



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:	Nazareth Care Ireland
Address of centre:	Ballymacprior, Killorglin, Kerry
Type of inspection:	Unannounced
Date of inspection:	September 25 th 2024
Centre ID:	0000287
Fieldwork ID:	MON-41540

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:

	Times of Inspection	Inspector of Social Services
25 September 2024	09:25 hrs to 16:45 hrs	Ella Ferriter

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

This was a one day unannounced inspection to monitor the use of restrictive practices in the designated centre. Findings of this inspection were that residents living in St Joseph's Home were supported to enjoy a good quality of life and the culture within the service promoted person-centred care and a respect for residents' rights. It was evident that the provider was working towards maintaining a restraint free environment where residents were able to live a fulfilled life.

St Joseph's Home provides long term care for both male and female adults with a range of dependencies and needs. It is situated on the outskirts of Killorglin town, County Kerry. The centre lays on a large green site surrounded by farmland and the river Laune runs adjacent to the centre, which could be heard and viewed from some of the bedroom windows.

There were 46 residents living in the centre on the day of this inspection. The inspector completed a walk around of the centre on arrival and observed many of the residents were up and about in the various communal areas, while other residents were having breakfast or being assisted with their personal care. The inspector had the opportunity to meet with the majority of residents living in the centre and spoke with ten residents, to gain an insight into what their life was like in the centre. All residents spoken with expressed extreme satisfaction with the care delivered. They described staff as wonderful, caring and dedicated. The inspector also met with three visitors who praised the kindness of the staff in St Joseph's Home and stated they were very satisfied with the care that their loved one was receiving.

St Joseph's Home is divided into three units called St. Mary's, St. Patrick's and St. Brigid's and bedroom accommodation consists of 30 single bedrooms and nine twin bedrooms, all with en-suite facilities. Two residents told the inspector that they had recently been allocated single bedrooms and this had changed their life as they felt they had more privacy, they were sleeping better and they could decorate it to their liking. The inspector saw that some bedrooms were personalised with residents' furniture from home, refrigerators, family pictures and memorabilia. Residents had access to a secure external courtyard. This could be accessed from a number of doors leading from the main circulating corridors, and residents could walk freely out into this lovely, safe area which had an ample amount of seating, raised flowerbeds and murals on the walls of local scenery

Overall, the design and layout of the premises promoted resident's independence and their free movement around the centre. Corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely. Residents had access an array of communal rooms including two sitting rooms, two dining rooms, a family room and a large chapel. There was also a hair dressing room where residents enjoyed spa experiences and the men enjoyed hot shaves. The inspector saw that there was an array of comfortable seating situated through the centre on corridors and in alcoves, and residents were observed to relax in these areas throughout the day and others spent time in the lounges or their bedrooms. All areas of the centre were bright and spacious with comfortable colourful furnishings. The centre was seen to be exceptionally clean and tidy in all areas.

The inspector spent time throughout the day speaking with residents and observing staff and resident interactions. Residents told the inspector that the staff were very nice and they felt safe within the centre. This was validated by the kind and empathetic interactions the inspector observed between residents and staff on the day. Staff were observed assisting residents in a respectful and unhurried manner. Observations confirmed that staff were aware of residents assessed needs and were able to provide care and support in line with resident's preferences.

Throughout the day, the inspector observed residents being provided with assistance to make individual choices and to maintain and maximise their independence. Residents had a choice to socialise, to participate in activities and to dine in one of the two dining rooms. The activities schedule in the centre was varied and included favourites such as Bingo, arts and crafts and quizzes. On the day of the inspection there were two staff members providing a social programme for residents. They did some reminiscence therapy, games, an exercise class and a pancake cooking demonstration in the afternoon. Mass was offered every day in a large chapel located within the centre, which was very popular and a large cohort of residents attended. Residents told inspectors they loved the live musicians that regularly played in the centre, and others said they looked forward to going on the local outings. Residents were supported and facilitated to maintain personal relationships in the community and encouraged to go to stay with family at weekends, and go to the local pub weekly. The local Puck Fair celebrations had been celebrated in August, where the queen of the festival and the local committee had visited the residents.

The inspector noted that there was a homely, relaxed atmosphere in the centre. Many positive meaningful interactions were observed between staff and residents throughout the inspection and staff demonstrated having good interpersonal and listening skills. The inspector saw reference to this on display throughout the centre with regards to resident's rights, advocacy and encouraging feedback from residents. A sign was positioned outside the main day room saying "Everyone has a home, welcome to ours" which reflected the sense of a homely atmosphere in the centre.

Oversight and the Quality Improvement arrangements

Overall, there was a positive culture in St Joseph's Home towards promoting a restraint-free environment and respect for 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 completed the self-assessment questionnaire prior to the inspection and assessed all of the themes relevant to restrictive practices as being compliant. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that restrictive practices were appropriately used and reviewed. However, some further work was required to ensure that alternatives were trialled and in strengthening of the monitoring and auditing systems. The inspector was satisfied that every effort was made to ensure that people living in the centre were facilitated to pursue their own choices and preferences and that their rights were respected.

There sufficient numbers of staff working in the centre each day, with an appropriate skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There were up-to-date policies and procedures on the use of restraint and the management of responsive behaviours.

Training was provided to all staff in areas such as safeguarding of vulnerable adults, behaviours that challenge and restrictive practices. The inspector found that some training was expired and was informed that there were plans to complete this in the coming weeks. From a review of the training matrix it was evident that some staff had completed training in human rights in 2021. The person in charge informed the inspector that there were plans to roll out training in human rights for all staff in the centre as part of the centres training programme.

There was a complaints policy in place and there was signage in the centre advising on how to make a complaint. The inspector reviewed the complaints log in the centre and it was evident that complaints were documented and they demonstrated that the person in charge was receptive and responsive to complaints from residents. There were no complaints logged in respect of restrictive practices. Residents were reminded during residents meetings on their rights, availability of advocacy services and the process for making complaints.

Prior to admission to the centre the person in charge completed pre-admission assessments of each resident, to ensure the service could meet the needs of people. However, the inspector found that following admission, care plans were not always developed to guide staff on the care to be provided and further detail was required in care plans to ensure that they were person-centred and contained details that clearly outlined the rationale for the use of restrictive practices. Care plans were reviewed at a minimum of every four months.

The restrictive practice register outlined that there were eight residents using bed rails on both sides of the bed. A further five were described as using one bed rail. The inspector saw that in some circumstances, when one bed rail was in use, the other side of the bed

was against the wall. Beds positioned in this way should be deemed restrictive, in that they restrained the personal freedom and mobility of the resident while in bed. The inspector saw evidence that when bedrails were in place at the request of the resident that there was evidence of consultation with the resident and a signed consent form. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment. Where necessary and appropriate, residents had access to sensor alarm mats instead of having bed rails raised. However, opportunities to trial alternatives to bedrails which were available such as low low beds, were not always actioned, in accordance with national policy.

The management team had a schedule of audit in place for the year. There was evidence of some auditing to informing quality and safety improvement in the centre. However, the system was limited and information was not consistently analysed to enable practice reviews and to formulate part of the centres quality improvement strategy.

There were a variety of formal and informal methods of communication between the management team and residents including conversations, meetings and satisfaction survey. Residents' told the inspector that their concerns and complaints were taken seriously and acted on in a timely manner. Residents also had access to an independent advocate. Residents who could not express their own opinions were represented by a family member or a care representative who represented their best interest. Surveys and minutes of meetings reviewed by the inspector showed a high level of overall satisfaction with the service provided. The residents had access to an advocacy service and it was evident that this service was availed of to support residents.

In summary, while some areas for improvement were identified, there was a positive culture in St Joseph's Home supporting the creation of a restraint free environment. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

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.
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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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