



**Health  
Information  
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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:	St. Joseph's Hospital
Name of provider:	Health Service Executive
Address of centre:	Lifford Road, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	13 September 2024
Centre ID:	OSV-0000613
Fieldwork ID:	MON-0044553

## 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 13 September 2024	09:30hrs to 17:00hrs	Una Fitzgerald

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

The inspector found that residents living in St Joseph's Hospital had a high quality of life and were supported by staff to remain independent and to have their rights respected and acknowledged. The inspector spoke with multiple residents and the feedback on all aspects of the service delivered was overwhelmingly positive. Without exception, residents told the inspector that they did not feel there were any unnecessary restrictions in place in the centre that were having a negative impact on their overall quality of life.

Residents felt safe in the centre and said that they felt that their opinions mattered and that their rights were respected. They said they were glad of the support they received from staff. Resident had a high level of praise for the staff and described their interactions as kind and patient. Residents reported that call bells were always answered and they were satisfied with the response times. When asked about staff one resident and their family told the inspector that staff were "interested in how residents were". The resident told the inspector that this made them feel valued.

This inspection of St Joseph's Hospital was unannounced and carried out as part of a programme of thematic inspections, focusing on the use of restrictive practices. Thematic inspections assess compliance against the National Standards for Residential Care Settings for Older People in Ireland. From 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 observed throughout the day.

St Joseph's Hospital is a designated centre for older people, registered to accommodate 76 residents. There was one vacancy on the day of this inspection. On entry to the centre, the inspector found that there was a welcoming feel to the centre. Residents' accommodation was organised over four units named the Ash, Alder, Hazel and the Holly unit (a dementia specific unit). Walking along the corridors was a pleasant experience. The walls were decorated with paintings and large print outs of local areas like the Cliffs of Moher. The corridors between units were wide and spacious. The management had placed seating and tables along the corridors for residents to sit and relax. The inspector observed that some units had copies of the most recent resident forum meeting available to residents and visitors.

St Joseph's Hospital is an old building and had been adapted for use as a designated centre for older persons. The bedroom accommodation comprises of multi-occupancy bedrooms with shared bathroom facilities. Despite the challenges of shared accommodation, in the main, residents reported that they were satisfied with their bedroom space. The inspector observed that when care was delivered within the bedroom space, the doors were closed and privacy and dignity was ensured by privacy signage.

Residents stated that they felt part of a community living in the centre, and that staff supported them to maintain connections with the wider community. For example; multiple residents spoke about past events that had occurred in the centre. Residents showed the inspector photos of the day the Clare all-Ireland hurling champions had attended the centre. The photos on view showed that the centre had been

appropriately decorated with bunting and balloons. Residents told the inspector that a great day was had and that they were highly complementary of the efforts made by the staff.

Residents told the inspector that they did not feel restricted in any aspect of their life, and that staff would always support them to pursue the activities they enjoyed. Residents felt that the communication provided from the provider was adequate. The inspector observed that there were notice boards placed throughout the centre with resident information on advocacy services, a complaints process and planned upcoming activities and events for residents to attend. Residents had completed resident surveys and were aware of who to voice any dissatisfaction with any aspect of the service.

A number of residents, who were assessed as being at risk of falling, had motion sensor alarms in place that alerted staff when high risk residents attempted to mobilise independently without assistance. The only source of dissatisfaction voiced to the inspector on the day of inspection was in relation to sensor alarms in use for residents who were assessed at high risk of falling. While the sounding of the alarm did not cause the resident any concern, the residents within close proximity told the inspector that at times this sound was intrusive. Residents told the inspector that they understood the rationale for the use of the alarms and as a result had not voiced any dissatisfaction. The provider committed to review the current system in place. This system in place was not restrictive to any resident. The inspector observed that when the alarms rang, staff attended in a timely manner to the resident to provide them with any assistance.

The inspector observed that there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The centre employed activities staff who developed and planned activities in consultation with residents. Staff demonstrated an understanding of their role and responsibilities regarding socialisation and engagement with residents. The residents spoken with voiced a high level of satisfaction with the activities and variety of activities offered. There was photographic evidence of large gatherings that had occurred in the centre celebrating and honouring groups in society. For example, a large gathering had been held on Elder Abuse awareness day and on national Alzheimer's day to provide support and information for residents.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

## Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance, management and leadership in the centre. There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. The systems in place supported quality improvement on the use of restrictive practices, person-centred care, and in the promotion of residents' rights. The person in charge had completed the self-assessment questionnaire prior to the inspection and had assessed the standards relevant to restrictive practices as being compliant. The findings of this one day inspection supported the self-assessment.

The provider ensured that arrangements were in place to monitor and evaluate the quality of the service. The registered provider had a policy in place for the use of restraint and restrictive practices, that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. The policy was centre-specific. Audits on the use of restrictive practices had been completed in January and June 2024.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed very good understanding of residents' needs, behaviours and rights. This ensured that the staff had the knowledge to implement care practices that are restraint-free or that minimise the use of restrictive practices. Staff were appropriately supervised by management. As a result of the self-assessment questionnaire, the management had completed a review of the training that was in place and had identified gaps. At the time of inspection, enhanced training had commenced throughout the centre with priority being given to the staff in the dementia specific unit.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. A working group known locally as the falls prevention and restrictive practice committee had been set up in February 2024. The centre had a record of restraints in use in the centre. On the day of inspection, there were twenty-four residents with bedrails in use. The inspector found that information on the use of bedrails was collected on individual residents. Each bedrail had an appropriate risk assessment completed. There was evidence of consultation with the resident and the multidisciplinary team. Risk assessments were reviewed at regular intervals, as required. There was evidence to show that staff had trialled alternative, less restrictive methods. The inspector was informed that the majority of the current bedrails in use were as a result of resident choice and not due to a clinical assessment of need. There was evidence of resident consent in place. The inspector spoke with multiple residents about the bedrails and they confirmed that the rails were in use at their request. Residents confirmed that, at all times, they retained the right to request the bedrails to be removed. There was clear evidence that the number of residents with unnecessary restrictions in place had

reduced. For example; the inspector observed that in the dementia specific unit where residents lacked capacity to make this decision there were no bedrails in use. The number of residents with alarm bracelets had reduced from ten down to three. There were systems in place that monitored and captured all types of restrictive practices in place.

The provider ensured the centre was resourced with equipment that ensured care could be provided in the least restrictive manner to all residents. Residents had access to low-low beds. The inspector was satisfied that residents were not unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment. On the day of inspection, there was a small number of residents that were at high risk of leaving the centre unaccompanied. Systems of increased monitoring were in place. In the dementia specific unit, a small number of residents were wearing a bracelet device that sounded an alarm to alert staff that the resident was at the main exit door. The bracelet then triggered the main door, of the unit, to go into automatic lock mode. The inspector was informed that the system was under review with an external provider to ascertain if the system would allow for the alarm to alert without triggering the door to lock.

In summary, the inspector identified that the provider was actively promoting a restraint-free environment in the centre. The provider and staff were taking a positive and proactive approach in reducing and eliminating restrictive practices. Residents told the inspector that they enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The residents spoken with were very satisfied that they were supported to live as independently as possible, without unnecessary restriction.

## 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

<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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