



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Navan Road Community Unit
Name of provider:	Health Service Executive
Address of centre:	Community Unit, Kempton Housing Estate, Navan Road, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	15 September 2023
Centre ID:	OSV-0003709
Fieldwork ID:	MON-0041465

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
Friday 15 September 2023	09:20hrs to 15:20hrs	Margo O'Neill

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

This was an unannounced inspection to review the use of restrictive practices in Navan Road Community Unit, a designated centre for older people. Prior to the inspection, the centre's Person in Charge and clinical nurse managers (CNM) completed a self-assessment questionnaire which reviewed the centre's current responses to managing restrictive practice in the centre from a qualitative and quantitative perspective.

The environment was observed to be a safe place, where residents' independence and freedom of movement is encouraged and maximised. The centre is a single storey building with 38 registered beds provided in a mix of single and twin bedrooms. Some of the single rooms had en-suite bathroom facilities. Bedrooms had sufficient storage facilities for residents' personal items, a lockable space and sufficient floor space for residents to carry out their activities of daily living and mobilise unimpeded. Twin bedrooms were configured with privacy curtains to ensure residents' right to autonomy and dignity were upheld. For example, each resident could enter and exit their bedrooms and access a hand wash basin without entering other residents' private space. Many residents had personalised their bedrooms with items of furniture, pictures of loved ones and other personal objects. En-suite bathrooms and communal bathrooms observed provided adequate space for residents to carry out their personal activities independently or with support if required.

There were a number of living rooms and a dining room where residents took their meals, relaxed and spent time and partook in activities. The centre's largest sitting room was found to be a bright space with nice views of the external garden courtyard. All communal spaces were observed to contain appropriate furniture to enhance residents' mobility and independence. Residents who spoke with the inspector reported that they were happy in the centre and said it was 'very homely'.

The inspector observed that the dining room tables were laid with care to enhance the dining experience for residents and menu options were visible on a chalk board within the dining room and immediately outside the large sitting room to ensure that residents

were informed regarding the choice of meals available each day. Residents could also choose to take their meals in their bedrooms if that was their preference.

There was evidence of appropriate signage throughout the building which assisted residents in wayfinding and orientating themselves to key locations such as the gardens, dining room and so on.

Key information about what was happening in the centre, including the centre's activity schedule was displayed on boards throughout the centre. Other important information such as information regarding advocacy services was also available throughout the centre.

There was a range of facilities for residents to use such as a well-equipped hair salon and two rooms that had been converted to create 'a pub' and a '1950s dining room' in which residents could spend time with their visitors.

These rooms had been decorated with items of memorabilia and antique furniture to create a sense of being in an Irish pub and a 1950s dining room. With the exception of the clinical, laundry and other service areas, all areas in the centre were freely accessible with unrestricted access for all residents to spend time as they wished.

Access to and from the main building was via key-coded door. Management explained to the inspector that residents who were risk assessed as safe to leave the centre independently were provided with the code to allow their independent entry and exit to ensure that this did not impinge upon residents' rights to free movement.

Residents had access to several enclosed courtyard garden areas. These areas were well maintained and contained raised planters, bird boxes, colourful wall and floor murals. New chairs, tables and benches had also been put in place since the last inspection, these were seen to be of good quality and appropriate height to ensure residents were well supported when sitting and enjoying the outdoors.

Residents were encouraged and supported to retain their independence and connection to the external community. For example; residents were seen to receive visitors throughout the day and there were a number of private spaces for residents to receive their guests other than their bedroom.

There was positive interactions observed between staff and residents. Staff knew and understood residents' conduct, behaviours and communication needs well and those who spoke with the inspector were very positive about the staff saying that they were 'so kind', would 'do everything you ask' and that they felt 'listened to'.

Visitors reported visiting was unrestricted in the centre and they were warmly received in the centre by staff. Residents' relatives also reported positively regarding the 'ethos of care and support' provided in the centre and that they felt staff 'always looked out' for the residents.

Residents were also supported to attend events important to them external to the centre. For example, residents were supported to get their travel passes to access the local trains and buses to go on outings with the centre's staff to the city centre and other towns. The inspector was informed and saw pictures of many resident excursions such as when residents had visited the Bloom Festival, Croke Park and local hotels for lunch.

There was regular residents' committee meetings to ensure resident participation in the running of the centre and that residents' voices were heard. Records of these meetings indicated a comprehensive agenda was covered and that there was active engagement from residents and feedback received to inform quality improvement and changes in the centre.

There was a comprehensive activity programme in place that included regular outings exercise classes, sing-a-long sessions, pet therapy and so on. There were two dedicated activity staff members employed to coordinate and provide occupational and recreational activities programme for residents. The inspector observed that the staff in the centre had prioritised creating an inclusive and engaging environment for all residents. For example, the inspector observed that there were items of furniture such as enable tables to enhance comfort and access for residents who required high support chairs or wheelchairs. Equipment such as a 'magic table' and a 'reminiscence car' or booth were available for residents with cognitive impairment to provide recreational opportunities.

Residents' right to choice was supported; for example, residents could choose how to spend their days, when to get up and go to bed, to attend activities or not and when to eat. The inspector observed that meal times were a relaxing and enjoyable experience for residents who engaged in conversation and laughter with other residents and staff.

Oversight and the Quality Improvement arrangements

The inspector found that there was a positive attitude in the centre in promoting a restraint free environment to ensure and maximise residents' rights and choices. The management of the centre had reviewed current practices with regard to restraint policies, documentation and oversight and had made amendments and improvements to these processes. For example, the inspector was provided with the centre's recently updated policy and new document for recording consent when restrictive practices were implemented.

A restrictive practice committee had been established to monitor and review practices across the service. The committee reviewed key performance indicators and trended and analysed information to inform the service where improvements around restrictive practice was required. Management undertook ongoing audits to ensure all restrictive practices in place had been assessed, risk assessed and planned appropriately and to ensure that where restrictive practices were required, that it was as a last resort, for the shortest period of time and with the least restrictive option available.

A restraint register was in place to record the use of restrictive practices in the centre. The inspector found that there was an ongoing low level of restrictive practice utilised within the centre. Records provided to the inspector indicated that the majority of staff had completed training in 2023 in reducing and eliminating restrictive practices and in supporting residents living with dementia. Further training dates were also set to ensure all staff received this important training to inform practice.

A sample of resident care records were reviewed. These demonstrated that there was ongoing clinical and risk assessments completed and person centred care records were in place where restrictive practices were implemented. Care records viewed by the inspector confirmed that Multi-disciplinary team reviews occurred to review the use of restrictive practices and to assess the impact of these practices on the residents' well-being. There was ongoing review and trialling of less restrictive alternatives where safe

to do so and ongoing safety checks. Rationale for the use of restrictive practice and residents' views and preferences were also seen in resident records.

The registered provider had made available sufficient resources such as sufficient staffing levels, alternative lesser restrictive equipment and devices to promote a restraint free environment.

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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