



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

Issued by the Chief Inspector

Name of designated centre:	St Anne's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Westport Road, Clifden, Galway
Type of inspection:	Unannounced
Date of inspection:	07 November 2024
Centre ID:	OSV-0000632
Fieldwork ID:	MON-0045376

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 7 November 2024	10:10hrs to 15:30hrs	Una Fitzgerald

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

This inspection of St Anne's community nursing unit was unannounced and carried out as part of the 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. The inspector found that residents had a good quality of life and were supported by staff to remain independent and to have their rights respected and acknowledged. Throughout the day the inspector spoke with eleven residents and a small number of visitors. Residents felt safe in the centre and felt that their rights were respected. They said that they were glad of the support they had from staff, and felt that their freedom was not unnecessarily restricted. Residents had a high level of praise for the staff as individuals, and as a group.

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. The centre is a designated centre for older people, registered to accommodate 21 residents. There were no vacancies on the day of this inspection. The centre is situated on the outskirts of Clifden town. The centre was visibly clean. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. In conversations with the residents, the inspector was told that the management had a visible presence in the centre and were available at all times.

On arrival, multiple residents were sitting in the communal sitting room waiting for the activities to commence. Snacks of fresh fruit was being served. There was a staff member in attendance supervising this room throughout the day. St Anne's community nursing unit is an old building and had been adapted for use as a designated centre for older persons. Bedroom accommodation consisted of single, twin and triple 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. Rooms were personalised with photographs and items of importance to the residents, which provided a glimpse into residents' previous lives and family connections. While walking along the corridors, the inspector observed that a high number of residents did not have access to their call bells. The inspector was informed that multiple residents did not have capacity to utilise the call bell system to call for assistance. This risk was known to all staff spoken with who told the inspector that additional monitoring and frequent checks were in place for these residents.

The main door entrance to the centre was open, with an entrance foyer area. The inside door, which allows access to the communal area used by residents, was locked. This door had a key pad code on the door, and the code was available to residents. Residents were observed mobilising independently and unrestricted around the centre. The inspector observed an environment that was personable. There was internal gardens that residents could access at all times.

At the entrance to the centre there was a notice displayed inviting feedback on the service delivered. The notice clearly outlined that the comments were reviewed weekly but that if the matter was more urgent then the concern should be brought to a member of staff. On the day of inspection, residents spoken with were aware of how to make a complaint and told the inspector that they would not hesitate to bring any concern to the staff on duty.

Throughout the day, staff were observed to be busy attending to the residents care needs. The inspector observed that residents were well-dressed, and residents confirmed that staff assisted them in a kind and patient way. Residents were happy with the frequency of showers. Staff engagements were patient and kind.

Residents and relatives spoken with confirmed that there was good communication between them and the staff. There was no restrictions on visiting, and staff ensured residents were facilitated to go out. Residents were supported to maintain personal relationships in the community. A number of residents attended day care services outside the centre which supported them staying in contact with old neighbours and friends. This weekly social engagement with the wider community was of importance to a number of residents spoken with.

The social activities calendar in the centre was important to the residents. The feedback from residents on activities held in the centre was very positive. Residents described the variety of activities they could choose to attend. These included arts and crafts, exercise sessions and music activities. There was a member of staff appointed to activities five days a week. In the morning, the inspector observed an interactive session. The person facilitating the session was familiar with the residents who attended and actively encouraged all residents to join in. All staff were familiar with the individual care needs of the residents and were knowledgeable on residents who choose not to attend group activities.

The communal sitting room had one large area of the wall covered in pictures of outings that current residents had gone on. The centre had its own bus which facilitated multiple outings. Residents spoke about outings and how much they enjoyed going out. For example, they had attended an event to mark the Galway arts festival, they had attended the local annual Connemara pony show, and the Saint Patricks day festive parade. The minutes of the last resident meeting held in October 2024 evidenced that plans were in progress to how best celebrate the festive season for Christmas 2024.

In summary, the residents in the centre received a high quality service from a team of staff that were committed to supporting the residents to have a good quality of life.

Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance and management 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 provider ensured that arrangements were in place to monitor and evaluate the quality of the service. The registered provider had a policy 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 March and October 2024.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, and restrictive practice. This ensured that the staff had the knowledge to implement care practices that were restraint-free or that minimise the use of restrictive practices. Staff were appropriately supervised by management. 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.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. A working group, known locally as the restraint committee, had been set up. Minutes of the last meeting held in August 2024 were reviewed by the inspector. The centre had a record of all types of restraints in use in the centre. On the day of inspection, there were six 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. There was evidence of resident consent in place. The inspector spoke with multiple residents about the bedrails who confirmed that they retained the right to request the bedrails to be removed.

The provider ensured that the centre was resourced with equipment that ensured care could be provided in the least restrictive manner to all residents. For example, residents who were assessed as being at high risk of falling had access to low-low beds and sensor alarms. The inspector was satisfied that residents were not unduly

restricted in their movement or choices, due to a lack of appropriate resources or equipment.

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 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

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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