



**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:	The Village Residence
Name of provider:	Health Service Executive
Address of centre:	St Mary's Residential Care Service, Dublin Road, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	04 September 2024
Centre ID:	OSV-0000538
Fieldwork ID:	MON-0044437

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
Wednesday 4 September 2024	09:30hrs to 16:00hrs	Sheila McKevitt

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

This was an unannounced focused inspection on the use of restrictive practices. Improvements in restrictive practices would enhance the quality of life and autonomy of residents living in the centre. The culture within the service promoted person-centred care however, improvements were required to ensure the person-centred care being provided was consistently of a high standard.

On arrival to the centre residents were observed in communal areas while some residents remained in their bedrooms. Breakfast was being served and staff were assisting residents with their meals while other staff were assisting residents with personal hygiene needs.

The inspector observed staff interacting with residents in a respectful manner by knocking on the bedroom doors before entering or calling out to a resident to inform them of who they were before they entered. However, the inspector was informed by one visitor that residents' privacy, dignity and respect was not always maintained, due to the residents' advanced dementia and potential risk of displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) when staff attempted to provide them with personal care.

There were no restrictions on when residents could access their bedrooms or the communal spaces and most residents were observed in the communal areas of the centre. The residents living in the new building had access to and were observed participating in activities in the centre. Residents in the old building however, did not have access to meaningful activities until 14.00hrs as the two rostered activities staff had been allocated elsewhere. One was escorting a resident to a medical appointment, while the second staff had escorted a small group of residents to a local day care facility.

During a walk around the inspector cross-referenced the restraint in use with that recorded in the weekly updated restraint register. The inspector found that not all the restrictions in place were identified by staff as a restrictive practice.

Minutes of residents' meetings held on a monthly basis were reviewed by the inspector. There appeared to be a good attendance at each meeting. Residents said they had a say in how the centre was run, they attended the resident meetings where those that were able to voice their opinion said that they were listened to.

The complaints procedure was on display for residents to read, together with contact details for a number of external advocacy services available to residents.

Overall, residents who spoke with the inspector expressed a high level of satisfaction with the service provided to them and said they felt safe living in the centre. However, relatives spoken with said that the standard of care was not as good as it had been. They believed this was because there were not enough staff rostered on duty to meet the needs of the 54 residents, and due to a heavy reliance on agency staff.

Oversight and the Quality Improvement arrangements

The provider had a comprehensive governance structure in place to promote and enable a quality service. The two assistant directors of nursing and the other staff members spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and, when in use, their use was for the shortest amount of time. There were 21 residents with bedrails in use, one with a lap belt and one with an impact/crash mat at the time of inspection and there were no sensor alarms in use.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. This had been submitted to the Chief Inspector prior to the inspection, however the findings of this inspection show that there are opportunities for further improvement.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy, caring for adults with responsive behaviour policy, positive risk-taking policy, and a consent policy.

A restraints register had been established to record the use of restrictive practices in the centre and was updated on a weekly basis. However, it did not reflect all the restrictive practices in use on the day of this inspection.

A restrictive practice committee had also been established and had one meeting to date, the minutes of which were reviewed. The inspector noted that a representative from each department was not represented in the committee.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. Those with bedrails in use did not have a bedrail risk assessment completed and it was not clear what alternatives had been trialled prior to restraint being used. For those with other restraints such as lap belts in place they did not always have a risk assessment in place. Residents with restrictions in place were found to have detailed care plans in place and the care plans of those with bed rails in place stated they were to be checked two hourly when in use and the inspector observed that these checks were recorded for all those with bedrails in use.

There was no restrictive practice documentation audit in place and the inspector noted that this area of oversight required strengthening.

The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors, which were wide. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible. The inspector was satisfied that residents were not unduly restricted in their movement around their specific unit or the ability to access other areas of the centre.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, and ongoing training was scheduled to ensure all staff training remained current. However, further training was required in relation to restrictive practices to ensure staff were clear on what constituted a restrictive practice.

A restraint-free environment was being promoted to ensure a good quality of life was experienced by residents. However, further improvements were required to ensure the practice was fully established and to ensure a rights-based approach to care was embedded in the culture and the independence of residents was promoted in accordance with the centre's statement of purpose.

The high dependency on agency staff required review to ensure the use of non-permanent staff did not negatively impact the service provided to residents.

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.

**Substantially
Compliant**

Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction 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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