



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

## Issued by the Chief Inspector

Name of designated centre:	Dundalk Care Centre
Name of provider:	Tempowell Limited
Address of centre:	Inner Relief Road, Marsh South, Haggardstown, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	28 May 2024
Centre ID:	OSV-0008237
Fieldwork ID:	MON-0042499

## 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
Wednesday 5 June 2024	09:15hrs to 15:30hrs	Sheila McKeivitt

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

This was an unannounced inspection to monitor the use of restrictive practices in the centre. Residents spoken with told the inspector that their rights were upheld and that they could do as they please most of the time. For example, one resident said that they had to ask staff to open the door in order to access the garden.

The inspector was told that residents and their visitors had access to the gardens, however, the doors of some were inaccessible at all times. For example, some courtyard doors required a release button to be pressed prior to the door opening, this was not evident to all residents and therefore they could not access the courtyards without the assistance of staff. The door leading into one courtyard accessible from the main dining room was getting stuck on opening and therefore would not open fully for the inspector.

Residents said they could come and go from the centre, once they informed staff of their plans. Residents described how they went out with family and friends and this was facilitated by the staff. However, they only occasionally went on a trip out with activity staff. One resident said they last went out in February to 'St Bridget's shrine' which was located a short drive from the centre. They said they really enjoyed this outing and would like more trips to be arranged, however had not heard of any being planned.

The nursing home was accessed by calling a front door bell which staff controlled from the reception. Visitors came and went via the front door. The inspector observed visitors sign the visitors' book situated at reception and both visitors and residents spoken with confirmed that there were no visiting restrictions. One resident had said at the residents meetings that they did not like visitors in the dining room when they were eating as she felt they were invading her privacy. The person in charge stated they had discussed this and placed notices on dining room doors requesting visitors not to visit in the dining rooms during mealtimes.

Residents told the inspector they had freedom of movement to and from their own bedroom and were facilitated to personalise their room with their own belongings. They said the rooms were a good size and contained enough storage space for their personal belongings. They assured the inspector that they could maintain their privacy by using the lock provided on both the en-suite and bedroom door. There was a lockable facility in all bedrooms for valuables. The centre was a registered pension-agent for a small number of residents. There was a policy in place for the management of pensions however, on review, the inspector found that current practices did not reflect the policy. For example, there was no evidence to show that each resident was issued a monthly statement of their account as outlined in the policy.

Residents had access to a weekly schedule of activities planned with them and facilitated by staff. Mass was celebrated in the centre each Sunday by a priest from the town. They were given the choice whether to attend or not. Residents had access to a television in their bedroom and in the main sitting rooms. They had external facilitators coming in to enable their wellbeing, such as, musicians. Some

residents told the inspector that they felt they were listened to. They had resident meetings where they discussed a range of items, including activities, menus and any issues of concern they had. However, the inspector reviewed the minutes of these meetings and was not assured that each issue of concern raised by residents were appropriately followed up and addressed in a timely manner. For example, residents had mentioned in two meetings to date in 2024 that they would like the hairdressers to come into the centre a second day each week and that they would like an external hut for outdoor smoking. It was not clear if these issues had been addressed by the management team and no update was provided to the residents at the follow up meetings.

The centre had recently updated their complaints policy, which was on display throughout the centre. Residents were aware of it, however all residents spoken with stated that they had no complaints about life in the centre and the person-in-charge confirmed they had no open complaints. Details of the Ombudsman's office together with contact details for the National advocacy service and Sage advocacy service were on display on the residents' notice board, these included the names of local representatives.

Residents spoken with on inspection told the inspector that the standard of communication between them and the staff was good. They said they were kept informed of their health status and of what was going on the centre. They said that they saw their general practitioner (GP) when required. They believed that they received a good standard of healthcare.

## Oversight and the Quality Improvement arrangements

The management team had started to gain an insight into the type of restraint in use within the centre with the aim of achieving a restraint-free environment. However, this process was in its infancy.

In August 2023, the then person in charge completed a self-assessment questionnaire which looked at the centre's responses to restrictive practice within the centre. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and workforce were deployed to manage restrictive practices in the centre. In addition, the questionnaire focused on how residents' rights and diversity were maintained and on how assessment and care planning were used to safeguard and maximise residents' well-being. The inspector concurred with the centre's own assessment of substantially compliant.

One of the assistant directors of nursing had begun to gather a list of restrictive practices in use in each unit. However, a restrictive practice register had not been established to date. The newly appointed person in charge had established a restrictive practice committee, however they had not had a meeting to date. The inspector reviewed members appointed onto the committee and noted that no health care assistants, housekeeping or catering staff had been included. The person in charge confirmed that a representative from each department would be invited to join the committee.

There was a restraints policy in place which gave clear guidance on how restrictive practice was to be managed in the centre. However, this was not always reflected in practice. Where restrictive practices were used, there was evidence that their use was proportionate and deemed to be the least restrictive option. The records reviewed showed that there was a multi-disciplinary approach taken to making decisions about the use of restraint. Residents with restraint in use had a mental capacity assessment completed. Residents with bedrails in use had a bed-rail assessment or a restraint assessment in place. Those with the bed-rail assessment in place outlined the alternatives that had been trialled prior to restraint being used. Those with the restraint assessment complete did not reflect the alternatives that had been trialled prior to restraint being used. In addition, the residents with restraint had a person-centred care plan in place outlining what and how these restraints were to be used, applied and for how long. Records were available to show that they were checked and/or released by staff in line with the centre's restraint policy. Care records viewed by the inspector confirmed that resident's views and preferences were incorporated into their care plan and there was a consent form for those residents records reviewed and this reflected a multi-disciplinary approach to the decision-making process.

Discussion with various members of the staff and a review of training records confirmed that only some staff had completed training on restrictive practice. This training mentioned a human rights-based approach to care, however, staff spoken with required further training to strengthen their understanding of a human rights-

based approach to care and on the fundamentals of advocacy in health and social care to date.

The management team had established links with some local facilities, however an increase in this aspect of care was required especially given the wide range of facilities available within the town.

This is a centre where the management team had yet to put the foundations in place to ensure residents' rights were upheld across all aspects of their life while living in Dundalk Care Centre.

## 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.

<b>Substantially Compliant</b>	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

<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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