



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

## Issued by the Chief Inspector

Name of designated centre:	St. Peter's Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Sea Road, Castlebellingham, Louth
Type of inspection:	Unannounced
Date of inspection:	21 February 2024
Centre ID:	OSV-0000122
Fieldwork ID:	MON-0042018

## 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
Wednesday 21 February 2024	09:40hrs to 14:30hrs	Sheila McKevitt

## 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 centre. Residents are accommodated in 63 single bedrooms and three twin bedrooms all with en-suite facilities. The residents also had access to a communal bathroom and a number of communal spaces.

This centre has a positive approach towards the human rights based-approach to care. Residents spoken with and their relatives told the inspector that their rights were upheld and that they had freedom, this included to come and go from the centre, once they informed staff of their plans.

The use of restraint in this centre was minimal. The inspector saw that there were no bedrails in use, one resident with a lap belt and fourteen with floor alarm mats. All these residents had their restrictive practice risk assessments reviewed at a minimum within a four monthly time period. A small number of residents had their cigarettes held at their request by staff.

The nursing home was accessed by calling the front door bell. A receptionist controlled the front door from the reception desk. Visitors and residents could come and go via the front door, the code was discreetly visible to those who could use it. Visitors were asked to sign the visitors' book and those spoken with confirmed that there were no visiting restrictions.

Residents and their visitors had access to a number of safe and secure internal courtyards, the doors of which were open making them accessible to residents at all times. Some of these doors, were alarmed and the alarm was activated when a resident exited into the enclosed garden.

Residents had been registered to vote in the upcoming referendum and a ballot box was being arranged to be brought into the centre. They had access to daily and weekly newspapers and each had access to a television in their bedroom and in a number of communal rooms.

Some residents showed the inspector around their bedroom and said they were facilitated to personalise their room and many rooms were seen to contain items personal to that individual. They said their bedroom was cleaned every day and complimented the service provided by the household staff. There was a lockable facility in all bedrooms.

There were no restrictions on when residents could access their bedrooms and some were chilling out in their bedroom doing their own thing, while others were entertaining their visitors. All bedrooms, en-suites and communal bathrooms had locks on the doors which facilitated residents to ensure their privacy.

The inspector observed that staff were kind and caring towards residents, greeting them as they passed and stopping to chat with residents as they met them along the corridors. The staff appeared calm and very much focused on their individual needs, they knew the residents well.

Residents and some of their family members spoken with on inspection told the inspector that the standard of communication between them and the staff was excellent. They said they were kept informed of their health status and of what was going on in the centre.

Residents spoken with were aware of the complaints policy which was displayed throughout the centre. No one had any complaints, they voiced only praise for the quality of care they received from staff. Contact details of the National Advocacy Service and Sage advocacy service were on display.

Residents were supported to establish links with the local community, for example, they told the inspector how they used the local taxi service to go on day trips. A group of residents spoken with informed the inspector how much they enjoyed their trips out, especially those to the sea-side.

Residents said there was no shortage of activities and the variety on offer was excellent. The weekly activities schedule was on display throughout each unit and residents said they had the choice of whether to attend or not. One person said they loved going out and having a walk in the courtyard as and when they wanted to. Residents said they had a say in how the centre was run, they attended the resident meetings where they voiced their opinion and they said that their voices were heard.

One resident spoken with said life changed when they came into the centre but the main thing for them was that they felt safe and secure. They said their rights were upheld, they were not restricted in any way, they had the right to choice and lived their life the way they wanted.

## Oversight and the Quality Improvement arrangements

The centre was advanced in achieving a restraint-free environment and had put a lot of work into ensuring residents' rights and choices were maximised.

Prior to the inspection, the person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This 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' well-being.

Discussion with the assistant director of nursing confirmed that they were aiming to reach a restraint-free environment. Where restrictive practices were used, they had ensured that their use was proportionate and deemed to be the least restrictive option.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. The person in charge was the restrictive practice lead and a restraints register had been established to record the use of restrictive practices in the centre and was updated each week. A restrictive practice committee was in the process of being established with a plan to include a representative from each discipline.

The use of all restrictive practices was referenced in the centre's annual review and it reflected a downward trend in the use of restraint. The plan was to continue to include this information in the centre's annual review of quality and safety.

The contents of the restraints register and the restraint risk assessments assured the inspector that alternatives to restraint were available and trialled prior to any form of restraint being used. It also assured the inspector that the use of restraint in the centre was gradually being reduced and staff had access to alternative less restrictive equipment. The focus was now on ensuring the rights of residents were upheld at all times.

The records reviewed showed that there was a multi-disciplinary approach taken to making decisions about the use of restraint. The resident and their next-of-kin (at the resident's request) were involved in the decision-making process. Residents with restraint in use had a restraint assessment and a mental capacity assessment completed. These documents outlined the alternatives that had been trialled prior to restraint being used. In addition, each resident had a person-centred care plan in place outlining what and how these restraints were to be used, applied and for how long. However, the care plans were not always updated to reflect the restrictive practice register, the risk assessment or restrictive practice in place. (Heresay)

Discussion with various members of the staff and a review of training records confirmed that they had appropriate training on restrictive practice and felt that this training informed their understanding of restrictive practice and how it could impact on the individual. Most staff had completed training on human rights, including the FREDA (fairness, respect, equality, dignity and autonomy) principles and a human rights based approach to care, some still had to complete this training.

The inspector observed that complaints made were addressed in line with the centre's policy and they were reviewed by the named complaints reviewer as per policy.

## 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>	
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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