



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

Issued by the Chief Inspector

Name of designated centre:	Mooncoin Residential Care Centre
Name of provider:	Mooncoin RCC Limited
Address of centre:	Polerone Road, Mooncoin, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	25 April 2024
Centre ID:	OSV-0000254
Fieldwork ID:	MON-0043138

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
Thursday 25 April 2024	10:30hrs to 17:20hrs	Catherine Furey

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 the designated centre. Through discussions with residents and staff, and from the observations of the inspector on the day, it was clear that residents enjoyed a good quality of life in the centre. Residents were generally supported to make choices about their daily routines, for example, they could choose when to get up and go to bed, what to eat and how to spend their day. The inspector identified that some restrictive practices were not appropriately risk assessed. These findings are discussed throughout the report.

The inspector arrived to the centre in the morning and was welcomed in by staff. Some residents were up and dressed, seated in communal areas and having breakfast and some others were still in bed. There was plenty of space within the centre for residents to mobilise. The centre is a large single-storey premises which accommodates a total of 78 residents. The majority of bedrooms are single ensuite, with two twin ensuite bedrooms. Bedrooms are laid out in three separate wings, which open into shared communal areas including an activities room, oratory, several dayrooms and a dining room. The centre was nicely furnished and decorated, providing a comfortable and homely feel.

Residents had access to a large, secure garden which could be accessed via the activities room, corridors and the main day room. The garden was well-maintained and residents could easily traverse the paths and seating areas via wheelchair or by foot. There was raised planters with seasonal bedding plants which were planted by the residents' Garden Club. Despite the garden being secure, none of the doors leading outside were unlocked, and therefore residents were required to ask for assistance should they wish to venture out. Management and staff told the inspector that the door from the activities room was usually not locked.

Residents told the inspector that they were consulted with about their care and about the organisation of the service. Residents felt safe in the centre and their privacy and dignity was respected. Residents told inspectors they liked living in the centre and that staff were always respectful and supportive. Staff were observed providing timely and discreet assistance, enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided care in accordance with individual resident's choices and preferences. Staff demonstrated good understanding of safeguarding procedures and responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The resident's care representative was 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.

Care plans viewed by the inspector detailed person-centred interventions and staff were very familiar with residents' needs and social histories. Dedicated activity staff were responsible for delivering the schedule of activities in the centre and the inspector observed group activities taking place in the morning and afternoon on the day of inspection. Staff were trained and competent to provide one-to-one sensory activities to residents who could not participate in groups or whose needs were advanced. Residents enjoyed group exercises, bingo, movies and outings, and particularly enjoyed live music. Residents were observed going for walks outside of the centre with staff. Activities provided in the centre were varied and informed by residents' interests, preferences and capabilities. Residents who wished to smoke were supported to smoke in a designated smoking room near the main entrance. This was observed to be well-maintained and was ventilated to the open air, however at times when it was in use by more than one resident, the smell of smoke was obvious on nearby corridors.

The inspector observed some physically-restrictive devices such as bedrails and lap belts in use. As discussed in the next section of the report, the risk assessment and associated care planning relating to these devices required strengthening.

The inspector observed lunch time in the centre. 41 residents attended the main dining room for lunch. Residents appeared to be enjoying each other's company and while seated together at tables which were laid with nice placemats, cutlery and other table decorations. There were good levels of supervision and staff were on hand to retrieve residents' mobility aids and assist them from the dining room at any time. It was noted earlier in the day by the inspector that each place at the tables were prepared in advance with a material clothes protector. During the lunchtime service it was noted that all 41 residents were wearing these clothes protectors, despite some residents being well able to manage their food intake without causing spillages. This presented as a cultural practice, and the management team agreed to review this.

The food served to the residents was of a very good quality and there was choices available for all residents, irrespective of their dietary or swallowing requirements. Residents described the food as "top class" and "five star". Food was served table by table, and this meant that it was hot and appetising. When asked what they were having for lunch, some residents told the inspector that they could not remember. The inspector observed that there was no menu on display which could be viewed by residents. Two large whiteboards in the dining room were blank. A small amount of printed menus were seen on some tables however these were not easily accessible, and the font size and type made it difficult for some residents to read.

The residents and staff met during this inspection appeared comfortable being together with some warm interactions observed and overheard by the inspector. Visitors were observed coming in and out of the centre throughout the day and told the inspector that they were always welcome and were assured of the care provided. Residents were happy with the choice and frequency of activities and told the inspector that staff go out of their way to facilitate their requests and needs.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through a careful approach to the use of restrictive practices and an emphasis on promoting residents' rights.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed all the standards relevant to restrictive practices as being substantially compliant. Mooncoin Residential Centre had a record of restrictive practices in use in the centre. This was updated and reviewed weekly by nursing management, however it did not include restrictions applied to residents who were assessed as not being able to keep their own cigarettes and/or lighters with them. The inspector saw that a number of residents were required to ask staff to give them these items when they wanted them. Management had not considered this restrictive in nature.

The inspector reviewed the centre's policy on restraint. Practice in the centre was not seen to be consistent with the policy. The policy states that bedrails may be used when there is clear evidence that an extensive range of alternative measures have been trialled for a reasonable period of time, however, the inspector found that this was not adopted in practice. For example, the current bedrail risk assessment in use did not include any section relating to the type, duration and response to alternatives to bedrails. To that effect, staff were assessing the risk of using bedrails, without consideration of a range of alternatives.

Residents using any of these devices had a restrictive practice care plan in place which were generally person-centred, outlined the rationale for use of these practices and were updated regularly. However, the care plans were based on the risk assessment completed, and as these did not reflect alternatives to restraints, care plans did not routinely include this information either.

The management team outlined that informed consent was always sought from the resident, or where appropriate, their care representative. The inspector saw a leaflet which detailed pertinent information including the reasons for the use of restrictive practices, and the risks and benefits of these. The management team said that this had been given to the residents and the representatives of those who were using a restrictive practice. However, documented consent was not obtained, and therefore there was no evidence that these individuals had an understanding of restrictive practices.

Advocacy services were available to residents, and contact details for these were on display along with information leaflets for residents and visitors.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low profile beds and grab rails, instead of having full bedrails raised. The physical environment was set out to maximise residents'

independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

Overall, the inspector identified that management and staff in Mooncoin Residential Centre were committed to promoting a restraint-free environment for residents. While opportunities for improvement were identified during the inspection, it was clear that residents enjoyed a good quality of life to the best of their abilities.

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.
--------------------------------	---

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.
-----	---