



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

Issued by the Chief Inspector

Name of designated centre:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	01 August 2024
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0044447

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 1 August 2024	09:35hrs to 16:40hrs	Siobhan Bourke

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

This was an unannounced inspection with a specific focus on restrictive practices. Based on the observations of the inspector, it was clear that staff and management had a clear commitment to providing person-centred care to residents, based on their needs and abilities. Overall, the inspector found that residents had a good quality of life and were encouraged and supported by staff and management to be independent.

Mount Alvernia is located in a rural setting near Mallow town in Cork. The premises itself is an old hospital style building with infrastructural challenges associated with its age. The ground floor had administration offices, the hospital's kitchen, a chapel, staff changing and dining room, visitors' room, store-rooms, the centre's shop and a hairdresser's room. Residents were accommodated over three floors, with accommodation for 14 residents on Clyda unit and St. Camillus unit and 12 residents in Avondhu Unit. The centre had one triple room, 12 twin rooms and 13 single rooms located over the three floors. None of these rooms had en-suite toilets or showers, but had shared toilets and shower rooms on each floor. There were sufficient toilets and showers on each floor for residents and two floors had an assisted Jacuzzi bath for residents' use.

On arrival to the centre, the inspector observed that there was adequate parking for visitors. The grounds were very well maintained and the inspector met with residents who were walking in the gardens and sitting outside, enjoying the sunshine. The door to the centre was open and residents could freely walk around the gardens, the chapel or reception area. All three units could all be accessed by lift or stairs. The third floor had a swipe access installed, since the previous inspection and the inspector was informed that residents who wished to leave this floor would require staff to assist them with this. Management informed the inspector that doors were locked for resident's safety, and not to restrict their movement. Residents living on the other two floors could leave the units whenever they wished.

The inspection started with a walk around the centre and some residents were in the process of getting up from bed, some were relaxing, reading and listening to the news on television, while others were relaxing in the dayrooms. Residents were encouraged to personalise their own rooms and many contained items personal to that individual. Many residents had decorated their rooms with photos and memorabilia. There were no restrictions on when residents could access their bedrooms. The inspector observed that the layout of the triple room did not ensure that one resident could easily access their personal belongings as the wardrobe was not located in the residents' bed space area. When residents were moved from their

own rooms for clinical reasons, consultations with residents and their relatives were not consistently recorded.

Nonetheless, residents were observed to be comfortable and relaxed in their environment. A resident had returned from a walk in the centre's orchard and offered the inspector plums and apples that they had picked from the trees there. The inspector saw that the atmosphere in the centre was calm, and care was observed to be delivered in an unhurried manner. The inspector observed that all staff knocked on residents' bedrooms and communal bathroom doors and waited for a reply, prior to entering.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. While the inspector observed that five of the 38 residents living in the centre were using bedrails, there was evidence of a multi-disciplinary team approach to the assessment of risk in relation to the use of bedrails. There was a variety of alternative devices and equipment used in the centre to support minimal use of bedrails. For example, a number of residents, who were assessed as being at risk of falling, used low beds. Sensor alarms were in place for a small number of residents. The alarm sounders alerted staff to assist residents that were identified as at risk of falling.

Residents were observed to be content in communal areas enjoying a variety of activities that included watching mass on the TVs, music, reading, and chatting with one another. A resident showed the inspector the art they created living in the centre and had proudly displayed in their room. Another resident showed the inspector a photo of a recent trip they made to a nearby town to see a country and western celebrity. The celebrity had posed for a photograph with the resident who said they had a great night. Three residents were supported to attend the concert by the director of nursing and the assistant director of nursing who accompanied them.

Residents spoke positively about their experience of living in the centre and detailed how staff supported them to engage in activities of their choosing. Residents told the inspector that they did not feel restricted in any way, with the exception of some of their physical limitations that impacted on their mobility and ability to be fully independent. Residents reported they felt safe in the centre. Residents told the inspector that they choose where to spend their day, what time to get up and return to bed. A number of residents were up and down to the hair salon during the day as the centre's hairdresser was in attendance. One of the residents told the inspector how the hairdresser had come in to get them ready for a wedding and also did their make-up, which they were delighted about. Another resident told the inspector how they had enjoyed a recent trips to the shops with staff, where they had purchased new clothes. Residents were supported to go home with their families or on outings of their choosing.

There was a comfortable and friendly rapport observed between residents and staff. While the activity co-ordinator was off on unplanned leave, the remaining staff were seen to engage with residents, chat with residents and offer one-to-one therapies such as hand massage. One of the residents told the inspector how they enjoyed attending a local community centre and another enjoyed trips to the local swimming pool with staff. In the afternoon, on Avondhu Unit, a moving to music session was led by a member of the nursing team and residents appeared to enjoy the session. Later, a large group of residents from all three floors, participated in a lively bingo session on the first floor, where treats and drinks were on offer as prizes.

The inspector saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors who spoke with the inspector were complimentary regarding the care their relatives received. One relative outlined that the centre was like "home from home" for their family and how they valued the kindness and communications with staff.

Arrangements were in place for residents to give feedback on the service provided to them and to contribute to the organisation of the service. There were a variety of formal and informal methods of communication between the management team. Each floor held monthly residents meetings and residents were regularly surveyed on their experiences of living in the centre. Minutes of residents' meetings and feedback from surveys reviewed, indicated that residents were, overall, satisfied with the services provided. Residents were supported to access national advocacy agencies if required or if they requested this.

Communication aids, signage, telephones, radios, newspapers, and internet access were available to residents. The inspector spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with regard to restrictive practices, person-centred care, and promoting residents' rights.

The person in charge completed a self-assessment questionnaire prior to the inspection and submitted it to the office of the Chief Inspector for review. The person in charge assessed the standards relevant to restrictive practices as being compliant. During the course of the inspection, the inspector found that further improvement was required in relation to some aspects of practice to ensure a high quality service in this area.

The centre had a statement of purpose that clearly outlined the services available and specific care needs provided such as a providing care for residents with enduring mental health conditions. Staff confirmed that there were adequate staff and a good skill mix in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice and face to face training was provided in the centre.

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. This policy was written in plain English and was in line with national policy.

There were arrangements in place to monitor and evaluate the quality of the service through scheduled audits. The programme of audits included an audit of restrictive practices. However, the audit tool in use could be enhanced by ensuring it monitored the recording of safety checks when bedrails were in use.

The inspector saw that while regular management meetings were held in the centre, these could be enhanced by including monitoring and oversight of restrictive practices as an agenda item.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low-low beds and crash mats instead of having bed rails raised. The inspector found that where restrictive practices were in use they were assessed, alternatives had been trialled, safety checks were in place and the

practices subject to ongoing review. Care plans reflected the care given and staff were familiar with safety aspects and with individual's preferences.

The person in charge maintained a register of restrictive practices in the centre. This record was kept under constant review by the management team and was comprehensive and detailed with regard to bedrails. Where bedrails were in use, a risk assessment had been completed and were reflected in care plans reviewed.

However, further review of the register of restrictive practices in use in the centre was required; as for example, it did not include restrictions in place on access to cigarettes and lighters for residents who smoked in the centre. While risk assessments were available to outline why these items were restricted, the practice should be recorded on the restrictive practice register as it was a restriction on residents.

Overall, the inspector identified that management and staff were working to provide a restraint free environment for residents living in the centre, however, some improvements were required to further enhance the quality of life for 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.
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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

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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