



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

Issued by the Chief Inspector

Name of designated centre:	Skibbereen Residential Care Centre
Name of provider:	Skibbereen Residential Care Limited
Address of centre:	Baltimore Road, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	15 May 2024
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0042762

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
Wednesday 15 May 2024	10:05hrs to 16:15hrs	Siobhan Bourke

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

This was an unannounced, focused inspection on the use of restrictive practices in the designated centre. From the observations of the inspector, and discussions with residents and staff, it was clear that residents living in the centre were very well supported to enjoy a good quality of life. The provider and management team worked together to ensure a rights based approach to care was promoted.

On arrival to the centre, the inspector was greeted by a number of residents who were sitting together in the reception area. Many of the residents were observed to be up and about in the day room or dining room, while others were resting in bed or being assisted by staff with their personal care needs. Staff who were providing care and assistance to residents were observed to provide this care in an unhurried and respectful manner, taking into account each resident's abilities and cognition. Care staff knocked on residents' bedroom doors and waited for a reply, before entering and greeting residents by name. Residents and staff welcomed the inspector in the centre and there was a relaxed atmosphere.

Skibbereen Residential Care Centre is a purpose-built centre, located on the outskirts of Skibbereen town. It is registered to accommodate 51 residents in 35 single rooms and eight twin rooms, all of which have an en-suite shower, hand-wash basin and toilet facilities. The inspector saw that many bedrooms were personalised in line with residents' preferences with displays of family photographs, and personal possessions. The centre had a number of communal spaces such as a large lounge room, dining room, TV room, oratory and library room. During the day, the inspector saw residents and their families using these rooms.

The centre's enclosed garden could be accessed through double doors from the reception area. This door was unlocked during the inspection, so that residents could freely access the garden. The external door for the centre to the main road was locked, but had the code displayed in a butterfly symbol beside the door so that residents and visitors could use it, if required.

Overall, the centre was well maintained with suitable furnishings, equipment and décor. The corridors were fitted with appropriate handrails to assist residents to mobilise safely. Residents had access to specialist equipment such as rollators, and walking aids, so that residents could maintain their mobility. The centre has access to equipment and resources that ensured care could be provided in the least restrictive manner. Where appropriate, residents had access to alternative, and least restrictive, equipment resources such as floor sensor mats. The inspector saw that there were low low beds in use by residents at risk of falling from the bed.

The inspector saw that visitors were coming and going freely to the centre during the day and there were no restrictions in place. The inspector spoke with five visitors during the day and all gave high praise to the kindness of staff and to the high standard of care their relative received.

The inspector observed the lunch time meal and saw that it was a sociable dining experience. Residents could choose to eat in their bedrooms, or the dining room and the lunch was served over two sittings to ensure residents had enough space. Residents sat at tables together chatting and appeared to enjoy the choices available. The inspector saw that some residents had plate guards and adaptive cutlery to maintain their independence with eating.

Positive meaningful interactions were observed between staff and residents throughout the inspection and staff demonstrated good interpersonal and listening skills. It was evident to the inspector that staff were aware of residents' preferences and dislikes. Choice was always respected and care was person-centred. Residents reported they felt safe in the centre and did not feel that there were any restrictions put on them. Residents told the inspector that they choose where to spend their day, what time to get up and return to bed.

Communication aids, signage, picture aids, telephones, radios and newspapers were available for residents. Some residents used technological devices, such as electronic tablets. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The inspector spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents. Staff considered activities an important part of their role to ensure that residents were comfortable and at ease in the environment. A resident told the inspector that "there was lots of things to look forward to during the day". Another said that "there was everything you need here." During the morning, residents enjoyed a visit from a therapy dog and their minder and the dog met residents in their bedrooms and the dayroom. Following this, a group of residents participated in an interactive quiz that was played out on the interactive table. There was lots of banter and fun during the game. In the afternoon a lively music and singing session was led by an external musician, where many of the residents joined in.

There were a variety of formal and informal methods of communication between the management team and residents including conversations and meetings. The inspector read the notes of formal residents' meetings where residents were supported by staff to attend. They made suggestion about menu choices, outings they would like and the variety of activities.

Oversight and the Quality Improvement arrangements

Overall, there was a positive culture in Skibbereen Residential Care Centre towards promoting a restraint-free environment and respecting residents' rights and dignity. Management and staff had spent time focusing on the consideration of each residents' human rights and the reduction of the use of restrictive practices in the centre. The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being compliant and the inspector supported this assessment.

The centre had a statement of purpose that clearly outlined the services available and specific care needs that could be met in the centre. The registered provider had a policy in place for the use of restraint and restrictive practices, that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. This policy was in accordance with national policy and best practice.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. The programme of audits included an audit of restrictive practices. A restrictive practice register was maintained and the person in charge closely monitored safety checks and release practices in the centre.

Pre-admission assessments were conducted by the person in charge to ensure the service could meet the needs of residents admitted to the centre. Following admission, care plans were developed to guide staff on the care to be provided. These were seen to be personalised and were sufficiently detailed to direct care. Where restrictive practices were in use, care plans clearly outlined the rationale for use of these practices and included any alternatives trialled. A multidisciplinary approach was in place where restraints such as bedrails were in use. Care plans were reviewed at a minimum of every four months.

There were detailed behaviour support plans in place to guide staff, when required. This allowed staff to provide person-centred care to the person and avoid an escalation which may require the need for the use of a restrictive intervention management practice. The inspector observed that responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well managed. Some residents were observed walking with purpose around the centre and staff were seen to discreetly monitor these residents to ensure their safety whilst they mobilised around the unit. One resident who

displayed responsive behaviours was supported in a calm and caring manner by a member of staff.

Staff confirmed that there were adequate staff, with the appropriate skill-mix to meet the needs of the residents. Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people, dementia awareness, restrictive practice and responsive behaviour with both, online and face-to-face training, provided for staff working in the centre. Staff were knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern.

Complaints were recorded and investigated by the person in charge. The complaints procedure was clearly displayed in the centre and residents were aware of the process.

Overall, the inspector found that there was a positive culture in Skibbereen Residential Care Centre, which promoted residents' rights and focused on a person-centred approach to care.

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.
-----	---