



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview Convalescence & Nursing Home
Name of provider:	Hillview Convalescence & Nursing Home Limited
Address of centre:	Tullow Road, Carlow
Type of inspection:	Unannounced
Date of inspection:	21 March 2024
Centre ID:	OSV-0000238
Fieldwork ID:	MON-0041761

## 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
Thursday 21 March 2024	08:00hrs to 13:45hrs	Sinead Lynch

## 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. The inspector observed that residents were supported to have a good quality of life in this homely centre. Residents were encouraged to make choices about how they lived and how their daily routines would play out. Residents had an array of activities to choose from. The residents had been recently planning what outings they would attend during the summer months.

The day following the inspection 12 residents were going to a dinner dance in the local town. There was a great buzz about this from residents. The choosing of outfits and the hair and make-up plans were being supported by the staff and families. Residents who spoke with the inspectors said 'I hope to get a seat near the band' while another resident was hoping there would be enough space on the dance floor for a 'good jive'. Residents were seen to be promoted to continue their links with the local community. Relatives that spoke with the inspector said 'they are great here, always doing something exciting and nice for the residents'.

On the morning of the inspection, one resident was leaving the centre and going to the local day care centre. The person in charge informed the inspector that local links to the community were a pivotal part of resident's daily lives. This was their home and they would continue to encourage residents to continue to live as they did before being admitted to the centre.

The inspector observed that residents were facilitated to exercise their civil, political and religious rights. The inspector also observed friends and relatives visiting throughout the inspection and there were areas where residents could meet their visitors in private, including a smaller seating area in reception or one of the communal rooms.

Positive meaningful interactions were observed between staff and residents throughout the inspection. Staff demonstrated good interpersonal and listening skills. Communication aids, signage, picture aids, telephones, radios, newspapers and magazines were available to assist residents. A staff member informed the inspector that when a resident has difficulty in communicating their wishes they are supported through non-verbal means to convey their wishes. An advocate was available to try and ascertain residents' wishes if necessary or support them if requested.

There were two dining rooms available for residents' use, one on each level. Each table was set with the required condiments for the lunch meal. Residents were observed to be offered a selection of food and drinks by staff. Residents were offered choice at all meal times. The same choice was available for residents who required alternative consistency of food. There were adequate numbers of staff to provide support if required.

The inspector watched staff provide care to residents in a calm and unhurried manner. Staff were very knowledgeable about residents' needs and wishes and

provided the inspector with a holistic picture of individual residents. The comment was made that if staff know the residents well, they can provide good quality care.

On the day of the inspection five out of the 49 residents in the centre used bedrails. Each resident had a risk assessment completed prior to their use. The general practitioner (GP) and the resident was involved in the decision-making process around restrictive practices. There was a resident specific care plan developed following the assessment. There were two bed bumpers in use also and again, these were implemented following a risk assessment. There was a key pad at the front door. However, when the inspector arrived on the morning of the inspection a resident kindly opened the door. Most of the residents had the key code and where residents did not have access to this code for safety reasons, the staff would assist.

Residents were very much involved in the running of the centre. There were regular residents' meetings where minutes showed there was a large attendance. Residents' opinions were taken on board and feedback provided at the next meeting about what the management and staff had implemented since the residents put these suggestions forward.

There was an advocacy service available to residents. An advocate also attended the residents' meetings where possible. Their contact details were displayed in the centre for residents' ease of contact.

## Oversight and the Quality Improvement arrangements

Residents appeared to enjoy 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 centre had completed a self-assessment questionnaire prior to the inspection and judged themselves as compliant in many areas of restrictive practice. The person in charge had reduced the number of restrictive measures in place in the centre through education and reviewing their practices and efforts to promote a restraint-free environment were evident.

There was a clear governance structure to manage the service, which was familiar to all staff working in the centre, and staff worked well together in their various roles and responsibilities. Staff demonstrated a commitment to quality improvement in respect of restrictive practices and had achieved a good standard.

There was weekly monitoring of restrictive practice in the centre. The review of their uses and the release time frames were completed.

Staff confirmed that there were adequate numbers of staff and a good skill-mix in order to meet residents' needs without resorting to restrictive practices. They confirmed that in case of an emergency, the person in charge and provider would immediately authorise additional staff. The staff team were flexible and could respond to an emergency. The person in charge in conjunction with the provider regularly reviewed staff numbers and skill-mix and rostered additional staff when necessary. Residents were highly complementary of the support and assistance they received from the staff team.

Staff had completed training in restrictive practice and they were competent in explaining to the inspector their knowledge and expertise in the matter. The local policy was that restraint is the last form to be used and staff were able to detail other techniques such as distraction therapy or an activity of the resident's choice that they would use before considering a restrictive practice.

Management and staff had worked hard to reduce the need for using restrictive methods. This, according to the person in charge, was as a result of education and staff proactively implementing what they had learned in aiming for the least restrictive method. This was achieved by adopting alternative less restrictive measures in the first instance, for example; the use of low-low beds and sensor mats.

Good practices were found when audits were undertaken to ensure the correct procedures had been followed and all the necessary documentation was completed that supported the use of full-length bedrails as a restrictive practice. This included risk assessments to ensure residents' safety, consent practices, the alternative least restrictive measures that had been trialled, a review of restrictive practices and documenting the times when the restrictive practice was in use.

A restrictive practice register was in place and was comprehensively up-dated with regard to the use of bedrails, bed bumpers and the key pad on the front door.

The restrictive practice policy was up-to-date and guided staff practices. The inspector was informed that restrictive practices formed part of the annual review.

## 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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