half bed rails were available. Review of resources was required to ensure that activity provision was meeting the assessed needs of all residents. Overall there were good governance structures in place with ongoing auditing and feedback informing quality and safety improvement in the centre. There was good oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. However there was no risk assessment for the impact of the restricted external doors on residents' freedom.

There were also appropriate individual and validated risk assessments for responsive behaviours and falls with the least restrictive controls in place. Falls management was good in the centre. All incidents were recorded and appropriately investigated with evidence of shared learning and ongoing quality and safety improvement. Reassessment of the residents needs following a fall included a review by the physiotherapist and a full review of their risk for falling again with the care plan changed accordingly.

Complaints were well managed in the centre and recorded separately to the residents care plans. The complaints procedure was clearly displayed in the centre and both residents and familiars were aware of the process. Evidence of learning from complaints was disseminated to all staff. There were nine verbal complaints in total recorded for 2019 all of which were satisfactorily dealt with. Complaints and incidents were audited and trends identified and learning informed safety improvements in the centre.

There was a centre specific policy on the management of restrictive practices which was developed from the HSE's policy. Language in the policy was sometimes paternalistic and the policy regularly referred to restraints and enablers both of which are not in line with the HIQA guidelines for promoting a care environment that is free from restrictive practice. Good practices were observed in the assessment of bed-rails. Restrictive practices were audited quarterly and action plans were generated as appropriate which informed ongoing quality improvements.

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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