



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

Issued by the Chief Inspector

Name of designated centre:	Ballinasloe Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Creagh Road, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	09 November 2023
Centre ID:	OSV-0005270
Fieldwork ID:	MON-0041482

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
Thursday 9 November 2023	10:00hrs to 18:00hrs	Rachel Seoighthe
Thursday 9 November 2023	10:00hrs to 18:00hrs	Sarah Quilter-Lee

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 the centre. Prior to the inspection visit, the person in charge completed a self-assessment questionnaire, which reviewed the centre's current responses to managing restrictive practice in the designated centre. Inspectors found that the management team were working towards maintaining an environment where residents were supported to live a good quality of life. Inspectors heard positive feedback regarding 'very good care'.

There was a relaxed atmosphere in the centre where residents' views were valued and respected by the staff team. Throughout the day inspectors observed residents being provided with assistance to make individual choices and to promote their independence.

Ballinasloe community nursing unit (CNU) is a purpose-built designated centre, located on the grounds of the St. Brigit's Campus, Creagh in Ballinasloe. The designated centre is registered to provide care for 50 residents, with resident bedroom accommodation consisting of four twin and forty two single rooms, with en-suite facilities. Upon arrival to the centre, inspectors were met by the person in charge. Following an introductory meeting, inspectors commenced a walkabout of the designated centre.

The centre is divided into two distinct units which are located on two floors, known as the Clontuskert and Clonfert suites. During the walkabout inspectors found the centre was clean, bright, and well maintained. Inspectors noted that there were a number of accessible private and communal spaces for resident use, such as communal sitting rooms, dayrooms and quiet rooms. There was a relaxed atmosphere in the centre and inspectors observed that the majority of residents were up and about and following their normal routines. Some residents were seen to be mobilising independently, whilst others were observed using mobility aids. Inspectors noted that residents who required staff assistance with their mobility were supported in a timely manner. Call bells were answered promptly. Several residents were observed making their way to communal rooms where activities and a mass service were underway.

Observations and discussion with the staff and management team, demonstrated that staff were aware of residents care needs. Inspectors observed that there were sufficient staff on duty. This enabled staff to respond in an unhurried, person-centred manner and ensured that resident's individual needs were met.

There were opportunities for residents to engage in activities in this centre in accordance with their capacities and capabilities. An activities schedule was displayed and the programme of planned activities included exercises, gardening, arts and crafts and flower arranging. Rosters demonstrated that health care assistants were allocated to facilitate individual and group activities, such as a recent cinema outing.

Inspectors observed that residents could move freely between both floors, which were accessible by stairs and two passenger lifts. The front door of the designated centre was unlocked and residents confirmed they could freely walk throughout the designated centre. Residents were observed mobilising freely throughout the centre during the inspection. Residents had unrestricted access to an enclosed garden areas adjacent to the dining room. Key codes were required to access some rear exits doors and these were displayed, using a caterpillar image.

Inspectors observed staff and residents interaction in the communal areas. Residents were observed to be relaxed and the atmosphere in the centre was unhurried and welcoming. Conversations between staff and residents were kind and respectful. Residents spoke positively about living in the centre and one resident expressed that they had "settled well". Residents reported that they had choice on how they would like to spend their day and they were able to walk outside alone and attend community outings with family members.

There were spacious dining room facilities on both floors and residents were observed enjoying food and refreshments throughout the inspection. There were facilities for residents to prepare beverages and light snacks independently. Residents who required assistance from staff were supported at meal times. Some equipment was adapted to enable residents to drink independently. Inspectors observed that residents could eat their meals in their preferred location. One resident had a small refrigerator in their bedroom which enabled them to access snacks and cold drinks at their leisure.

Resident's private facilities were spacious, comfortable and tidy. There were accessible en-suite bathrooms and there was sufficient storage for personal possessions, such as wardrobes and lockable presses. Inspectors noted that all resident bedrooms were fitted with ceiling hoists, to aid resident mobility. Privacy screens were available to ensure resident dignity was maintained. Bedrooms were decorated with items of personal significance items such as photographs and soft furnishings. Resident personal clothing was stored neatly and inspectors noted that the person in charge had implemented an effective labelling system in response to resident requests.

Residents had access to radios, televisions and call bells. Inspectors noted that communication aids, had been provided for several residents, such as communication boards and booklets. Hand rails were in place along all corridors of the centre and in resident bathrooms, to enable residents to mobilise safely and independently. Positive risk taking was promoted in the designated centre.

There were outdoor and indoor smoking areas which were accessible and adequate in size. The majority of residents had retained their own cigarettes. Inspectors spoke with a resident who confirmed they could access the smoking area independently, at any time of their choosing.

Inspector met several residents in their rooms. Residents chatted about their lives prior to coming into the designated centre. They expressed satisfaction with the care provided and inspectors were told that residents were able to maintain their own routines in relation to personal and social care.

There was no restriction on family or friends visiting the home and inspectors observed that many residents had received visitors throughout the day of the inspection. Inspectors spoke with a visitor who attended the daily, and they expressed their appreciation for the welcome received from staff.

Oversight and the Quality Improvement arrangements

Inspectors found that there was a positive approach to promoting a restraint free environment in the designated centre. The management team demonstrated a commitment to providing person-centred care and to continued reduction or elimination of the use of restrictive practices.

The registered provider of this designated centre was the Health Service Executive. The provider was represented by a manager for older persons services. There was a person in charge of the centre who was supported in their role by two clinical nurse managers. There were clear lines of accountability and authority. A clinical nurse manager was allocated to deputise when the person in charge was absent from the centre.

The overall objective of the designated centre was to provide a person-centred approach to care, empowering and supporting residents to be as independent as possible and to live meaningful and fulfilling lives. There was good knowledge among the management team surrounding residents care needs and day-to-day operational issues. Staff communicated well and worked as a team to ensure care was delivered in a person-centred manner, in line with the centre's philosophy of care. Inspectors were satisfied that residents were consulted regarding restrictive practice. The person in charge was available to meet the residents informally on a daily basis, and there were records of monthly resident meetings. There was evidence that issues raised by residents were addressed. For example, the person in charge had introduced a new labelling system in response to resident concerns regarding the management of resident personal clothing. There was access to independent advocacy services.

There was a restraint policy in place which guided staff regarding the introduction of restrictive practices. In instances where it was deemed necessary for restrictive measures to be implemented, an appropriate risk assessment was carried out beforehand. Records confirmed that least restrictive options were considered first and there were examples found where low profiling beds were provided to residents as an alternative to bed rails. There was a review procedure in place to ensure that these measures were still needed in the care of the resident. Inspectors viewed records which demonstrated occasions where use of restraints were eliminated completely, for a number of residents. For example, records demonstrated that a resident had required a low profiling bed and a crash matt due to a deterioration in their mobility. When the resident was rehabilitated, the use of restrictive practices were reviewed by the management team. Following the review, a risk assessment and care plan were revised. The elimination of restraint was trialled successfully. The resident was supported to use a standard height bed with integrated bedrails at the top of the bed, which served as enablers to aid their bed mobility.

The provider demonstrated good awareness of restrictive practice. There was regular oversight and monitoring of restrictive practices through the use of a restrictive practice register. The register was reviewed weekly or when changes occurred. Recorded restrictive practices included the use of low-low beds, crash mats, falls alert scanners and a small number of sensor mats. Cigarettes were held for one resident and there was an appropriate risk assessment in place. Care plans contained person-centred details regarding the support for the resident when restrictive practices were implemented. For example, care plans detailed where residents had communication or hearing deficits. A review of records

indicated that residents were consulted and a multi-disciplinary approach was taken when restrictive practices were being considered.

Inspectors found that there were effective management systems in place to support oversight in relation to restrictive practices. Management meetings were used as opportunities to discuss and trend restrictive practices. There were communication systems in each unit, and inspectors viewed records of daily safety pauses which demonstrated an awareness of risk and control measures, required to reduce incidents and accidents. There were arrangements in place to evaluate and improve the quality and safety of the service through scheduled audits. Inspectors observed that audits effectively identified areas for quality improvements and action plans were implemented. There was evidence of enhanced access to staff training and improvement in the outdoor environment for residents. The management team also identified areas for improvement in their restrictive practice audit, which outlined challenges in accessing some health and social care professional staff and additional activities for residents with cognitive impairment and communication deficits.

Staff training records were reviewed and they demonstrated that staff had received appropriate training around restrictive practice, and the person in charge had scheduled further training, on various dates in November 2023. Staff demonstrated a good understanding of restrictive practice and managing risk to protect residents from harm. Records confirmed that staff had attended safeguarding training and staff were able to confidently discuss how they would be able to support residents should they have a concern about their safety. Training records demonstrated that there was a focus on enhancing the activity programme for residents with dementia or a cognitive impairment. The person in charge had ensured that health care assistants, who were facilitating activities, received additional training in the provision of dementia specific programmes, such as sensory therapy and exercise sessions. Inspectors noted that further oversight the implementation of social care plans was required, as activity attendance records lacked detailed regarding the frequency, goal and level of engagement with individual activities.

Overall, inspectors found that there was a positive culture in Ballinasloe Community Nursing Unit home where management and staff recognised the rights of the residents and were focused on the providing a person centred, 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.
-----	---