



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

## Issued by the Chief Inspector

Name of designated centre:	Our Lady's Manor
Name of provider:	Our Lady's Manor Incorporated
Address of centre:	Bulloch Castle, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 July 2023
Centre ID:	OSV-0000080
Fieldwork ID:	MON-0040907

## 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 environmental<sup>1</sup> 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.

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<sup>1</sup> 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
Friday 28 July 2023	09:00hrs to 17:00hrs	Margo O'Neill

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

This was an unannounced inspection to monitor the use of restrictive practices in Our Lady's Manor a designated centre for older people. The environment was observed to be a safe place, where residents' independence and freedom of movement is encouraged and maximised. The 118 registered beds were provided in single en-suite bedrooms located over three floors. There was a number of lifts and stairs throughout the centre to facilitate residents' freedom of movement between floors.

All bedrooms had sufficient storage facilities for residents' personal items, a lockable space and sufficient floor space for residents to carry out their activities of daily living and mobilise unhindered. Residents were free to personalise their bedrooms with items of furniture, artwork and other memorabilia that reflected their interests. En-suite bathrooms and communal bathrooms observed provided sufficient space for residents to carry out their personal activities independently or with support if required.

There were a number of dining rooms and spaces for residents to take their meals in. These were found to be bright inviting spaces with nice views of the sea and of yachts sailing close by. Tables were laid with care and attention to enhance the dining experience for residents. Residents could also choose to take their meals in their bedrooms is that was their preference.

Residents had access to a number of outdoor areas such as internal, secure garden, a large balcony area and other sitting areas at the front of the centre with sea views. There was a range of facilities for residents to use such as a well-equipped hair salon, a bright and nicely decorated café and a small convenience shop. There was a large bright oratory located by the main reception area of the building; this was open at all times for residents to spend time in and many residents were observed to attend for the daily mass held on the morning of the inspection. Residents reported positively regarding the facilities in the centre. All areas in the centre were freely accessible with unrestricted access for all residents to spend time as they wished.

Throughout the day the inspector found many examples where residents were encouraged and supported to retain their independence and connection to the external community. For example; residents were seen to receive visitors throughout the day and there were a number of private spaces for residents to receive their guests other than their bedroom. There was positive interactions observed between staff and family members and staff knew and understood residents' conduct, behaviours, means of communication needs well. Visitors reported visiting was unrestricted in the centre. Residents were also supported to attend events important to them external to the centre. For example, residents were supported to go on holidays if they wished and attend appointments or external events independently according to preference.

There was a positive approach to positive risk taking in the centre to ensure that residents living in the centre could still partake in meaningful activities. For example; residents who enjoyed walking in the local area were supported to do so. Appropriate risk assessment were completed and safety measures put in place to support this.

There was a focus on empowering residents to ensure participation in the running of the centre and that residents' voices were heard through regular committee meetings. Records of these meetings indicated a comprehensive agenda was covered and that there was active engagement from residents, discussion and feedback received by the provider to inform quality improvement and changes in the centre. There was access to advocacy services for residents who wished to avail of independent support should they require it. There was notice/information boards with relevant information and updates on each floor to help keep residents informed and a speaker system was used on a daily basis to make announcements regarding activities ongoing in the centre. Staff and management completed resident satisfaction surveys regularly and ensured that key findings and feedback were incorporated in to quality improvement and safety plans. Each unit also had a maintenance request log where each resident could directly request small jobs, such as hanging pictures in their bedrooms, to be completed by maintenance personnel.

Residents' right to privacy was protected by staff. For example, staff were observed knocking before entering residents' rooms and announcing the reason for call. Also in a storage room used to hold residents' clean linen, labels with residents' names were located out of direct line of vision to ensure privacy.

There was a team of two physiotherapists working in the centre to provide one to one assessment and therapy or group classes for residents. The benefit of this was visible; most residents were up and moving about the centre. Residents were observed to wear appropriate footwear and to have access to appropriate mobility equipment as required.

Residents' right to choice was supported in all aspects of their life; for example, residents could choose how to spend their days, when to get up and go to bed, to attend activities or not and when to eat. There was a three course meal provided to residents every day at lunch time, residents were offered a choice of hot mains, choice of breads and drinks. The inspector observed that meal times were a relaxing and enjoyable experience for residents who engaged in conversation and laughter with other residents and staff.

## Oversight and the Quality Improvement arrangements

It was clear that the staff and management of the centre were committed to promoting and achieving a restraint free environment to ensure and maximise residents' rights and choices. A self-assessment questionnaire had been completed by the management team prior to the inspection and this looked at the service's responses to restrictive practices within the centre. This provided a comprehensive summary of all the approaches that the service was taking to reduce and eliminate restrictive practices.

The centre's management outlined to the inspector that they had started the review and quality improvement plan to focus on reducing restrictive practices and moving towards a restraint free environment in early 2019. A restrictive practice committee had also been established in 2019 and there was clear records detailing steps that had been taken since that time to actively work towards keeping restrictive practices to a minimum. Where restrictive practices were required this was as a last resort, for the shortest period of time and with the least restrictive option available. A restraint register was in place to record the use of restrictive practices in the centre. There was ongoing monitoring, trending and analysis of restrictive practices used and the inspector found that there was an ongoing low level of restrictive practices utilised within the centre. This information informed part of the centre's annual review of quality and safety which was circulated to residents.

A suite of resident information leaflets and information booklets had been developed and were available for residents in central prominent locations within the centre. One such information leaflet detailed the safe use of bedrails and explained the risks associated with bedrail use. Management detailed to the inspector that there was an ongoing resident education programme regarding important aspects of the service to empower and inform residents and to support them to live a good and healthy life. For example, there were information sessions on falls prevention, healthy eating, hand hygiene and fire safety.

The centre's restrictive practice policy had been reviewed in 2023, this gave clear guidance on how restrictive practice was to be managed. A positive risk-taking policy was also in place to direct staff when supporting residents when making informed choices and decisions and to ensure that the culture within the centre promoted and supported residents' ongoing autonomy in decision making and to achieve balance between promoting autonomy and maintaining safety. All staff had completed training in 2023 in prevention of restrictive practices, positive support and in supporting residents living with dementia.

The registered provider had made available sufficient resources such as sufficient staffing levels, alternative lesser restrictive equipment and devices to promote a restraint free environment. Management undertook ongoing review of the facilities and environment to ensure that residents rights to freedom of movement was supported, for example, based on a restrictive practice audit, meals were now served in two dining rooms to ensure no residents feel restricted and could have their mobility aid in close proximity at all times if wished.

The inspector reviewed a sample of resident care records. Ongoing clinical and risk assessments were completed and comprehensive person centred care records were in place where restrictive practices were utilised. Records indicated that there was ongoing review and trialling of less restrictive alternatives where safe to do so and ongoing safety checks. The rationale for the use of restrictive practice and relevant consent forms were also seen in resident records. Care records viewed by the inspector confirmed that residents' views and preferences were incorporated into care plans and that they were updated regularly. There was regular audit of care plans to ensure that all required assessments and information was complete and to ensure that correct processes were taking place and being recorded. Multi-disciplinary team reviews occurred to review the use of restrictive practices and to assess the impact of these practices on the residents' well-being.

## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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