



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

## Issued by the Chief Inspector

Name of designated centre:	Cashel Residential Older Persons Services
Name of provider:	Health Service Executive
Address of centre:	Our Lady's Campus, The Green, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	19 July 2024
Centre ID:	OSV-0007812
Fieldwork ID:	MON-0043894

## 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
Friday 19 July 2024	09:00hrs to 17:00hrs	Mary Veale

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

This was an unannounced focussed inspection on the use of restrictive practices. 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. The use of restrictive practices had previously been at a high level and had steadily reduced over the past number of years.

The inspector observed residents in various areas throughout the centre, for example many residents were walking along the corridors and others were sitting in the day rooms. The atmosphere was relaxed and calm. The inspector observed that a number of residents were in their rooms in the morning. Most residents had their bedroom doors closed and privacy screens were in use in the shared rooms. The design and layout of the centre did not restrict the resident's movement. The inspector observed residents in the centres communal areas throughout the day of the inspection.

Cashel Residential Older Person's Service is situated in the town of Cashel, in Co. Tipperary. The centre is registered for 60 beds. The centre provides long-term care and short-term care for residents requiring respite care. On the day of inspection there were 58 residents living in the centre. The environment was homely, clean and decorated tastefully. The centre had two separate buildings. The main campus was a three storey building which contained two units, Tir na Nóg unit on the first floor and Croí Oir unit on the second floor. St Clare's unit was a stand alone unit on the grounds of Our Lady's Hospital campus. St Clare's unit provided care for residents with dementia.

There was a choice of communal spaces. For example; in the main campus, there were two day rooms on the first and second floors, two dining rooms on the first floor, and an oratory on the ground floor. Dining and day rooms had Abel tables which allowed easy access for residents in wheelchairs, and the tables could be raised, and lowered in accordance with the requirements of the residents. St Clare's unit had two large bright day room spaces. Both spaces had dual functions as a dining room or sitting room space, and alternated in use to take advantage of natural light during the winter to summer months. There were designated outdoor smoking areas on the Tir na Nóg unit.

Bedroom accommodation consisted of single and twin bedrooms, most had ensuite facilities with a shower, toilet and wash hand basin and a small number of rooms had access to shared en-suite facilities. The privacy and dignity of the residents in the multi-occupancy rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Assistive call bells were available in both the bedroom and en-suite for residents' safety. Staff were observed discreetly assisting residents and knocking on doors before entering bedrooms.

Residents' had access to enclosed garden areas. The main campus had a large enclosed garden area at the front of the building which was easily accessible. The large garden had level walkways, a large wall mural, and seating for residents. Croí Oir unit had a small roof top garden overlooking the Rock of Cashel. There were three rooms with balcony areas on Tir na Nóg unit. St Clare's unit had an attractive, enclosed garden space. The inspector was informed that residents were encouraged to use the garden spaces.

An electronic locking system was observed in place on the front door into the main reception area and the entrance doors to all units. The inspector was informed that residents who were able to use the key-code pad could do so if they wished. The inspector observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents were seen mobilising independently and with the use of mobility aids around the centre throughout the day.

Residents told the inspector that they were consulted with about their care and about the organisation of the service. Residents said that they felt safe in the centre and their privacy and dignity was respected. Residents told the inspector they liked living in the centre and that staff were always respectful and supportive. Residents told the inspector that their call-bells were answered promptly and they were content and well looked after in this centre.

Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences. Staff demonstrated a good understanding of safeguarding procedures, and responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

There was adequate supervision of residents with staffing levels on the day of inspection suitable to the assessed needs of the residents. Staff were supported to perform their respective roles with ongoing mandatory and additional training. Staff whom the inspector spoke with were aware of practices that may be restrictive, for example, low beds, and bedrails. Staff were very knowledgeable of the individual and person-centred needs of each resident.

There was a designated outdoor smoking area from Tir na Nóg unit which was freely accessible to residents who wished to smoke. There were two balcony areas from two bedrooms on the Tir na Nóg unit which were also designated smoking areas for residents living in these rooms. The inspector spoke with a person who used one of the balcony smoking areas. The resident said that they could have a cigarette at any time of their choosing and their cigarettes and lighter were kept in a secure area.

Residents spoken with were complimentary of the home cooked food and the dining experience in the centre. Residents stated that there had been improvements in the dining experience and that the quality of the food was very good. The inspector observed the dining experience at dinner time in one of the dining rooms on Tir na Nóg. The dinner time meal was appetising, well presented and the residents were not

rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times. Residents were observed chatting and laughing with staff and fellow residents throughout the meal time experience.

Arrangements were in place for residents to feedback and contribute to the organisation of the service. Residents told the inspector that the person in charge and nurse management were always available to them and were responsive to their needs and requests. In addition to this informal feedback, there were residents' meetings and an annual satisfaction questionnaire for residents. Residents whom the inspector spoke with said that their family and friends could attend the centre any time. Residents were supported to access the SAGE advocacy and the national advocacy agency if required or requested.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The centre had four activities staff responsible for providing activities in the centre. Residents enjoyed daily group exercises, arts and crafts, and enjoyed music sessions. A number of residents told the inspector that they particularly enjoyed trips to a local coffee shop. Residents were happy with the choice and frequency of activities and told the inspector that staff go out of their way to facilitate their requests and needs. Visitors were observed coming in and out of the centre throughout the day and told the inspector that they were always welcome and were assured of the care provided.

## Oversight and the Quality Improvement arrangements

There was a positive approach to reducing restrictive practices and promoting a restraint free environment in this centre. The person in charge was familiar with the guidance and had been working with the management and care team to reduce and eliminate where possible restrictive practices. The centre had completed the self-assessment questionnaire and had developed a targeted improvement plan. Resources were made available for staff training and for equipment such as low to floor beds.

Staff had undertaken mandatory training in restrictive practice and in dementia awareness training. A clinical nurse manager had undertaken a train the trainer course in restrictive practice management and had provided training on each unit. This was a significant investment made by the provider and underlies their overall commitment to reducing restrictive practices. The inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspector observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

A register of restrictive practices in use was maintained on each unit in the centre. The centre had reduced the number of bedrails in use from 35 in 2022 to 21 bedrails in use on the day of inspection. A restrictive practice resource folder was available for staff on all units. The centre had set up a human rights base approach committee, this was multi-disciplinary committee and there was a plan to have a resident representative on this committee. The inspector was informed that restrictive practice would be a standing item on the agenda for this committee to discuss.

The centre had a service specific policy on the management of restrictive practices which was written in plain English and promoted the rights of residents. Consent forms for residents that had a physical restriction were signed by the resident in conjunction with the nursing staff and in consultation with the resident's family if appropriate. Restrictive devices were discussed at unit meetings and formally reassessed at a minimum of every four months or sooner if indicated.

Overall there were good governance structures in place with ongoing auditing of restrictive practices and feedback informing quality and safety improvement in the centre. There was good oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. There were appropriate risk assessments for bed rails, responsive behaviours, environmental risks and falls with the least restrictive controls in place. Falls management was good in the centre. All incidents were recorded and investigated. Post falls protocol included immediate and appropriate management of the resident with neurological observations monitored for all unwitnessed falls.

Complaints were recorded in a paper based complaints log book on each unit. The registered provider had integrated the update to the regulations (S.I 628 of 2022),

which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The complaints procedure was displayed in the centre and residents who the inspector spoke with were aware of the process. A number of complaints had been received in 2024. All of these complaints were satisfactorily dealt with.

Over the previous three years the centre had changed the nursing documentation system which was observed to be fully implemented across all of the units in the centre. Validated assessment tools were used to risk-assess residents' needs and to ensure that each resident was supported in positive risk-taking through an informed decision, with the information on the rationale and possible risks associated clearly documented. The bed rail assessment tool described the alternatives tried and instructed staff members to perform regular safety checks and instructions on restrictive practice use and release. There was an associate care plan which was prepopulated with a list of generic care needs. Improvements were required to ensure care plans were sufficiently detailed to guide staff to provide the person-centred, individualised and respectful care which the inspector observed being delivered to residents.

The inspector summarised that there was a positive culture, with an emphasis on reducing restrictive practice use in Cashel Residential Older Person's Service. Improvements were required to the residents care plans. 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.

### 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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