



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 Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Patrick Street, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	03 October 2024
Centre ID:	OSV-0000542
Fieldwork ID:	MON-0044867

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 3 October 2024	09:30hrs to 15:30hrs	Geraldine Flannery

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

The inspection of St Joseph's Community Nursing Unit was unannounced and carried out as part of the thematic inspections programme, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

Residents were supported to live a good quality of life in this centre. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individual residents. There was a person-centred culture of care in the centre and the use of restrictive practices had been kept to a minimum.

The centre was seen to be clean, bright and tastefully decorated throughout. The atmosphere was relaxed and calm. Communal areas were seen to be well-used by residents throughout the day. The design and layout of the centre did not restrict the residents' movement. There were signs to orientate and direct residents throughout the centre.

Residents told the inspector that they had freedom of movement to and from their own bedroom and were facilitated to personalise their bedroom with their own belongings. They said the rooms were a good size and contained enough storage space for their belongings.

Residents and their visitors had access to the enclosed garden, the doors of which were unlocked and accessible at all times. Some residents were seen coming in and out independently.

Residents confirmed to the inspector that they felt safe in the centre and their privacy and dignity was respected. Staff were observed providing assistance in a manner that enabled residents to maintain their independence and dignity. Care delivery was observed to be unhurried throughout the day and staff were seen to be patient and kind.

Residents told the inspector that they felt they were listened to. They had monthly resident forum meetings where they discussed a range of items, including activities, menus and any issues of concern they had.

Mealtime in the dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed interacting with staff and fellow residents throughout the mealtime experience.

Residents were complimentary of the food and the choice of food available. Food appeared appetising and was well presented. Residents were allowed ample time to have their meal in a relaxed and unrushed manner. Staff discreetly assisted the residents during the meal times.

The inspector saw many positive meaningful interactions between staff and residents and it was evident that staff had a good knowledge of residents' hobbies and interests. Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The spiritual needs of the residents were facilitated, including Mass celebrated in the centre every week.

St Joseph's had established links with the local community and ensured that residents were facilitated to live the best life possible while upholding their rights. On the morning of the inspection, two local musicians visited the centre and residents were observed enjoying the traditional music.

The complaints procedure was on display in various prominent places throughout the centre. Residents had access to advocacy services, the contact details of which were on display in the centre.

The inspector saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors that spoke with the inspector were complimentary regarding the care their relatives received.

Overall, this designated centre had a positive approach towards minimising restrictive practices and implementing a human rights based-approach to care.

Oversight and the Quality Improvement arrangements

The provider had a comprehensive governance structure in place to promote and enable a quality service. The management and staff spoken with on the day of inspection were committed to ensuring that where restrictive practices were deemed necessary, they were applied by staff that had the required skills and knowledge. They were utilised as a last resort for the shortest time possible, in accordance with best practice. At the time of inspection, two bedrails were used in the centre and there were a small number of sensor alarms in use.

The person in charge had completed and submitted a self-assessment questionnaire to the Chief Inspector, prior to the inspection. The 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' wellbeing.

Staff had the required competencies to manage and deliver person-centred, effective and safe services to all residents. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice and a rights-based approach to care.

Staff competency assessments on the use of restrictive practices were completed annually. There was a restraint trainer who provided supervision, assistance, shared learning and training to staff. Managers were on duty daily to supervise staff and to address areas of staff competencies, if required. There were regular case reviews and meetings with risk on the agenda.

Residents had access to a multi-disciplinary team (MDT) to aid assessments, including assessments of restrictive practices. The MDT comprised of the nursing team, physiotherapist, occupational therapist and medical officer and there was evidence that each resident with restraint in use had been assessed. Residents were encouraged to take part in the restrictive practice decision and were informed of the potential risks of using any form of restraint. Consent was sought from the residents and next-of-kin, if appropriate.

A restraint log was made available which was used to record and monitor the use of restrictive practices in the centre. It was reviewed on a monthly basis in order to reduce and/or eliminate the use of restraint. Regular audits on restrictive practices were in place with timely action plans.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. These included the alternatives trialled prior to the current restraint being used. Residents with restrictions in place were found to have detailed care plans in place. There was a check list in place where staff would ensure residents were safe and comfortable. The risk was reviewed on a daily basis and documented.

The physical environment was set out to maximise resident's 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 centre had relevant policies in place to protect residents' rights including protection of the vulnerable adult and restraint.

The management team and staff had awareness of the impact and risks of restrictive practice and were committed to a restraint-free environment. They effectively balanced the safety concerns with the rights of the older adults to dignity, autonomy and freedom. Regular reviews, informed consent and minimizing restrictions were used to ensure the ethical treatment of residents in St Joseph's Community Unit.

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.
-----	---