



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

Issued by the Chief Inspector

Name of designated centre:	St. Anthony's Unit
Name of provider:	Health Service Executive
Address of centre:	Glennconnor Road, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 January 2024
Centre ID:	OSV-0007836
Fieldwork ID:	MON-0042026

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 23 January 2024	09:00hrs to 14:15hrs	Catherine Furey

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 clear that residents enjoyed a good quality of life in the centre. Residents were generally supported to make choices about their daily routines, for example, they could choose when to go get up, or go to bed for a rest. The inspector identified that some residents had limited choice of their main meal on the day of inspection, and due to staff absences, the planned activities schedule could not be implemented. These findings are discussed throughout the report.

The inspector arrived to the centre in the morning and was welcomed in by staff. Some residents were up and dressed, seated next to their beds, having finished breakfast and some others were still in bed, or being assisted by staff with their needs. This is a small centre, registered for 18 beds, and there was one vacant bed on the day of inspection. Two of these residents were in hospital. The centre is a single-storey premises, comprised of residential accommodation four single rooms, a twin room and three four-bedded rooms. There is a very large communal room at one end of the building that provides lounge, dining room and activities facilities. The communal spaces required review to ensure that inappropriate storage was not contained within them unnecessarily. For example, the lounge contained a number of large supportive chairs, and other items that were wither in use, awaiting repair, or awaiting to be disposed. This detracted from the overall feel of the centre as the residents' home.

Residents had access to a newly-constructed patio area which was fully enclosed. Access was via a push-bar door, allowing residents to go outside independently. Management and staff told the inspector that although the door was not physically locked, due to it being a fire exit door, it was alarmed. A key was located on the wall beside the door to isolate the alarm. The inspector observed that when the door was opened it triggered a loud alarm which rang at the nurse's station. The noise level of the alarm did not contribute to a homely atmosphere. The management team stated that they would review the necessity of this alarm.

Residents told the inspector that they were consulted with about their care and about the organisation of the service. Residents felt safe in the centre and their privacy and dignity was respected. Residents told inspectors they liked living in the centre and that staff were always respectful and supportive. Staff were observed providing timely and discreet assistance, enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided care in accordance with individual resident's choices and preferences. Staff demonstrated 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).

The inspector observed some physically-restrictive devices such as bedrails in use. As discussed in the next section of the report, while the risk assessment prior to the use of these devices was good, associated care planning required strengthening. Some resident were using potentially restrictive equipment such as chair sensors, which alarmed when the resident stood up. The inspector observed that these were used appropriately, and staff did not deter the resident from moving on hearing the alarm.

The inspector observed lunch time in the centre. Nine of the 15 residents in the centre on the day attended the dining room. Food was delivered in portions via the main kitchen in the adjacent hospital, in a temperature-controlled trolley. This was then portioned out by staff in the dining room and served directly to residents. While the daily menus evidenced a choice of two main courses, on the day of inspection there was only option delivered from the main kitchen for residents who required a modified consistency diet. Residents who did not require modification had two choices. The inspector observed that residents who required assistance with meals were facilitated in a timely manner. Residents told the inspector that the food was "excellent" and the staff were "the best".

Residents' concerns and complaints were acted on in a timely manner. Residents' meetings were held regularly and minutes of these evidenced good interaction and discussion on different agenda items such as activities and food. Recent satisfaction surveys completed by residents and their families evidenced a 99% overall satisfaction rate with all aspects of the service provided.

The activities planner in the centre outlined the morning activity as hairdressing and barbering and the afternoon activity as balloon and parachute game and a famous Irish people quiz. These planned activities did not go ahead, as the centre was short-staffed. The desired staffing levels of one activities coordinator, three healthcare assistants, and one designated one-to-one healthcare assistant special were not in place. Two healthcare assistants and the activities coordinator were on leave at short notice and could not be replaced. This meant that activities were very limited, and the resident with 11.5 designated one-to-one hours, did not fully receive this care. The inspector found, that with 15 residents in the centre, staff were able to maintain adequate levels of care and support, by the two healthcare assistants and three registered nurses who were on duty.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through a careful approach in use of restrictive practices and an emphasis on promoting residents' rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed all the standards relevant to restrictive practices as being substantially compliant. St Anthony's Unit had a record of restrictive practices in use in the centre. This was updated daily by staff and reviewed weekly by nursing management. On the day of inspection, six of the 17 residents living in the centre were using bedrails and one was using a lap belt; all were considered restrictive. There had been no increase in the use of this equipment in the past year, and the majority of the use was by the same residents, who had been living in the centre for a long period of time. A sample of safety checks of restrictive practices were reviewed and these were completed in line with national guidance.

The registered provider had introduced a comprehensive restrictive practice assessment form which was completed for each resident with a restrictive practice in place. All residents with bedrails and lap belts had a consent form in place. There was evidence that the risks of such equipment were discussed with residents and family members prior to the restrictive device being put in place or a trial without a restrictive practice. Written consent was signed by the resident, where possible, and members of the multi-disciplinary team. There was also evidence that residents' care representatives were informed about the restrictive device.

Despite a strong risk assessment and consent process, the template in use did not prompt staff to develop an individualised care plan. For example, the care plan was pre-populated and in some cases, no attempt was made to personalise the care plan to the resident's needs. This was in contrast to all other care planning for example, mobility and nutrition needs, which were rich in personal detail. At the end of the inspection, management acknowledged that further improvement was required in relation to care planning related to restrictive practices.

The inspector was informed that a small number residents displayed responsive behaviours. A review of these residents' associated care plans identified triggers and distraction techniques to minimise the behaviours in a person-centred way. There was good use of behaviour charts to document the behaviours, which were then used to inform subsequent medical or psychiatric reviews.

Staff members were knowledgeable about restrictive practices and were able to describe the different types of restraint in use in the centre. In-person training had been completed for all staff in restrictive practices and dementia care, which encompassed positive behaviour support. Staff were also up-to-date with online training in the safeguarding of vulnerable adults. The restrictive practice policy was updated in April 2023 and was in line with the national guidance published by the Department of Health, and Health Service Executive (HSE) guidance. The policy referenced the national safeguarding and consent policies. The policy on responsive

behaviour and care of residents with dementia was out of date, having last been updated in January 2020. Management advised that this was currently under review.

Regular audits were completed on restrictive practice and psychotropic medication use for the management of responsive behaviours. Areas for improvement were identified following analysis of the information. For example, it was recommended that an advanced nurse practitioner review some residents, and this was seen to have been completed. The person in charge had created guidance folders for staff with all pertinent information in relation to restrictive practice and residents' rights. Additionally, restrictive practice was a standing agenda item at staff, clinical governance, and quality and safety meetings. A restrictive practice committee had been set up, which included staff of different grades and departments working in the centre. One meeting had been held so far, with a plan to continue to meet and discuss initiatives to promote a reduction in restraint use and the further promotion of residents' rights.

The incidents and complaints logs were reviewed. Three incidents were received by the office of the Chief Inspector in relation to responsive behaviours between residents in the centre. Records indicated that these incidents were well-managed in the immediate aftermath, fully investigated, and control measures put in place to minimise the risk of the incidents recurring. Residents' care representatives were kept informed of these incidents, in line with the centre's policy on open disclosure. The person in charge discussed the learning from the incident with staff. The complaints procedures were on display in the centre and the timelines for responding to and reviewing complaints were in line with the regulation. Advocacy services were available to residents, and contact details for these were on display along with information leaflets for residents and visitors.

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 low profile beds and half bed rails, instead of having full bed-rails raised. The physical environment 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.

Overall, the inspector identified that management and staff in St. Anthony's Unit were committed to promoting a restraint-free environment for residents. While opportunities for improvement were identified during the inspection, it was clear that residents enjoyed a good quality of life 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.

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.
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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

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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