



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 Hospital Ardee
Name of provider:	Health Service Executive
Address of centre:	Townspark, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	28 January 2025
Centre ID:	OSV-0000537
Fieldwork ID:	MON-0046058

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
Tuesday 28 January 2025	09:00hrs to 14:00hrs	Sheila McKeivitt

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

The inspection of St Joseph's Hospital Ardee was unannounced and carried out as part of the thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*. From observations made by the inspector it was evident that respect for residents was promoted and person-centred care approaches were embedded in care practices.

There was minimum use of restrictive practices in this centre, for example; there were no full length bedrails in use and only one of the 17 residents was seated in a reclining chair with a positioning belt, as per their individual assessment.

Following an introductory meeting, to explain the process of the restrictive practice thematic inspection, the person in charge accompanied the inspector on a walk around the centre.

Residents are accommodated in single, twin and triple bedrooms and none of these bedrooms have en-suite facilities. Residents were being assisted with personal care and all were having breakfast in their bedroom in line with their choices. The inspector observed that during personal care, doors were closed or privacy screening was in place, hence the privacy and dignity of residents was maintained by staff. All of the bedrooms and communal bathroom doors had privacy locks in place.

The bedrooms were seen to provide an adequate amount of personal space to maintain their clothes and personal possessions. Residents had personalised their bedrooms and bed spaces with pictures and memorabilia in the space provided around their bed.

Ten of the seventeen residents were assessed as maximum dependency with the oldest resident about to reach their 100th birthday. These residents had complex nursing care needs. The inspector spoke with many residents and one relative during the day. One resident told the inspector that 'staff were so kind to everyone' and another said they 'come as soon as I call the bell'.

There was an outdoor enclosed courtyard area for the residents to use. The inspector observed that this area was freely accessible to residents and the double doors leading from the open plan living area to this garden were unlocked allowing residents to independently access it at all times. Residents had three cats who roamed the garden; the residents enjoyed watching them trying to catch the birds and eating from the many bird tables.

The complaints procedure and details of advocacy services, were accessible to residents on a notice board.

The residents were seen to be engaged in activities during the inspection. There was a schedule of activities with a dedicated staff responsible for the delivery of these activities. The inspector observed one resident whose preference was to remain in

their bedroom having a one-to-one chat with activity staff in their bedroom. Residents spoken with were very happy with the activities provided for them.

Residents had established links with the local community, for example, children from the local schools came into the centre on special occasions. They had been in over Christmas singing Christmas carols. Some of the male residents enjoyed taking a trip out to the local pub and had gone with staff the previous week. There were also local musical groups that performed for residents in the centre each week. Residents said they went on trips out mainly in summer, however had been out shopping prior to Christmas. The centre was within walking distance to Ardee town centre and the many amenities it provided for older persons, and therefore the inspector found that this area of care could be developed further.

Residents spoken with in the dining room gave positive feedback about the food served and the choices available at lunch. Meals were pleasantly presented and looked appetising. Residents who required assistance during the meal were provided with this in respectful and calm manner.

Residents were able to have their say on the service received. During residents meetings various topics had been discussed, including restrictive practices, advocacy services, complaints and the new building that was planned for the designated centre.

Overall, the inspector found that the culture in St Joseph's Hospital Ardee was one where a rights-based approach to care was being practiced and residents' rights were upheld throughout all areas of care delivered to residents.

Oversight and the Quality Improvement arrangements

The provider had a governance structure in place to promote and enable a good quality of service. The person in charge and the other staff members spoken with on the day of inspection had a good knowledge of restrictive practices and, when in use, it was for the shortest amount of time.

The person in charge had completed a self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. This had been submitted to the Chief Inspector prior to the inspection. The findings from this inspection concurred with the self-assessment and the centre was found to be compliant with the standards relevant to restrictive practices.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy, caring for adults with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) policy, positive risk-taking policy, and a consent policy.

There was a restrictive practice committee set up, with the person in charge appointed as the restrictive practice lead, supported by a clinical nurse manager in the centre. The committee had not met to date but the plan was to meet on a monthly basis to review the restraints in use and determine if they could be reduced further. There were representatives from all departments on this committee.

A restraints register had been established to record the use of restrictive practices and it was updated on a weekly basis. There was a restrictive practice audit in place which indicated how compliant the staff were with the policy and identified what improvements were required. The action plans had a responsible person identified and were time-bound.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. The restraint risk assessments included the alternatives trialled prior to restraint being used. Residents with restrictions in place were found to have care plans which clearly reflected a person-centred approach to restraint use. The inspector saw evidence of safety checks being carried out hourly for all those with short length bedrails, which were used as enablers at night.

The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible. The inspector was satisfied that residents were not unduly restricted in their movement around the centre or within their bedroom.

Residents had access to a multi-disciplinary team (MDT) to support in their assessments for restrictive practice use. The MDT comprised of the physiotherapist, occupational therapist (OT) and general practitioner (GP) and there was evidence that

each resident with restraint in use had been assessed. Records reviewed showed these team members had been consulted with prior to the clinical decision being made to use restraint. Residents and, where appropriate, their next of kin were involved in the decision-making process.

Staff were appropriately trained in safeguarding vulnerable adults, responsive behaviours, and in the use of restrictive practice. All staff had also completed training in relation to a rights-based approach to care, assistive decision-making and advocacy.

A restraint-free environment was promoted in this centre and this had a positive impact on the quality of life of residents. A rights-based approach to care was embedded in the culture and the independence of residents was promoted in accordance with the centre's statement of purpose.

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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