



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Macroom
Name of provider:	Carechoice (Macroom) Limited
Address of centre:	Gurteenroe, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	27 May 2024
Centre ID:	OSV-0000209
Fieldwork ID:	MON-0043761

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
Monday 27 May 2024	09:20hrs to 16:25hrs	Ella Ferriter

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

The feedback from the residents living in Carechoice Macroom was that they were very happy living there and they were highly complimentary of the staff and the overall running of the centre. The inspector spent time observing staff and resident engagement and found that staff were patient and kind and that residents were treated with respect and dignity.

Carechoice Macroom provides care for both male and female adults, with a range of dependencies and needs. The centre can accommodate 62 residents and there were 61 residents living in the centre on the day of this inspection. It is a four storey facility, three floors allocated to residents and the basement houses laundry and storage facilities. The centre is divided into four named wings, Bealick (ground floor), Gearagh North and South (first floor) and Mount Massey (second floor). The names of these floors depict local places around the Macroom countryside. Bedroom accommodation consists of 42 single and 10 twin bedrooms. Furniture in some bedrooms, specifically wardrobes, required upgrading and these had been ordered and were awaiting installation on the day of this inspection.

The inspector noted that there were ongoing upgrades to the premises with the aim of making it more homely and comfortable for residents. New furniture had been ordered for the communal room called the "Coffee doc" and walls in communal rooms and the reception areas had been decorated with panelling and wallpaper. The dining room was welcoming and homely with seating for all residents available and tables were nicely set with white tablecloths and crockery. Residents told the inspector they loved the new décor and sharing their ideas on how to improve the centre.

On arrival, just after 9am the inspector observed there were 10 residents in the centre's main dining room having their breakfast. There was conversation between residents and the local radio station playing in the background. The inspector saw that residents appeared well cared for and groomed with their jewellery on and hair styled. There was a full time staff member allocated to this room to assist residents and give them the breakfast meal of their choice. Staff and residents informed the inspector that residents could arrive at the dining room at any time of their choosing to have their breakfast. Residents told the inspector they enjoyed this time of the day.

Throughout the day the inspector observed that the atmosphere in communal rooms on the ground and first floor was relaxed and inviting. There was a staff member allocated to activities in each room and residents were seen to engage in dog therapy, quizzes, newspaper reading and reminiscence. Some residents told the

inspector that they were looking forward to an outing the following day where they were going down to a local village called Tombs to a tea dance. A review of residents meetings evidenced that residents had requested additional days out of the centre and this had been acted upon by the team of staff. There were plans for summer outings to garden shows, beaches, Cobh harbour and local villages where residents were from. One member of staff who lived on a farm had arranged for a day trip to the farm for residents and pictures were displayed on the walls of the day out which they had really enjoyed.

Residents told the inspector that they had choice about where they would like to spend their day, what time to get up and return to bed. Resident reported to the inspector that staff did not restrict their freedom of choice or movement. Residents were knowledgeable about who the person in charge was. Residents voiced that they would not hesitate to make a complaint and if they had brought anything to the attention of the staff it was always acted on immediately.

There were two main outdoor areas for residents available. The inspector saw that the larger of the two was currently being developed and enhanced with new furniture and seating areas. Access to this area was observed to be unrestricted and there were smoking facilities available for residents in this area. The second outdoor area was an elevated balcony off the sitting room in Gearah. The person in charge advised that the doors were usually left open during the day for residents who wished to go outside, subject to them having sufficient awareness and capacity to be safe while doing so. The inspector acknowledged that may not be safe for some residents to go outside without sufficient supervision or support. Residents that spoke with the inspector confirmed that the garden areas were used when the weather was good and they were looking forward to the new upgrades and furniture for the summer.

Residents were supported to maintain personal relationships and links with the community in accordance with their wishes. Residents told the inspector they were encouraged and supported to go to concerts and home for weekends with their family if they wished. Staff in the centre brought residents to the local pub to enjoy drinks and music and into the local town shopping at their request. There was also access to the local GAA pitch which was in close proximity to the centre. The centre had just joined the local tidy towns committee and there were plans for further community engagement with local schools and community groups. Residents were facilitated with their civil rights and voting was scheduled to take place in the centre on the week of this inspection.

The inspector had the opportunity to meet with three visitors who all spoke very positively about the care their loved one received. They confirmed that they were welcome and free to visit their family daily and there were not any restrictions.

The inspector summarised that residents living in Carechoice Macroom enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

Oversight and the Quality Improvement arrangements

Overall, the inspector was satisfied that there was a positive culture in the centre towards promoting a restraint-free environment. Both the person in charge and the clinical nurse manager on duty on the day of inspection were clear in their understanding of the risks of restrictive practices and their potential impact on residents. They actively sought ways to reduce restrictive practices by trialling alternatives. The management team had completed the self-assessment questionnaire. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that their human rights were respected.

A complaints policy was in place and there was signage in the centre welcoming complaints and advising on how to make a complaint. The inspector reviewed the complaints log in the centre and it was evident that complaints were well documented and demonstrated that the person in charge was receptive and responsive to complaints from residents. There were no complaints logged in respect of restrictive practices. The residents had access to an advocacy service and it was evident that this service was availed of to support residents.

The inspector was satisfied that there were sufficient numbers of staff available to meet the needs of residents. Residents could choose where and when to have their meals. The daytime dining experience had recently been reviewed and enhanced and the lunchtime meal was observed to be a social event. Staff were available to assist residents with their meals in a discreet manner. Staff were seen to chat with the residents during the meal and talked about topics of interest to the resident.

Staff were appropriately trained in the management of responsive behaviours, restrictive practice and the promotion of human rights. Policies in place were under review to ensure that they were aligned to current practice.

The centre had a record of all the restrictive practices in use in the centre. This detailed the time and date of use, the resident's unique identifier and the type of restraint. The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of its use in the centre. The inspector reviewed the care plans for residents who had bedrails in place and found clear documentation in place. There was evidence to show that staff had trialled alternative less restrictive methods of keeping residents safe. For example: removing bedrails for residents for a specified period of time. There was evidence of multidisciplinary team input to inform care delivery.

There had been a reduction in the use of restraint within the service in the last year. There were seven residents' assigned bedrails on the day of this inspection, five of these being requested by residents. The inspectors saw evidence that when bedrails were in place at the request of the resident that there was evidence of consultation with the resident and a signed consent form. The management team were very clear that bedrails would not be used on the request of residents' family or representative.

Pre-admission assessments were conducted by the person in charge to ensure the service could meet the needs of people. Following admission, care plans were developed to guide staff on the care to be provided. Care plans were reviewed at a minimum of every four months. There were detailed behaviour support plans in place to guide staff, if required. This allowed staff to provide person-centred care to the resident and avoid an escalation which may require the need for the use of a restrictive intervention management practice. Care plans were being enhanced and developed to ensure they included residents' social history and preferences for activities and social stimulation.

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 low beds and alarm mats instead of having bed rails raised. The physical environment was set out to maximise resident's independence regarding flooring, lighting and handrails along corridors. Inspectors were satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment.

The management team had implemented a quality management system. There was evidence of ongoing auditing and feedback informing quality and safety improvement in the centre. A monthly report was submitted to the senior management team which provided oversight of restrictive practices at individual and service level, where information was analysed to enable practice reviews. This formulated part of the centres quality improvement strategy. Auditing and monitoring of practice was carried out.

In summary, the inspector was satisfied that there was a positive culture in the centre towards promoting a restraint-free environment and respect for residents' human rights and dignity.

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.
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