



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

## Issued by the Chief Inspector

Name of designated centre:	Killarney Community Hospitals
Name of provider:	Health Service Executive
Address of centre:	St Margaret's Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	27 September 2024
Centre ID:	OSV-0000568
Fieldwork ID:	MON-0044119

## 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 environmental<sup>1</sup> 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.

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<sup>1</sup> 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 27 September 2024	10:00hrs to 18:00hrs	Mary O'Mahony

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

This was an unannounced inspection to monitor the use of restrictive practices, in the designated centre. Findings of this inspection were that, management and staff had a clear commitment to providing person-centred care, to residents. Residents in Killarney Community Hospital had a good quality of life, and in general, residents' rights and independence were promoted. On the day of inspection the atmosphere was relaxed and care was seen to be delivered by kind, knowledgeable staff, who were familiar with residents and their wishes.

Killarney Community Hospital is a designated centre for older people, registered to accommodate 65 residents. There were four vacancies on the day of this inspection. The centre is situated on the outskirts of Killarney town and is located in a large, old workhouse-era, building. There was plenty parking space to the front of the centre, which is located on a large campus, with the district hospital and other health care departments on site. A new building was reported as, almost completed, on another site in the town and all residents spoken with were excited about the prospect of having single rooms with ensuite showers and toilets, as well as lovely gardens in 2025.

On entry to the centre, the inspector's first impressions were that the centre was very clean and there were sufficient staff on duty to cater for the needs of residents. This was evidenced by timely responses to call bells, and by the attentive interactions, seen throughout the day. Resources had been invested since the last inspection, in some internal painting, and new soft furnishings. The walls were decorated with nice pictures and the communal rooms were tastefully decorated. Some aspects of maintenance of the premises were pointed out as requiring attention, such as painting of store rooms and damage to two "fire safe" doors, The provider undertook to address the door repairs without delay. In addition, the personal evacuation plans (PEEPS) for residents, required updating, to ensure all staff were able to avail of correct instructions for each resident, in the event that an evacuation was necessary. During the inspection an audit of all such plans was initiated.

Following an opening meeting, the inspection commenced with a walk around the centre, with the person in charge and the assistant person in charge (ADON). The inspector spoke with residents in their bedrooms, sitting rooms and dining rooms throughout the day. In the morning, some residents were in the process of getting up, some were relaxing, and others were entertaining visitors. One resident told the inspector that breakfast was served in their bedroom, and other residents said it was their preference to have lunch in their bedrooms. However, upwards of 20 people were seen to have their dinner and tea, in the dining room between Hawthorn and Heather. They said they enjoyed the camaraderie of dining in a group, with staff available to support them and to chat. Meals were observed to be carefully presented and a number of choices, including chicken tenders and chips, were seen to be provided, when requested.

The centre was comprised of three separate units, all located on a ground floor level, namely, Fuschia, Hawthorn (male residents) and Heather (female residents).

Hawthorn and Heather were located in a single storey building. The first floor of the building where Fushsia was located, comprised of the board room, management and therapists' offices. The main kitchen and staff areas were located between both buildings. The majority of residents were accommodated in four bedded rooms, with shared bathroom and shower facilities located on the corridors. Within the centre there were 13 rooms with four beds, three twin rooms and eight single rooms. The inspector observed that residents in the single rooms had sufficient storage for personal belongings and a good sized TV. Nevertheless, for some residents living in the four bedded rooms, storage space for personal belongings was very limited, and consisted of "half-size" single wardrobes and a locker. In one situation, for example, a resident was seen to have their outdoor coats hanging on the outside of the wardrobe and in another case, the clothes were bulging out of a wardrobe, due to the lack of space, which meant the wardrobe door could not be closed. Some residents had access to an extra chest of drawers, which had alleviated their storage issue to some extent. However, the inspector found that some of these drawers were filled with care products, instead of personal items for residents. In addition, all four residents shared one TV, located up high, over the door to the ward, which meant that choice and viewing was restricted for some, depending on their location in the wards and their physicality, as it was not easy to be looking upwards at the TV if a resident had frailty issues.

Outdoor space for the residents of Hawthorn and Heather units was limited to the front of the building, which was mainly a pathway and car parking, and consequently was not suitable for independent outdoor walking. Residents living in Fuschia however, had access to a well-planted, enclosed garden, which had appropriate garden furniture and nicely planted flower pots. The ADON said that these pots were planted in the summer by a group of local, Fetac level 5 students, who were very well liked and enthusiastic, during their placement in the centre. The door to this garden was observed to be open throughout the inspection day.

There was a busy, environment in the centre and visitors were present in each unit. A number of these spoke with the inspector and said that their family members were safe, with no unnecessary restrictions on their freedom. The inspector was informed that there was a focus on creating a restraint free environment, while maintaining resident safety, within the confines of the centre and the available amenities. Of the 61 residents in the centre on the day of inspection, 15 had been assessed as requiring bedrail use, which had been appropriately risk assessed, by an occupational therapist and staff of the centre. In addition, there were six sensor, safety bracelets in use. The provider had also invested in a number of low-low beds, for anyone at risk of falling, due to their inability to maintain safe positioning in bed, as a result of their medical condition. A small number of residents were observed to use tilted chairs that had also been assessed, as to their use, by an occupational therapist. Residents using these chairs were immobile, due to their health issues, and the chairs were acquired, following clinical assessment of need. Therefore they were not in use as a restrictive practice. Care plans clearly outlined the rationale for use of these specific chairs, and described the precautions and checks to be maintained.

Additionally, some residents in Fushsia unit were seen to be wearing sensor, safety bracelets, which caused the main door of the Fushsia unit to lock, when they walked

past a certain point in the corridor. These residents had been identified as, at risk of absconson. Staff said that these bracelets were constantly reassessed and removed when no longer required. Nevertheless, consent forms had not been signed for their use and an assessment of alternatives, to the use of the sensor bracelet, had not been included in the care plans. In addition, the risk assessment used in support of their use had not been correctly evaluated. For example, one person wearing a sensor bracelet, had a score of one on the form, indicating low risk, and when reviewed with the staff member the score was revised to three, meaning the risk was high, justifying the use of the sensor bracelet. There was no local policy statement, or restraint policy, in place, to guide staff on the use of these restrictive bracelets and staff and residents would benefit from written guidance on their use. This was an issue of importance in the context of the implementation of the Assisted Decision Making (Capacity) as amended, Bill 2022, the acknowledgement of residents' capacity, and their fluctuating capacity, to consent. This aspect of care required review and training.

In general, staff actively engaged with residents and there was a social atmosphere in evidence throughout the day. The inspector spent some time in the day room and observed that suitable, varied music was playing on the large screen TV, as well as mass being said. There was newspaper reading, one to one interactions and chair based exercises. In the afternoon, a suitable, comedy movie was playing, as well as a bingo session and card playing in the main sitting room. The inspector observed photographs on display, demonstrating that therapy dogs visited residents, and staff explained the therapeutic benefits that the residents, gained from spending time with these specially trained dogs. The inspector spoke with staff and they stated that they understood their role, in facilitating and supporting the psychological and social well-being of residents. They said they helped to facilitate activities, such as providing singing, gardening, walking, shopping and hand massages, including at the weekends.

The inspector observed that notices were displayed encouraging residents to have their say, and to advise them about the advocacy services available to them. Staff said feedback was encouraged. An effective internal and external advocacy service was in place and this service was currently in use for a number of residents. The inspector spoke in detail with six relatives, in a number of venues, sitting in the communal rooms and in residents' bedrooms. Visitors, said that "a cuppa" was always offered to them, at tea rounds. Those spoken with said that, in general, there was good communication with staff. They said there was no problem visiting at any time and staff ensured residents were facilitated to go out with them, to their homes or elsewhere, when this was requested.

The person in charge stated that training had been provided in the use and risks of restrictive practice. However, there were no records available for this on file or on the training matrix. The person in charge undertook to provide confirmation of the training following the inspection. In addition, while restrictive practice was discussed at senior management level, there was no local restrictive practice committee in place, to enable evaluation and discussion on the rational for any restraint. The person in charge stated that this would be addressed, and the subject would be highlighted at the in-house staff meetings.

The inspector met with all residents during the day, and sat and spoke in more detail with ten residents. Residents described to the inspector how they liked to spend their day and stated that they could approach management staff if they had any concerns. Residents were supported and facilitated to maintain personal relationships in the community. For example, they visited local shops with family and activity personnel. They described their recent visits to Muckross House and Miltown creamery. This provided great opportunities for conversation and reminiscence. They told the inspector that they were looking forward to the new accessible, bus which was being planned when they moved to the new build. The majority of residents spoken with, praised the staff for their patience, their care and respect. They loved seeing the hairdresser coming in, as well as engaging with staff from activities, they enjoyed the summer ice cream party, hearing the musicians from the staff group, engaging with visitors and the physiotherapist. These events were described as adding “a social aspect” to their days and they looked forward to the events.

## Oversight and the Quality Improvement arrangements

Killarney Community hospital was a designated centre that generally promoted a restraint-free environment through effective and careful management. There was a clear governance structure in place and the management staff demonstrated a commitment to quality improvement, in respect of restrictive practices and had achieved a good standard. The person in charge completed the self-assessment questionnaire (SAQ) prior to the inspection and assessed the national standards relevant to restrictive practice in the centre, evaluating the centre as, compliant, in this area. Findings on the inspection assessed the centre as, substantially compliant, with areas for improvement identified, in this report.

Staff confirmed to the inspector that there were adequate nursing and care staff to meet the needs of residents and there were, generally, two staff member allocated to support the provision of activities in the centre. The roster confirmed the discussion with staff. Training attendance was being monitored in the centre and staff were supported and facilitated to attend training, such as safeguarding, manual handling and dementia care. The training aimed to support staff in providing care to residents, that supported their independence and facilitated choice. The person in charge stated that a review of some training was being undertaking; for example, ensuring that records were maintained of those who had attended restrictive practice training. In addition, staff attended training in managing the behaviour associated with the behaviour and psychological symptoms of dementia (BPSD). Observations and conversations with some staff, on the day of inspection, indicated that staff had a good knowledge of residents’ behaviours, and needs, and how to distract and support those with BPSD.

Residents were assessed prior to admission, to ensure the service was equipped to meet their holistic needs, including communication strategies and medical conditions. A sample of these assessments, and residents’ care plans, were reviewed and these

were seen to contain relevant information to guide staff on providing relevant, personalised care. By way of example, the inspector saw that one resident, who did not speak any English, was facilitated to access the internet on his personal i-pad, as well as having access to a staff member who spoke his language. Care plans records, seen by the inspector, confirmed that resident's views and that of their families, were incorporated into care plans. The management team also described how residents were facilitated to avail of the support of two advocacy services, which demonstrated an understanding of the importance of independent voices, to support residents' wishes and choices.

There was a restraint policy in place and the practices observed in the centre, reflected the key elements of this policy, which was based on the national policy on the use of restrictive practices in nursing home settings. A weekly and daily log was maintained on the use of any restrictive practice. Staff documented the hourly checks of residents' welfare, when bedrails or specific, specialised chairs, were in use. Members of the management team spoke with the inspector about the processes in place, to monitor and reduce the use of restrictive practices. For instance, where bed rails were recommended, this was as a result of appropriate assessment and recommendation by the multidisciplinary team, which included a physiotherapist and general practitioner. There was evidence seen that the majority of restrictive practice care plans were reviewed on a regular basis, with a focus on elimination of the restrictive practice or trialling a least restrictive alternative. Consent forms giving permission for the use of bedrails, were used in practice. Some action was required in the area of consent forms, and more regular review of risk assessment and care plans, as described in the report, to ensure there were improved outcomes for residents.

Overall, the inspector found that there was a positive culture in Killarney Community hospital, which promoted the overall wellness of residents, while aiming to promote a person-centred, least restrictive, approach to care. Nonetheless, residents' quality of life would be enhanced by training staff in care planning, on the assessment and consent on the use of sensor bracelets, more outdoor access, improved wardrobe space and better TV access and choice of programme, especially in the four bedded rooms.



## 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.

<b>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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### 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

<b>Theme: Responsive Workforce</b>	
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.

<b>Theme: Use of Information</b>	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

<b>Theme: Person-centred Care and Support</b>	
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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