



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

## Issued by the Chief Inspector

Name of designated centre:	Cahereen Residential Care Centre
Name of provider:	Cahereen Residential Care Limited
Address of centre:	Codrum, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	26 January 2024
Centre ID:	OSV-0000208
Fieldwork ID:	MON-0042511

## 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 26 January 2024	10:00hrs to 17:00hrs	Mary O'Mahony

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

This was an unannounced thematic inspection to monitor the use of restrictive practices in Cahereen Residential Care Centre. Thematic inspections assess compliance against the National Standards for Residential Care Settings for Older People in Ireland, 2016. 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. Feedback from residents, spoken with during this inspection, was highly complementary of the staff and the overall running of the centre. Visitors were present from early morning, and throughout the day, and they confirmed the positive views expressed by residents.

The designated centre is a purpose-built, single-storey facility that can accommodate 27 residents in single and twin occupancy bedrooms. The design and layout of the centre promoted maximum independence for residents, in a homely environment. The inspector saw that bedrooms were decorated in accordance with residents' choice and some residents had brought in personal items from home such as paintings, pictures and small items of furniture.

The centre was laid out over two corridors, which converged on the central communal area comprising staff offices and the dining, sitting and conservatory rooms. The inspector observed the centre to be appropriately furnished and decorated with nice pictures, lamps and ornaments throughout.

The inspector saw that there was a range of stimulating and engaging activities planned throughout the day, which provided opportunities for social interaction. There was an activity staff member working on the day of the inspection and they had good knowledge about each resident in the centre. For example, each resident was identified by name and the level of participation was adapted to meet their ability. The inspector saw that there was lively conversation between the residents present at the sessions and throughout the day. In the afternoon residents enjoyed their weekly musical entertainment. This was very popular. Staff, residents and relatives sang along with the old-fashioned tunes, and they were seen to be very engaged and stimulated by the convivial atmosphere created.

There was a number of communal spaces for residents to use in the centre which residents found useful when they wished to have a quiet time or a private visit. In the larger sitting room communal activities such as bingo, music and exercise classes took place. While in the dining room, foyer or conservatory, residents were seen to entertain visitors or to read. The inspector saw that overall the physical environment was designed to maximise resident's independence regarding flooring, lighting and handrails along corridors. There were noticeboards in the central hallway where information regarding activities, advocacy and the complaints process was displayed for residents' information.

Formal and informal methods of communication between the management team and residents, including conversations, meetings and a yearly survey were evidenced by

observations on the day and in the documentation reviewed by the inspector. Residents' told the inspector that their concerns and complaints were responded to and they were confident about making their concerns known to senior staff. Residents also had access to an independent advocate. Residents who could not express their own opinions were represented by a family member or a representative and outcomes were documented indicating that residents' family knowledge and past wishes, were taken into account in decision making. Residents were also supported to go out with family and friends. Some residents told the inspector that they loved sitting outside in the garden during the summer and going for walks outside on fine days. There was open access to the garden from the conservatory and some outings had been arranged during the summer months.

The centre had a record of restrictive practices in use in the centre. This record described the time and date of use, the type of restraint, whether alternatives were tried and whether or not the person had given their consent. Appropriate risk assessments were seen to be available in the sample of residents' files reviewed. The inspector observed that while there was a keypad lock on the exit door of the building, the code was discreetly displayed, for residents who could use it independently.

Residents informed the inspector that they were happy living in the centre and that staff were always respectful and kind to them. Staff were observed providing support with meals and were seen to be discreet, in order to maximise independence and privacy and dignity for residents. There were two sittings at each meal time which resident said meant that there was plenty time for each course and staff were available to help them. The chef came out regularly from the adjoining kitchen and they were seen to interact in a very friendly way with residents, and relatives alike. Relatives were also offered tea and home-made cake to enjoy when visiting their residents. Residents said that this made them feel like they were "at home".

Staff were found to have a good knowledge and understanding of their safeguarding training and how to react and support those with responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Restrictive practices were reviewed at least every week, with the purpose of reducing or eliminating the practice. Staff spoken with were aware of key aspects of their training on restrictive practices and how to assess and reduce its use. As part of their restrictive practice self-assessment (SAQ) the provider had taken effective measures to reduce the use of bed rails to only two, in use. The inspector was informed that the team were intent on continually reviewing the use of any form of restriction.

The inspector was informed that there was a focus on creating a restraint free environment, while maintaining resident safety. To this end the provider had invested in a number of low-low beds. There were five residents that had been assessed as being at high risk of falling and they had motion sensor mats in place, to alert staff should the resident leave their chair or bed. Two other resident had sensor floor mats in place. A small number of residents used tilted chairs that had been assessed, as required for their needs, by an occupational therapist. These chairs had the potential to be restrictive as they can inhibit a person from getting up and walking

independently. However, the residents using these chairs were immobile, due to their deteriorating health, and the chairs were attained following clinical assessment and were not in use as a restrictive practice. Care plans clearly outlined the rationale for use of these specific chairs and described the precautions and checks to be maintained.

The inspector sat and spoke with residents throughout the day. Residents described to the inspector how they liked to spend their day and stated that they always had choices. Residents said they were able to get up and go to bed at a time of their choosing, and this choice was respected by staff. They discussed the activity programme and the personnel running the sessions and were happy in general. They loved bingo and said they would like this every day if that was possible. They confirmed that they could choose to participate or not in these sessions and they could go down to their bedroom, to read, to doze, or watch TV, instead.

## Oversight and the Quality Improvement arrangements

Overall, the inspector was satisfied that there was a proactive culture in the centre which aimed to promoting a restraint-free environment and respect for residents' dignity and their human rights.

There was good governance structure in the centre with ongoing audit to inform quality and safety improvement in the centre. The inspector was satisfied that the person in charge and staff understood, and applied, the guidance and national policy in support of this thematic inspection. Minutes of the governance and staff meetings showed that restrictive practices were discussed, including the importance of risk assessments, behaviour support assessments and care plans. The person in charge and the provider had completed the self-assessment questionnaire and submitted this to the Chief Inspector prior to the inspection. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that individuals were treated with dignity. The person in charge had assessed the standards relevant to the use of restraint as, compliant. The inspector concurred with this self-assessment outcome.

There were adequate staff members on duty in the centre, with a suitable skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was good oversight and good uptake of staff training in the centre. Staff had up-to-date training on safeguarding vulnerable adults, responsive behaviour management and restrictive practices. Staff in the centre also completed, on-line, training modules on promoting human rights. The centre's policy on restraint was recently updated and practice in the centre was seen to be consistent with the policy.

Pre-admission assessments were conducted by the person in charge, to ensure that the centre was equipped to meet the needs of those being assessed. On admission, care plans were developed to guide staff on the care required. Relevant residents had a person-centred, restrictive practice, care plan in place which outlined the rationale for use of any such restriction and this assessment included any alternatives trialled. Care plans were reviewed at a minimum of every four months. There were detailed behaviour support plans in place to guide staff, where required. This allowed staff to understand the meaning behind the behaviour and thereby avoid an escalation or the use of a restrictive intervention, such as a sedative medicine.

Arrangements were in place for the oversight of safety and risk with active risks around restrictions identified, and controls in place to mitigate these risks. The person in charge provide assurance that staff did not use bedrails without a comprehensive assessment of risk. The provider had arrangements in place for monitoring, and reviewing, restrictive practices. A restrictive practice register was maintained which recorded and monitored the use of each restraint. The identified restrictions were risk assessed and residents had access to a multi-disciplinary team, including the weekly, general practitioner (GP) and physiotherapy visits, to assist in their assessments. Hourly checks were maintained when bedrails were in use, mainly during the night.

An audit based on the National Standards, on safe services and the use of physical restraints, had been undertaken.

The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of their use in the centre. The inspector was assured 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 sensor alarm mats instead of having bed rails raised.

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

Overall the inspector found that that there was a positive culture in the centre, with ongoing efforts being made, to promote a restraint-free environment. Residents enjoyed a good quality of life, with an emphasis placed on the social well-being and human rights of 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.

### **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

<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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