



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

## Issued by the Chief Inspector

Name of designated centre:	Dean Maxwell Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	The Valley, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 October 2023
Centre ID:	OSV-0000665
Fieldwork ID:	MON-0041699

## 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 October 2023	09:30hrs to 17:00hrs	John Greaney

## 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 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.

On arrival at the centre the inspector was welcomed by one of the staff nurses. The clinical nurse manager (CNM) arrived shortly afterwards. The person in charge was scheduled to be off but came to the centre to assist with the inspection process.

On arrival, the inspector observed that most residents were in their bedrooms receiving personal care. Residents were arriving to the dining room throughout the morning to have their breakfast. The atmosphere was relaxed and calm. Staff were observed discreetly assisting residents and knocking on doors before entering bedrooms.

Dean Maxwell Community Nursing Unit is operated by the Health Service Executive. It is in town of Roscrea in close proximity to shops and restaurants and is on the same grounds as the catholic church. The centre comprises fifteen single and six twin bedrooms rooms. Two of the single rooms are in an area called *The Laurels* and are designated for palliative care. These rooms are en suite with shower, toilet and wash hand basin. There is also a small sitting room in this area with comfortable reclining armchairs, should relatives wish to remain overnight with residents that are end of life. Both of these rooms were occupied on the day of the inspection.

The provider acknowledges that thirteen of the single rooms have limited space and has specified in the Statement of Purpose that these rooms are unsuitable for residents that require specific manual handling equipment, such as a hoist. When the dependency level of residents occupying these bedrooms increases, they will be required to move to a shared room, which have more space. While some of these rooms had a dining style chair for residents to sit should they wish to spend time in their rooms, there was not adequate space for a comfortable armchair or for a second chair for a visitor. The inspector noted that the single bedrooms have been redecorated since the last inspection with new doors fitted to inbuilt wardrobes and new vanity cupboards over the wash hand basins in each of the rooms. While this enhanced the surroundings for the residents, it was clearly evident the there is limited space in these rooms and are not an inviting place for residents to spend time when not in the communal areas. Most residents' bedrooms were personalised with their belongings such as their photographs, books and ornaments.

The main door is locked and can only be operated by key card system. The inspector was informed that only one of the residents has a key card and this is only used so that the resident can independently admit a regular visitor to the centre. None of the residents left the centre independently and residents that did leave the centre were always accompanied by a relative, friend or member of staff. The inspector observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents were seen mobilising independently around the centre.

There were six residents living in the centre using bed rails on the days of the inspection. There was also one resident with a movement alarm on their bed. While the restraint register listed the residents with bed rails in place, it did not reference the movement alarm or the locked front door.

Residents told inspector they were consulted with about their care and about the services provided. Residents felt safe in the centre and their privacy and dignity was respected. Residents told the inspector they liked living in the centre and that staff were always respectful and supportive. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences. Residents told the inspector that their call-bells were answered promptly and they were content and well looked after in this centre.

On the day of inspection there were no residents presenting with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

There were no residents that smoked living in the centre on the day of inspection and the inspector was informed that the centre was a tobacco smoke free centre. There were two enclosed gardens to which residents had free access. Both of the gardens had the potential to be pleasant places to spend time outside, when the weather was suitable. There were old raised plant beds that did not appear to have been tended to for some time. There was a garden shed in one of the gardens that had been partly renovated. There was an antique style water pump in one of the gardens and a covered fountain. There was a soft surface in one of the gardens to minimise the risk of injury to residents should they have a fall, however, there was moss growing through the surface. Both gardens had a "tired" feel and were not inviting place for residents to spend time.

Residents were complimentary of the home cooked food and the dining experience in the centre. Residents stated that the food was very good. Residents told the inspector that they had had choice of food and if there was nothing on the menu that they liked, the chef would prepare an alternative. The inspector observed the dining

experience at lunch time. The food was appetising and well presented. Modified diets were presented in a colourful and appetising manner.

The inspector spoke with staff and they stated that they understood their role in facilitating and supporting the psychological and social well-being of residents. There was no one member of staff responsible for activities and staff were assigned on a daily basis to provide activities to residents, usually for one hour in the morning and one hour in the afternoon. The programme of activities included art, Sonas, bingo and imagination gym. While the programme of activities provided by staff was supplemented with external entertainers that visited the centre, such as a local musician that visited once weekly and a music in healthcare entertainer that visited monthly, further focus was required on the provision of activities for residents. A frequent request at residents' meetings was more excursions to the community.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was a proactive approach in the centre to promoting a restraint free environment, person centred care and promoting residents' rights.

The person in charge was familiar with the guidance documents for restrictive practices. The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed all the national standards relevant to restrictive practices as compliant. The registered provider had an up-to-date policy in place for the use of restrictive practices. There was evidence of quarterly local staff meetings taking place in the centre with restrictive practice discussed at the meeting held in September 2023.

Records viewed on the day showed that improvements were required in the programme of training. The programme did not include training in responding to behaviours that challenges or dementia care. Additionally, not all staff had attending training in safeguarding residents from abuse. The inspector observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity. Staff confirmed that there were adequate nursing and care staff to meet the care needs of residents. All staff were aware of practices that may be restrictive, for example, bedrails and lap belts.

Pre-admission assessments of residents, including communication needs were assessed by the person in charge to ensure the service was able to meet the needs of people. A sample of assessments and plans of care were reviewed and detailed person-centered information to direct individualised care.

There was a restraint policy in place, which was based on the national policy on the use of restrictive practices in nursing home settings. A weekly log was maintained on the use of any restrictive practice. Staff documented regular safety checks of residents' welfare when bedrails were in use. It was not however, clearly outlined in the records viewed by the inspector that alternatives were trialled prior to the use of bedrails.

Arrangements were in place for residents to feedback and contribute to the organisation of the service. Residents told the inspector that the person in charge was available to them and was responsive to their needs and requests. In addition to this informal feedback, there were residents' meetings and satisfaction questionnaires for residents. While the HSE "your service, you say" process was on display, the local complaints procedure was not displayed. This could be a potential barrier to residents

or visitors making a complaint. The complaints policy was not updated to incorporate recent changes to the complaints regulation. A review of the complaints log indicated that significant complaints were thoroughly investigated. The person in charge was requested to ensure that all complaints were recorded in the complaints log as they provide an opportunity for learning and to enhance the service provided. Information on how to access advocacy services was on display.

The inspector summarised that there was a positive culture, with an emphasis on maintaining restrictive practice to a minimum. Improvements, however, were required in relation to staff training, recording alternatives trialled prior to use of restraint and the provision of activities to residents, including the maintenance of links with the community.





## 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.

### 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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