



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

Issued by the Chief Inspector

Name of designated centre:	Kenmare Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	29 May 2024
Centre ID:	OSV-0000753
Fieldwork ID:	MON-0043619

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
Wednesday 29 May 2024	10:00hrs to 16:25hrs	Siobhan Bourke

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

This was an unannounced, focused inspection on the use of restrictive practices in the designated centre. Residents were very complimentary of the kindness and care they received from staff. From the inspector's observations and what residents told the inspector, it was evident that Kenmare Community Nursing Unit was a nice place to live.

Kenmare Community Nursing Unit is a modern purpose built centre on the outskirts of Kenmare town. The centre is set out in two units, namely, Sheen House on the ground floor, and Roughty House on the first floor. The centre is registered to accommodate 35 residents. At the time of inspection, 28 beds were opened; 19 downstairs in Sheen House; nine (of 16 beds) upstairs in Roughty House. All 28 beds were occupied on the day of inspection. The inspector saw that the centre was warm, well maintained and welcoming. The centre had a full time receptionist who greeted and directed visitors to the centre. The inspector saw that the doors were open to the centre and the reception area was airy, open and welcoming. An oratory was available near reception, where residents could sit and pray, or spend time in a quiet space.

Both Sheen House and Roughty House had a key pad code and the inspector was informed that this number was given to residents, who were not at risk of absconion, and relatives so that they could access or leave the centre if they wished to do so. There were noticeboards inside the entrance door to the ground floor unit, where information pertaining to complaints and advocacy was accessible to residents and provided information in a format that was consistent with residents' communication needs.

Residents on both floors could access well maintained courtyard gardens. A further enclosed courtyard garden, which could be accessed from the dayroom on the ground floor, was under construction, with paving throughout. The inspector saw that the dayroom windows had been replaced with doors, which would enable residents to freely access this space, once the work was finished. A secure exit gate was being installed on the day of inspection and management expected that the area would be accessible for residents in the coming weeks. A number of residents bedrooms had doors that opened out into the courtyard garden should they choose to do so. One of the residents watered the plants on the ground floor courtyard garden and set flowers and plants in the raised beds during the year. The resident told the inspector that they loved to walk around the gardens every day and enjoyed assisting with maintaining the garden.

During the morning, the inspector saw that many of the residents were up and ready for the day and were resting in the centre's communal rooms such as the dayrooms. Other residents were being assisted by care staff with their personal care. The inspector saw that staff knocked before entering the rooms. Staff who were providing care and assistance to residents were observed to provide this care in an unhurried and respectful manner, taking into account each resident's abilities. One of the residents had an appointment with the hairdresser in the centre's salon in the morning and was looking forward to it. Many residents' bedrooms were nicely decorated with personal belongings such as photographs and artwork. Some residents had access to electronic devices such as personal electronic tablets.

There was a choice of large and small communal spaces for residents to use throughout the centre. These rooms were bright, homely and decorated to a high standard and gave the centre a welcoming feel. The inspector saw that overall, the physical environment, was set out to maximise resident's independence, regarding flooring, lighting and handrails along corridors.

Residents told the inspector that they always had choices with regards to food and their preferences and dislikes were accommodated. The lunchtime meal service was observed by the inspector on both units. The inspector saw that there was a sufficient number of staff available to ensure that residents who required additional support with their meals were attended to. Residents who choose to eat in their bedrooms were facilitated to do so. Residents were attended to in an unhurried and respectful manner. However, the inspector observed that while some residents sat at tables in the dining rooms and were able to chat together, others who required assistance were served their meals from bedtables separate from the dining tables and this did not support a sociable dining experience. The management team outlined how they were commencing a quality improvement initiative to improve the dining experience for residents.

The inspector saw that visitors were coming and going freely to the centre during the day and there were no restrictions in place. The inspector spoke with three visitors during the day and all spoke highly of the kindness of staff working in the centre.

During the morning, a number of residents were facilitated to vote for the upcoming elections by local Garda staff. Posters and leaflets of candidates were available to residents. Residents had access to national and local papers and many of the residents enjoyed listening to local radio stations during the morning.

A volunteer attended the centre, and a large group of residents living on the ground floor, attended a lovely sing-a-long and music session with them. In the afternoon, while a large group of residents were sitting in the dayroom, there did not appear to be any scheduled activities available. Residents who spoke with the inspector were

not aware of what activities were scheduled in the centre. From discussions with staff and management, it was evident that while a care staff member was assigned to activities in the afternoon, they did not consistently engage in these, as they were assisting with residents care needs. The management team agreed to review the availability of activities in the centre, to ensure residents had access to stimulating and engaging activities throughout the day, to provide opportunities for socialisation and recreation.

The inspector spent time observing staff and resident engagement during the day. There were adequate staffing levels and skill-mix to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources. Residents had access to physiotherapy services in the centre to help them maintain their mobility where possible. The inspector saw that access to call bells, for residents using some of the communal spaces, could be improved so that they could call for assistance if staff were not in attendance. The management team agreed to review this.

Residents were consulted about the service through residents' meetings which took place regularly. A review of minutes of these meetings indicated that action was taken in relation to feedback provided by residents. Findings from a recent residents' survey were also positive.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that management and staff were working to improve the quality of residents' lives through reduction in use of restrictive practices and promoting residents' rights. The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. During the course of the inspection, the management team in the centre acknowledged that further improvement was required in relation to these practices and committed to quality improvement in this area.

The centre's statement of purpose clearly outlined the services available and the specific care needs of residents that the centre could provide. Staff confirmed that there was an adequate number of 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 practices through both online and face-to-face training in the centre.

The centre had a policy in place with regard to the use of restraint and restrictive practices, which was written in plain English and promoted the rights of residents. The inspector reviewed the policy and saw that it was in line with national policy.

There were adequate governance structures in place with ongoing auditing and feedback, informing quality and safety improvement in the centre. While audits of restrictive practices were undertaken as part of the audit schedule, they did not include all restrictive practices and were limited to bedrails only. The person in charge has established a restrictive practice committee in the centre, which met regularly to review restrictive practices and to drive improvement. From a review of minutes of meetings, it was noted that the person in charge was monitoring nursing documentation to ensure safety checks were completed.

The inspector found that the majority of restrictive practices in use were assessed, and had safety checks were in place. These practices were reassessed and reviewed at regular intervals. Care plans reflected the care given and staff were familiar with safety aspects and with individual's preferences and wishes. Care plans were reviewed at a minimum of every four months. A register of restrictive practices was maintained in the centre and was updated weekly by the person in charge. However, further review of the register of restrictive practices and care plans in use in the centre was required. The inspector noted one resident had a lap-belt in place but did not have an appropriate risk assessment carried out and was not named on the

restraint register. This was brought to the attention of the management team for review.

The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment. Where necessary and appropriate, residents had access to low-low beds and crash mats. The person in charge was in the process of procuring more low-low beds to improve practice.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process.

Overall, the inspector identified that management and staff were working towards providing 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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