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:	Midleton Community Hospital
Name of provider:	Midleton Community Hospital
Address of centre:	The Green, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	03 August 2023
Centre ID:	OSV-0000579
Fieldwork ID:	MON-0040662

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[1] 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 3 August 2023	09:30hrs to 17:30hrs	Mary O'Mahony

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

This was an unannounced inspection focusing on the use of restrictive practices. From the observations made by the inspector it was evident that there was an ethos of respect for residents promoted in the centre and person-centred care approaches were in evidence throughout the day. Overall, the inspector found that residents had a good quality of life and were encouraged and supported by staff and management to remain independent and to have their rights respected. The impact of this on residents meant that, they felt safe in the centre and they felt that "staff had their best interests at heart".

Midleton Community Hospital is located in the centre of the busy town of Midleton. The Health Service Executive (HSE) was the registered provider for Midleton community hospital. The centre consisted of two buildings, the front and back buildings accessible to each other across a back garden and patio area. Renovations and upgrade works had been undertaken to improve the quality of life of residents, in compliance with regulations, while awaiting commencement of a planned new building on site. In recent years there had been a decrease in the occupancy of the larger "nightingale" type bedrooms. Bedroom accommodation consists of single, twin, triple and four bedded rooms. The inspector observed that the single rooms were very small and were occupied by more mobile residents, as there was not enough room for assistive equipment in the rooms. However, they suited the needs of some residents, who said they appreciated having the choice and the added privacy. In addition, there was a self-contained bedroom suite for any resident requiring palliative care, with an independent adjoining kitchenette.

The inspector saw that residents had access to improved storage in their bedrooms for clothes and personal items. Each resident's personal space had been decorated with art work and personal photographs, which residents said made it "feel homely". New large wardrobes had been provided in the four-bedded multi-occupancy rooms. While most of the TVs were shared by residents in these rooms, some residents had been given personal headphones and had access to their personal TV and "tablet", where requested.

Efforts were made to ensure privacy while personal care was being administered. However, as this was a very old building challenges remained, particularly as there was a lack of en-suite toilet and shower facilities, necessitating residents being wheeled, or walked, along corridors to access the toilet or shower. Nonetheless, the inspector observed that privacy screens were pulled around each bed when care was being attended to and, in addition, staff were heard to explain interventions to residents. They were seen to knock on doors of the twin-bedded rooms and announce their presence.

There was a range of communal spaces available, some of which had been developed recently. Residents were seen to join together in small groups for meals, and they benefited from the social interaction with their peers. Staff said they were still

working on the culture change required to encourage all residents to leave their bedsides for meals. Some residents found it hard to break this habit, and in the absence of a private space for their belongings, they said they were reluctant to leave the bedside. They were looking forward to the new building where they would have their own rooms. The inspector saw that residents were free to access all areas within each building. The main door of the front building had a wheelchair-friendly keypad system, which involved a large panel button at wheelchair height, which opened the door when pressed. The door of the back building opened automatically when approached. All the residents in the back building were accommodated upstairs, with access to the ground floor by lift.

The upstairs back building had been improved, with wider hallways, reduction in the large bedrooms to now accommodate three residents, and additional communal rooms. Residents had access by lift to a small private, visitors' room and a large chapel on the ground floor, which residents' in both buildings could avail of. Residents were observed walking around in the front building, sitting outside in a protected space at the front of the building and going up to the back building and on town outings with care staff and activity staff. A new patio area had been created near the back building which was nicely furnished with patio furniture, donated by the "friends of Midleton hospital", who continued to fundraise for the centre. The person in charge said this had a very positive impact on residents. Upstairs in the back building residents were less mobile. However, the inspector spoke with the physiotherapist and activity staff who provided exercise classes and chair-based exercises to support mobility needs. The person in charge explained that she had secured a grant from the "national lottery" and hoped to use this to improve the general environment and social access for residents. Residents in this building had enjoyed a recent ice-cream party and had access to town with staff and relatives also.

There were three garden areas in use. Residents were involved in planting the flowers and stocking the colourful floral display, in the raised flower beds, outside the hospital. This was the first impression people had when they approached the hospital, and residents were understandably proud of their involvement. One resident was observed planting and watering plants. This had been a previous hobby of theirs and they were glad to have the freedom to continue this. They were happy that the local shops were so accessible and, even though they used a wheelchair, they said that they were accompanied by staff to buy their own choice of planting. A wheelchair ramp was available at the front door to aid wheelchair access. Bunting was displayed on the front of the building, as residents had recently had a visit from the local Cork team. This generated great excitement and strengthened links with the community. Pathways were safe and accessible throughout the gardens. However, the person in charge said she was waiting for the maintenance personnel to cut and prune the lovely side garden, to make it accessible to residents again. There was suitable seating available both inside and outside the centre, as well as a small hut for those who smoked.

Throughout the day of inspection the inspector observed staff interacting in a kind and respectful manner with residents. Residents were seen to be familiar with staff and called them by their first name. they described staff as "kind", "caring" and "like family". They said that the person in charge and the clinical nurse managers (CNMs)

were accessible to them and they were seen around the centre each day keeping in touch with staff, residents and realtives. The inspector heard staff engaging in social conversation, and during the conversations they spoke about residents' previous occupations, their families and how they were experiencing their daily lives in the centre. There appeared to be warmth and empathy in the approach taken.

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 and a comments box "Your Service, Your Say" was located near the front door. Minutes of residents' meetings were seen and it was apparent that residents' wishes and choices were accommodated. Relatives also confirmed that there was good communication, there was no problem visiting and that staff ensured residents were facilitated to go out, when it suited them.

Residents were supported and facilitated to maintain personal relationships in the community. They visited local shops, places of interest and coffee shops with family, staff and the activity personnel. Residents spoke about this and how much they enjoyed going out as it added to a "sense of freedom", connection and independence. Two residents had recently returned from a trip to Lourdes and were eagerly awaiting a return visit. One person said "it was the best experience" of their life. From the records of minutes and the engagement with residents the inspector found that residents felt safe and happy. They were glad of the support they had from staff and felt that their freedom was not restricted. Residents spoken with praised the staff for their patience, their care and the respect they felt from them. They loved seeing the hairdresser coming in, as well as the staff from activities, the therapy dogs, external musicians and the physiotherapist. This added a new dimension to their days and they felt they had increased sociability because of this. Residents were looking forward to the upcoming summer party and were hoping for a sunny day.

The inspector spoke with staff and they stated that they recognised their role in facilitating and supporting the psychological and social well-being of residents. They supported activities, such as providing singing, gardening, shopping, music and outings. The person in charge stated that she strived to improve the social lives and activities for residents in order to provide a holistic care model. Nevertheless, while external facilitators were employed to provide activities and to organise residents' meetings, the person in charge and staff said that residents' social lives would be enhanced by having a staff member, from within the care setting, in charge of co-ordinating activities. This would provide continuity, ensure all residents were involved and provide oversight and communication with all staff and management. On the day of inspection there were one-to-one activities and small group activities such as bingo and art which residents greatly enjoyed. Each activity was seen to be adjusted to meet residents' needs and capabilities. However, the layout of the building over two separate buildings meant that there was a need for coordination and oversight as discussed.

Oversight and the Quality Improvement arrangements

The governance and management arrangements in Midleton Community hospital were comprehensive and well organised. On the day of inspection the person in charge and all staff on duty stated that they were committed to ensuring that restrictive practices, such as the use of bedrails were minimised and that the rights of residents were respected and facilitated.

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. The inspector found that this was a true reflection of the practices in place and the expressed commitment to ensure minimum, and safe use of restrictive practices.

On arrival, and throughout the day the inspector spoke with the care team and management staff, regarding the arrangements in place to ensure a restraint-free environment. Staff said that the centre aimed to promote a restraint-free environment, in accordance with national policy and best practice. The inspector was satisfied that every effort was made to ensure that people living in the centre, were afforded the right to go out, to choose bedtimes and getting up times, to attend activities, have their food preferences met and to have their human rights respected.

The centre was managed with an emphasis on promoting the independence and decision making of residents. It was apparent to the inspector that the person in charge strived to ensure that residents' had their rights respected and their wishes supported. Documentation was seen by the inspector containing communication between the person in charge, external agencies and senior HSE personnel, to ensure that one person who wished to leave the nursing home and return home was facilitated. The Chief Inspector had been made aware of this concern prior to the inspection, and was satisfied the staff in the centre were doing their utmost to gain consensus on the required home-care package, which the resident had access to prior to her temporary admission for care needs. It was apparent from the entreaties made on the resident's behalf that the ethos of the centre was focused on promoting residents' rights. The inspector spoke with the resident in question, who clearly stated her wish to be cared for, as before, in her own home. Staff had facilitated her to go home on one day to see her cat, who was being cared for by a neighbour. She was due for a second home visit in the near future as she was very "worried that her cat would forget her".

In general, residents engaged in activities of their choosing and positive risk-taking was promoted. For example; one resident walked into the local town daily to the shop and met with friends, some residents sat outside in the courtyard all day, watching the comings and goings of staff and relatives, and more residents went out home with family members overnight. Residents were also free to engage in activities such as gardening and enjoy the outdoor garden areas, without the need for staff supervision.

Staff had regularly received training and refresher training in, safeguarding vulnerable adults, behaviours that challenge (BPSD). These records were made available to the inspector and restrictive practice training had commenced. Staff confirmed that there were adequate staff on duty and an appropriate skill mix to meet residents' needs. Staff members were knowledgeable and displayed good understanding of the definition of restraint and restrictive practices. The centre had recently reviewed its policy on restraint, to ensure that it was up-to-date and in line with national policy.

The centre had access to resources that ensured care could be provided in the least restrictive manner to residents. Where necessary and appropriate, residents had access to their walking aids and their glasses for safe mobility, 'low-low' beds and mats next to the bed instead of bedrails, where assessed as suitable. The occupational therapist had been accessed on behalf of residents to assess their suitability for specialised wheelchairs and large comfort chairs. This meant that residents could move around more freely. These had been sourced for residents, with some financial donations being made by fundraisers from the 'friends of the hospital'. The physical environment by its nature, because of the age and era of the building, was not optimal, particularly in the back building. However, it was clear that efforts were being made to facilitate access and movement by, maintaining the floor coverings, having good lighting, providing grab rails in bathrooms and outside the front entrance, as well as handrails being installed along corridors. The inspector was satisfied that residents were not restricted unnecessarily, in their movement or choices, due to a lack of appropriate resources or equipment, while awaiting completion of the new building.

The centre had a record of all restrictive practices in use in the centre. The numbers using bedrails on both sides of the bed on the day of inspection was 12 residents for a total of 32 residents. Some residents liked to have one bedrail up at night, to aid independent turning over in bed. This record was kept under constant review by the management team and was updated daily. Each restrictive practice was identified and a comprehensive risk assessment had been completed. Hourly checks were maintained when bedrails were up and in use, mainly during the night. The restrictive practice committee had been set up to examine care plans of residents using bedrails, with the aim to continue to reduce the use of these on an on-going basis. Training for staff was being sourced and the national policy on the use of restraints in nursing homes was available in the centre. The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of their use in the centre.

The inspector reviewed the care plans for residents who had bedrails in use and found that comprehensive, detailed care plans had been developed. There was evidence to show that the aforementioned, less restrictive methods of safe approaches to risk had been discussed, and these had been used on a trial basis when deemed suitable. The inspector viewed a number of care plans for residents, who experienced the behaviour and psychological effects of dementia (BPSD). Personalised strategies and interventions were outlined for staff, and these were seen to coincide with the guidelines in the centre's policy on caring for those with behaviour challenges, associated with the effects of dementia. Interventions were seen to promote care and responses which were least restrictive.

Overall the inspector found that that there was a positive culture, with efforts being made to promoting a restraint-free environment, in Midleton community hospital. Residents enjoyed a good quality of life with an emphasis placed on the social well-being and rights of 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.

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.

Appendix 1

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.