



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

## Issued by the Chief Inspector

Name of designated centre:	Baltinglass Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Newtownsaunders, Baltinglass, Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 February 2024
Centre ID:	OSV-0000485
Fieldwork ID:	MON-0042850

## 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 8 February 2024	09:50hrs to 18:20hrs	Bairbre Moynihan

## 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 evident that a restraint-free environment was promoted, and residents had a good quality of life and were supported to make choices about their daily routines.

On arrival the inspector was greeted by a clinical nurse manager. The person in charge and assistant director of nursing were off-site, however, both attended the centre during the walk around the designated centre.

Baltinglass Community Hospital is registered for 60 beds. The registered provider had submitted an application to vary conditions 1 and 3 of the registration and to reduce the bed occupancy to 54 residents in order to comply with the updated regulations from January 2022. On the day of inspection there were 54 residents and the inspector was informed the centre was at full occupancy. The centre is laid out on the ground level with three units – Ceidin, Willow Way and Primrose (an 11 bedded dementia specific unit). The majority of rooms in the centre were twin rooms with shared toilet and showering facilities. There was one en-suite single room on each unit. Communal areas included an open plan day room and dining room in Ceidin and Willow and a large day room and a separate dining room in Primrose. Residents in Ceidin had access to a visitors' room and a smoking room. Improvements were made to the layout of the day room in Ceidin with a fire place installed which is central to the room. The television was placed over the fire place to provide a more homely feel. In addition, the day rooms in Ceidin and Willow were freshly painted.

Residents were complimentary about the staff and care they received. It was evident that staff knew the residents well and were aware of their likes and dislikes. Residents reported that they felt safe in the centre and identified who they would escalate a concern to. Residents confirmed that they could chose when to get up and go to bed with one resident informing the inspector that they did not feel restricted in any way. A small number of residents were facilitated to attend the local town and they informed the inspector that there was no restriction on doing this providing staff were aware.

Residents were consulted about the service through residents' meetings. Three monthly residents' meetings were held which were chaired by a resident and facilitated by an activities co-ordinator. There was evidence that residents raised issues and these were addressed. A resident satisfaction survey was ongoing at the time of inspection. This was provided to residents and their family members in January and the registered provider was awaiting a response. A sample of responses received were reviewed which contained positive responses from residents.

The inspector observed residents freely moving in their units. Each of the units had an enclosed garden. Access to these was via a keypad, the number to which was on display above the keypad. The door to the main entrance that led outside was

unlocked and there was a receptionist at the entrance. The door into the centre was locked and residents had to request if they wanted to go out through this door. A key pad lock was in place in Primrose unit (dementia specific unit). These locked doors were locked for residents' safety and not to restrict their movements.

The dining experience was observed by the inspector in the three units. Residents were provided with a choice of food and staff confirmed that if the resident did not like the choice alternative options were provided. Residents appeared to enjoy their meals and lunch-time was sociable with staff interacting with the residents and providing assistance where required. Some residents chose to remain in their rooms and this choice was respected.

There were four activities co-ordinators on duty on the day of inspection. Residents were observed painting in Primrose and residents in Ceidin and Primrose were completing scrap books of life events. Residents in Willow were doing a crossword on a large white board. In the afternoon there was a party in Willow which was attended by residents from Ceidin. External musicians were in attendance and were accompanied by a resident. Some residents sang and some were enjoying a drink for the occasion. Residents had access to newspapers in each unit. WiFi was available throughout the centre. Roman Catholic mass and a Church of Ireland service were celebrated onsite once weekly. The inspector was informed by both residents and staff that on the Saturday following the inspection, residents and staff were going to play out a mock wedding. All residents and their family members were invited. Some residents were taking part as the mother and father of the bride and groom and a resident would be the celebrant. Following this residents were going to Willow for a celebratory dinner and the wedding speeches.

## Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through reduction in use of restrictive practices and promoting residents rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed all the standards as being compliant. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being.

There was sufficient staff on duty on the day of inspection for 54 residents taking into account the size and layout of the centre. Good compliance levels were identified in online safeguarding training, however, improvements were required in compliance levels with restrictive practice training, dementia training and positive behaviour support training with thirty seven per cent of staff, twenty six per cent of staff and sixty per cent of staff having completed them respectively.

A register of restrictive practices was in place, well-maintained and reviewed on a weekly basis. The register detailed what alternatives were trialled. Restraint use in the centre on the day of inspection was comprised of four bedrails, six bed wedges, one wander alarm and 14 sensor mats. 38 residents had a low profile bed in place. The centre had an up to date policy in place on restrictive practices.

While the centre had introduced a number of initiatives to promote a restraint free environment for example; a restrictive practice bundle which included a decision making tool to guide staff, further improvements were required. The centre had established a restrictive practice committee. The terms of reference of the committee stated that they should meet three monthly. The meeting minutes provided to the inspector were from May 2023 and September 2023. The inspector was informed that there was no meeting in the centre in December due to an outbreak of infection, however, no meeting was planned until the end of February. Agenda items included staff training on restrictive practices and the restraint bundle introduced in the centre. Residents were discussed at regular intervals at a multi-disciplinary meeting (MDT). Management stated that at this meeting they would discuss the trialling of less restrictive options, however, in a sample of MDT records reviewed there was no indication that these were discussed other than a tick box indicating the type or restraint in use. Restrictive practices were an agenda item at one unit meeting (Primrose) but not in the other two units. Audits on the documentation of restrictive practices were completed. Audits were identifying issues, however, no time bound action plan was devised to address the gaps identified.

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 alternatives such as low profile beds and sensor alarms. However, staff had not considered half bed rails as an alternative to full bed rails. The physical environment in Baltinglass Community Hospital 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.

Residents using bedrails had a restrictive care plan in place which was generally person centred and updated four monthly or more frequently if required. Care plans indicated if less restrictive options were trialled. There was evidence that residents signed a consent for the bedrails along with members of the multi-disciplinary team. There was documented discussions with residents and their family members on the risks of using bedrails. Documentation was in place to evidence that 30 minute safety checks were completed on residents with bedrails.

The incidents and complaints logs were reviewed. No incidents were documented in relation to restraint, however, the inspector identified two peer to peer safeguarding incidents that required reporting to the Chief Inspector. These were reported following the inspection. The registered provider had not received any complaints in relation to restrictive practices. The complaints procedure was on display at the entrance to the centre. Residents had access to advocacy services. Posters and information were on display on noticeboards in the centre.

Overall, Baltinglass Community Hospital supported an open culture of positive-risk taking and person-centred care. While opportunities for improvement were identified during the inspection, it was clear that residents enjoyed a good quality of life which they were supported to live 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.

<b>Substantially Compliant</b>	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

<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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