



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Little Sisters of the Poor
Address of centre:	Abbey Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	13 November 2023
Centre ID:	OSV-0000245
Fieldwork ID:	MON-0041248

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 13 November 2023	09:10hrs to 14:45hrs	Catherine Furey
Monday 13 November 2023	09:10hrs to 14:45hrs	Aisling Coffey

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

This was an unannounced inspection focusing on the use of restrictive practices in the centre. The feedback from the residents spoken with during this inspection was highly complementary of the staff and the overall running of the centre. Inspectors spent time observing staff and resident engagement and found that staff were patient, respectful and kind. The staff displayed excellent knowledge of each resident. Inspectors spoke with nine residents individually. Conversations with residents identified that residents were happy with the service provided. Residents felt safe in the centre and did not feel that there were any restrictions put on them in how they spent their day. Residents confirmed that staff did not restrict their freedom of choice or movement. For example, one resident stated "I can go down in the lift myself, and if I want to go outside I do". Another resident said "I potter around myself and if I need them, I can always call".

Through conversations with residents and visitors, it was clear that overall, residents lived a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The person in charge had developed an information booklet for resident and relative information on the safe use of restraints such as bedrails. This, and a copy of the residents' guide was available in each residents' bedroom and in the communal areas of the centre. Inspectors observed that the centre welcomed family members throughout the day and provided numerous private areas to meet and chat, in addition to the residents' bedroom. Kitchenettes on each floor were stocked with a selection of drinks and snack food for resident and family use.

On arrival, inspectors noted that staff were wearing personal protective equipment (PPE) in the form of medical face masks. Inspectors were informed that one resident was in isolation on the Fatima Unit. This resident was the last resident in isolation following a small outbreak of COVID-19 in the centre which had affected five residents. Inspectors were told that residents on Fatima Unit had their movements restricted during the outbreak, and they did not attend the dining room, chapel or other activities room, so as not to mix with residents on the Lourdes Unit. This restriction on movement, and the blanket wearing of medical masks was not in line with current guidance on COVID-19 in residential settings, and was overly restrictive in nature. Inspectors spoke to residents on Fatima Unit, who stated that they were happy that daily Mass in the chapel was still streamed on the TV's in the dining room and bedrooms, as it meant they could still take part in this part of their daily routine. Inspectors spoke with staff and management on the day in relation to this, and they explained that in their efforts to restrict the spread of COVID-19 they decided to implement these restrictions.

The centre was clean and suitably decorated, with furnishings, fixtures and fittings to ensure a comfortable and homely residence. There was space for the movement of any specialised or assistive equipment that a resident might require. Plenty of communal space was provided in a variety of settings from small quiet rooms, to large day and dining rooms and the centre's own concert hall where events, concerts and activities were regularly held. The ground floor contained an Internet hub, craft room, sitting rooms, and the centre's main dining room. The main dining room opened into an outdoor garden with gazebo and grotto. As this area was not secure from the adjacent main road, management made the decision to only open the doors when staff were

present in the room during mealtimes. Discussions around this decision were documented in clinical governance and restrictive practice committee meetings. The management team were in the process of formally risk assessing this area. Unrestricted access to the front of the building was available during the day, while the door was monitored by reception staff. The door was locked at night in the interests of safety. An internal courtyard was freely accessible through unlocked doors from the lower ground floor, albeit this area may be difficult for some residents to access independently. The summer furniture in this area had been taken in for the winter and staff reported that residents rarely ventured to this area in the cold weather. There was free access to balcony areas on the first and second floor, with beautiful views across the city. Inspectors observed that the second floor balcony area was locked, on foot of a risk assessment of resident's risk of absconsion.

Resident's privacy was maintained at all times, and inspectors observed that each resident's bedroom was spacious and contained sufficient storage, including locked storage spaces for safekeeping of private items. Each resident's room was fitted with a doorbell, which inspectors saw being used by staff, who awaited a response prior to entering the room. Inspectors observed the interface between the centre and the adjacent apartments, which were accessible from the main communal area on Lourdes unit. The management team, including the building services manager were exploring options to ensure that access to and from the apartments was appropriately secure, to ensure the residents were safeguarded at all times.

Care plans viewed by the inspector detailed person-centred interventions and staff were very familiar with residents' needs and social histories. On the day of inspection the activities coordinator was on leave. Residents were made aware of this in advance, via the weekly activities planner, which was displayed in a number of locations throughout the centre. A small group activity was held in the craft room with a member of staff. Inspectors spoke to residents participating in the activity; making Christmas crafts for the upcoming Christmas display in the centre. Residents really enjoyed the activity and told inspectors about other activities and initiatives that they were part of, including the intergenerational collaboration with a local school, and the collaboration with a local mural artist to create a seasonal-themed mural on the boundary walls of the centre. Residents were very happy with the programme of activities, outings and projects on offer in the centre.

Arrangements were in place for residents to give feedback on the service provided to them and to contribute to the organisation of the service. Residents told the inspector that the person in charge was always available to them and was always responsive to their needs and requests. In addition to this informal feedback, there were regular residents' council meetings and satisfaction questionnaires for residents. Action plans were developed following these meetings and surveys, to ensure that the opinions and feedback of the residents were used to inform quality improvements in the centre. The resident's care representative was always consulted with where the resident was unable to express their opinion. Families told the inspector that the centre always communicated with them about changes to care and any concerns they had. Residents were supported to access national advocacy agencies if required or if they requested this.

Oversight and the Quality Improvement arrangements

The registered provider was actively promoting person-centred care, allowing residents to take positive risks, and utilise their independence and autonomy, in an environment that used limited restrictions. Centre-specific policies in the management of restrictive practices, response to behaviours that challenge, and risk management, guided the appropriate use of restraint in the centre, in line with national policy and best practice guidance.

The person in charge had completed the self-assessment questionnaire in advance of the inspection and had developed a targeted improvement plan to ensure continued good oversight of restrictive practice use in the centre. This quality improvement plan was ongoing and it was evident throughout the inspection that this had had a positive impact on the lives of residents. Efforts were made to ensure that people living in the centre were facilitated to pursue their own choices and preferences.

The provider had ensured that there were adequate arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which accurately recorded and monitored the use of restraint. The identified physical restraints, namely the 11 bedrails and one lap belt, were comprehensively risk assessed. Informed consent was sought and documented prior to the use of any restrictive practice. Environmental restraints such as the locked doors and window restrictors were not included on the register and the person in charge committed to reviewing this.

Restrictive practices were reviewed on a regular basis and the review considered the type of restraint, the alternatives trialled and the result of each trial. Less restrictive options were regularly trialled in line with the national restraint policy and the inspector reviewed evidence that a number of these trials had been successful which resulted in a reduced number of restraints overall. There was a log maintained of all alternatives to bedrails in use in the centre, for example; falls reduction mats and sensor mats. One resident was using a supportive bed wedge, along with a bed rail. Staff stated that the wedge was in place to protect the resident from rolling from bed and injuring themselves. This had not been considered as a restriction on the residents' movement and as such, had not been risk assessed. The person in charge committed to addressing this immediately.

Residents had a restrictive practice care plan in place which were person-centred and contained details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months.

The person in charge advised that there were a small number of residents that had behavioural support needs. There were detailed behaviour support care plans in place to guide staff. Triggers were identified that may result in a resident displaying these behaviours. This allowed staff to provide person-centred care to the resident and

avoid an escalation which may require the need for the use of a restrictive intervention.

Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible. The restrictive practice committee, which comprised staff of different grades and departments, met regularly and discussed restrictive practice use. There was evidence that restraint and promotion of a restraint-free environment was discussed at staff meetings and handovers. The registered provider ensured that staff were facilitated to attend training in the management of restraint, behaviours that challenge and the safeguarding of vulnerable adults.

There was a sufficient number of staff available to support residents and meet their needs. Resources were provided to support residents' assessed needs and to allowed people to live in a restraint-free environment. Residents told the inspector that their call bells were answered promptly and they were content and well looked after in this 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.

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

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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