



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

## Issued by the Chief Inspector

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| Name of designated centre: | St Fiacc's House                              |
| Name of provider:          | St Fiacc's House Company Limited by Guarantee |
| Address of centre:         | Killeshin Road, Graiguecullen, Carlow         |
| Type of inspection:        | Unannounced                                   |
| Date of inspection:        | 28 November 2023                              |
| Centre ID:                 | OSV-0000554                                   |
| Fieldwork ID:              | MON-0041114                                   |

## 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 |
|-----------------------------|----------------------|------------------------------|
| Tuesday 28<br>November 2023 | 09:00hrs to 14:00hrs | Helena Budzicz               |
| Tuesday 28<br>November 2023 | 09:00hrs to 14:00hrs | Geraldine Flannery           |

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

Overall, residents spoke positively about their experience of living in St Fiacc's House. The centre had a very homely feel, and the residents told the inspectors that they were happy living there and that their rights were respected in how they spent their days. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

The inspectors observed that many residents were up and dressed on the morning of the inspection. They appeared well-groomed and had their hair and clothing done in accordance with their preference.

The inspectors spoke with residents to elicit their opinion on the service being provided in the centre. Overall, residents said that they felt listened to and had the opportunity to make choices in their daily lives. Inspectors heard that some residents drove their cars to the shop to pick up their newspapers or went on a drive whenever they wanted to.

They said they were happy knowing that their car was parked securely outside in the car park. Another resident told inspectors that they take public transport at least once a week to visit family in another town.

Residents informed the inspectors that they felt safe living in the house, and the staff were very kind. Residents spoke positively about the management, saying 'they really care and take everything personal'.

One resident informed the inspectors that it was like 'home from home', while another said, 'You could go the length and breadth of Ireland, and you wouldn't find anywhere nicer than here'.

The inspectors observed that residents were receiving good care and attention. Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed.

Inspectors observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. There was relaxing music playing in the background during the mealtime. The lunch food served on the day of the inspection was seen to be wholesome and nutritious. When asked about their food, all residents who spoke with the inspectors said that 'the food was excellent'. Residents said that there was always a choice of meals, there was plenty to eat, and it was always hot and tasted good. The menu was displayed in the dining room, and the tables were laid out with cutlery, condiments and flower arrangements for the residents to access easily. The inspectors observed the meal time service to be well-managed and unhurried.

Staff were observed to speak with residents kindly and respectfully and to interact with them in a friendly manner. There was a comfortable familiarity between the staff

and residents that created a positive atmosphere, and all parties appeared to enjoy the lively banter. The inspectors also observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Residents were supported to enjoy a good quality of life in the centre. An activity coordinator was on site to organize and encourage resident participation in events. An activities schedule was on display, and the inspectors observed that residents could choose to partake in bingo, exercise and music. Inspectors observed the creative Christmas cards that were made by residents at the arts and crafts class on the morning of the inspection. Residents had access to daily newspapers, television and the radio.

The spiritual needs of the residents were met by Mass being live-streamed on television every morning. Residents had access to advocacy services, and information posters were displayed around the centre.

Residents told the inspectors that the hairdresser came to the house every Thursday, and they said that 'they loved getting their hair done'. Other residents informed the inspectors that they enjoy going out to get their hair done by their own regular hairdresser who did their hair 'for all the years'. The inspectors heard how residents enjoyed the various outings scheduled for them, including a recent trip where they 'enjoyed coffee and scones in a different environment'.

The centre was seen to be bright, clean and tastefully decorated throughout. The design and layout of the home promoted free movement and relaxation. There was sufficient private and communal space for residents to relax in. Picture collages were displayed throughout the centre of various events, including resident birthday celebrations. Residents had easy access to an enclosed outdoor garden, which was well-maintained.

Residents' bedrooms were neat and tidy. Residents who spoke with the inspectors were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures, soft furnishings, photographs, and other personal items in their rooms, which gave the rooms a homely feel.

## Oversight and the Quality Improvement arrangements

There was a positive and proactive approach towards restrictive practices, and as a result, no physical restrictive practices were used in the centre on the day of the inspection.

The restraint register was maintained in the centre. The centre included key-pad locks as part of the environmental restrictive practices. Risk assessments were completed and updated on a regular basis to ensure that the use of restrictive practices remained appropriate and proportionate to the assessed needs of the residents.

The inspectors saw that the staff in the centre were actively promoting positive risk-taking based on informed decisions for residents who wished to maintain their independent lifestyles. The residents told the inspectors that 'they were aware of the code and only needed to sign their name in the 'visitors book' when leaving the centre as any other visitor'.

The person in charge had completed the self-assessment questionnaire prior to the inspection. A quality improvement plan was developed following the completion of the self-assessment.

The person in charge conducted pre-admission assessments, with the view of restrictive practices used in the residents' previous home environment, to ensure that the centre could meet the residents' needs after admission.

There were policies in place to support and promote a restraint-free environment, including emergency or unplanned use of restrictive practices to guide practice in the centre.

There was adequate supervision of residents with staffing levels on the day of the inspection that were suitable to the assessed needs of the residents. Staff were supported and facilitated to attend training relevant to their role, such as safeguarding vulnerable people, dementia care, restrictive practices and human rights-based approach to care. The inspectors observed that staff were knowledgeable and applied the principles of training in their daily practice.

Restrictive practices were monitored in the centre regularly through restrictive practices audits and various human rights-based approach care audits. This data was discussed at weekly governance meetings, health and safety meetings, staff meetings, and staff handovers.

The inspectors saw that the provider and all staff in the centre were aware of the importance of quality of life for residents and were committed to achieve and maintain a restraint-free environment in order to maximise residents' rights and choices on how to live their lives.

## 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

| <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> |   |
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| 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> |  |
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| 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.                                   |

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| 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

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| 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

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| 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

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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |
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