



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

Issued by the Chief Inspector

Name of designated centre:	Queen of Peace Nursing Home
Name of provider:	Queen of Peace Nursing Home Limited
Address of centre:	Churchfield, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	19 July 2024
Centre ID:	OSV-0000379
Fieldwork ID:	MON-0044206

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 19 July 2024	10:30 hrs to 15:30hrs	Lorraine Wall

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

This was an unannounced focused inspection on the use of restrictive practices in the designated centre. From what residents told the inspector and what the inspector observed, it was clear that residents were very well supported to enjoy a good quality of life in this centre and that the culture within the service promoted person-centred care and a restraint free environment.

On arrival to the centre, many of the residents were observed to be up and about in the various communal areas of the centre, while others were having breakfast or being assisted with their personal care.

Queen of Peace nursing home is situated in Knock, Co. Mayo. The centre provides accommodation for a maximum of 32 residents. On the day of the inspection, there were 27 residents living in the centre.

Residents' accommodation is comprised of single and twin ensuite and non ensuite bedrooms. Many residents' bedrooms were nicely decorated with personal belongings such as photographs and artwork. There are two communal areas available for residents' use in the centre, which residents were observed using. All areas of the centre were spacious with comfortable furnishings. The centre was observed to be clean and tidy in all areas. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

The inspector spent time in the communal areas of the centre, speaking with residents and observing staff and resident interactions. There was an activities coordinator on duty on the day of the inspection. This staff member was observed facilitating residents with a range of activities in the day room including singing, dancing and the use of picture cards for residents living with dementia. The inspector also observed the activities coordinator completing one to one activities with residents who preferred not to take part in group activities.

Residents had access to activities that involved an element of positive risk taking, which enhanced their well-being. Social outings were encouraged and there were a number of outings planned for the coming months. Residents had access to television, radio and books which residents were observed using throughout the day of the inspection.

Nursing staff had recently completed training in the management of restrictive practices and the inspector found that staff had the required competencies to deliver effective and safe care to residents. While the health care assistants had yet to complete training in restrictive practices, staff who spoke with the inspector were found to be knowledgeable in relation to restraints and had the required competencies to meet the needs of the residents.

There was unrestricted access to most areas within the centre. The front door had a keypad in place; however, those residents who had good safety awareness had the

code for the door and were capable of coming and going without restriction. Other residents who spoke with the inspector said that they did not need the code for the door and were happy to go in and out with the support of staff or their visitors. The inspector also reviewed documentation of discussion with these residents, which confirmed that they had been offered the code of the front door and had declined.

The inspector observed that there were a number of residents who were facilitated to go out in the local community and these residents attended day care locally or mass in the local basilica.

The inspector found that residents' rights were respected and there was a person centred approach to care. A number of residents had a positive risk taking assessment in place including an assessment for a resident who drives their own scooter to the local village and another resident who drives their own car.

Each resident had a restrictive practice care plan in place which detailed their access requirements and their level of safety awareness.

Residents had choice within their day to day lives, for example; choice of meals, what activities they took part in and where they spent their day.

Residents told the inspector that the staff were very nice and they felt safe within the centre. Staff were observed to be kind and empathetic, and delivered care in an unhurried and respectful manner. Residents who spoke with the inspector talked about how kind the staff are and this was evident through the jovial and empathetic interactions observed by the inspector.



Oversight and the Quality Improvement arrangements

The inspector spoke with the provider, the person in charge and clinical nurse manager who confirmed that the centre actively promoted person-centred care in a restraint-free environment, in line with national policy and best practice. The inspector was satisfied that efforts were made to ensure that people living in the centre were facilitated to pursue their own choices and preferences.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review.

The provider promoted a restraint free environment in the centre, which was in line with local and national policy. Records showed that the provider had explored and made available less restrictive options for residents, in line with the national restraint policy and there was evidence that a number of the equipment trials had been successful, including low low beds and crash mats. There was also a reduction in the use of floor sensor mats, which had decreased from eight to two in the previous six months.

The provider had ensured that there were adequate arrangements in place for the oversight and review of restrictive practices.

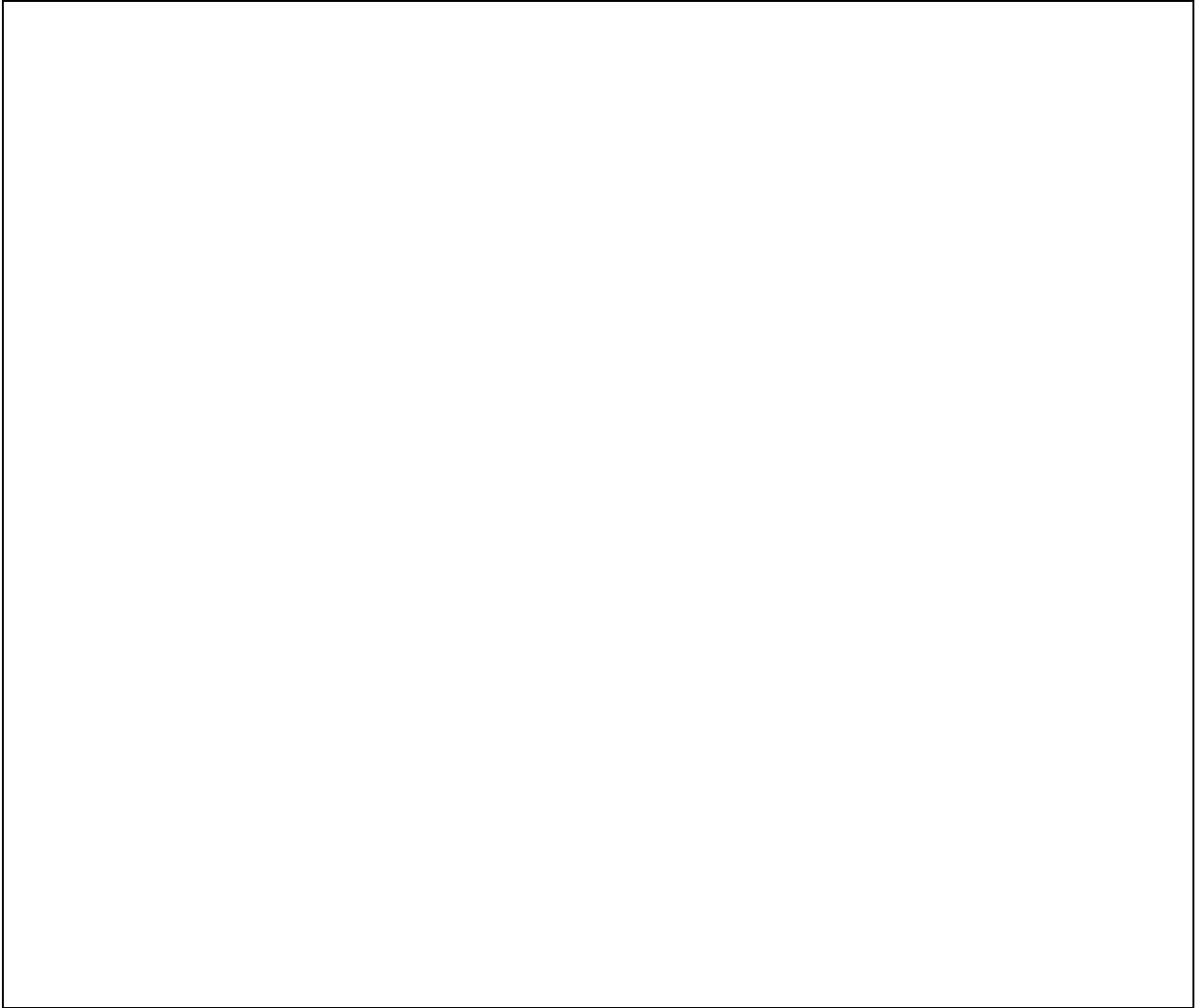
A restrictive practice register was maintained which accurately recorded and monitored the use of each restraint. The identified restrictions were risk assessed and comprehensively assessed all risks associated with the use of each restriction and also detailed the alternative options considered. Each consideration of a less restrictive measure was detailed in the residents' care plan.

Residents care plans were person centred and contained details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months.

The inspector reviewed positive risk taking assessments for a resident who goes put on their scooter and another resident who drives their own car and found that these were comprehensive.

Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible. Policies were available for review by both staff and residents throughout the centre, which provided staff with guidance on the use of restrictive practices. There were sufficient numbers of suitably qualified staff on duty on the day of the inspection and the inspector was satisfied that there were sufficient resources in place in the centre to support residents' assessed needs and which allowed people to live in a restraint-free environment. Communal areas were appropriately supervised.

The inspector reviewed the minutes of regular staff and management meetings and found that restrictive practice is a standing item on the agenda



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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