



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

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Rest Home
Name of provider:	Cappoglen Limited
Address of centre:	Kilderrihean, Cappoquin, Waterford
Type of inspection:	Unannounced
Date of inspection:	04 October 2023
Centre ID:	OSV-0005581
Fieldwork ID:	MON-0040820

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 4 October 2023	10:00hrs to 15:00hrs	Mary Veale

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 the centre's office administrator. The inspector was met by the nurse in charge. The inspector had a brief meeting with the centre's office administrator and nurse in charge to discuss the format of the inspection. The person in charge was on a day off but arrived on duty shortly before the walk around the centre. The registered provider representative was available in the centre on the day of inspection.

The inspector observed residents in various areas throughout the centre, for example some residents were leaving the dining room following breakfast, some residents were walking in corridors and others were sitting in communal rooms. The atmosphere was relaxed and calm. The inspector observed that a small number of residents were in their rooms in the morning. All residents had their bedroom doors closed. Staff were observed discreetly assisting residents and knocking on doors before entering bedrooms.

Padre Pio Rest Home is registered for 24 beds, on the day of inspection there were 14 residents living in the centre. The design and layout of the centre did not restrict the residents' movement. The centre comprised of a single-storey building with 16 single bedrooms and four twin rooms. Residents' bedrooms were clean, tidy and had ample personal storage space. Lockable locker storage space was available for all residents. Many bedrooms were personal to these resident's containing family photograph and personal belongings. Pressure relieving specialist mattresses, cushions and fall-prevention equipment were seen in some of the residents' bedrooms. Residents had access to two bathrooms and a shower room. Communal spaces were spacious and comfortable. The lounge space had a fireplace, armchairs, bookshelves, and a large television. The dining room had a homely kitchen atmosphere with nicely decorated table clothes. The main dining room had the daily menu displayed at the entrance door and contained a piano.

As the centre was situated adjacent to a main road, six residents who were identified as a high risk of elopement wore wander guard bracelet devices. The main door was open on the day of inspection and the electronic lock system was observed to engage when a resident wearing a wander guard bracelet device walked by. This risk was regularly assessed and reviewed in the centre's restrictive practice and risk register, and it was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. 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.

Apart from the wander guard bracelet devices, the inspector was informed that there were no restrictive devices in use on the day of inspection. However, the inspector observed a bedrail attached to one bed. The bedrail was up on the side adjacent to the bedroom wall. This were not maintained on the restraint register. It is important that bedrails are only in place following a full risk assessment.

All staff were wearing surgical masks despite no residents in the centre having a diagnosis of COVID-19 or suspected of having COVID-19. Management and staff had identified that the masks were a restriction to effective communication and socialisation between staff and residents but continued to wear masks. A risk assessment for COVID-19 was observed in the centre's health and safety folder. The risk assessment did state that masks could be removed if the centre was COVID-19 free. However, the inspector saw no instances where masks were removed on the day of inspection. There was a high level of COVID-19 vaccine uptake among the residents living in the centre as a control measure. Two resident informed the inspector that "I do not understand people" and "I cannot hear what the staff are saying". In addition, staff stated that they saw the masks as a restriction to effective communication with a number of staff stating that they removed their masks every morning while providing care to one of the residents as the resident would become agitated as they could not understand staff what staff were saying with their masks on.

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 who expressed 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 who smoked in the centre on the day of inspection and the centre was a tobacco smoke-free centre since 2014. Residents had access to garden areas around the parameter of the centre. The inspectors observed residents and staff enjoying walking around the grounds of the centre throughout the day of inspection.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents stated that the quality of food was excellent. Residents told the inspector that they had breakfast in bed up to 10:30 if they wished. The inspector observed the dining experience at dinner time. The dinner time meal was appetising, well presented and the residents were not rushed. Staff were

observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times.

Arrangements were in place for residents to provide feedback and contribute to the organisation of the service. Residents told the inspector that the person in charge and registered provider representative were available to them and were always responsive to their needs and requests. In addition to this informal feedback, there were residents' meetings and satisfaction questionnaires for residents. Visitors told the inspector that the centre always communicated with them about changes to care and any concerns they had. Residents were supported to access local and national advocacy services if required or requested.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The inspector observed residents attending a live-streamed Mass in the morning on the day of inspection. For residents who could not attend group activities, one-to-one activities were provided. Residents enjoyed group exercises, bingo, and particularly enjoyed baking each week in the centre. Residents were happy with the choice and frequency of activities and told the inspector that staff go out of their way to facilitate their requests and needs. Residents told the inspector that they particularly enjoyed each others company and had build up friendships with one another since admission. Residents told the inspector that there was no restrictions on visiting family pets and enjoyed when the provider brought their dogs in to visit the residents. Residents had access to televisions, radios, national and local newspapers. One resident attended a local day centre three days a week. Residents had access to a large oratory in the centre.

Residents' care plans detailed person-centred interventions and staff were very familiar with residents' needs and social histories. Validated assessment tools were used to risk-assess residents' needs and to ensure that each resident was supported in positive risk-taking through an informed decision, with the information on the rationale and possible risks associated clearly documented. An associate care plan was in place, and the inspector saw that it detailed specific information on each resident's care needs and what or who was important to them. However, improvements were required in care plans for some residents with wander guard bracelets as it was not evident if alternatives had been trailed and regular safety checks for these devices was not documented.

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 staff had completed training in responding to behaviours that challenge, restrictive practice and dementia-care training. The inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, 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.

There was adequate supervision of residents with current staffing levels suitable to the assessed needs of the residents. Staff were supported to perform their respective roles with ongoing mandatory and additional training. All staff were aware of practices that may be restrictive, for example, bedrails and lap belts.

Complaints were recorded electronically and were robustly investigated. The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. A small number of complaints had been received in 2023. All of these complaints were satisfactorily dealt with. Complaints and incidents were audited and trends identified and learning informed safety improvements in the centre. Evidence of learning from complaints was disseminated at staff meetings.

The centre maintained a register of restrictive practices in use in the centre which included the wander guard bracelets in use. There were no other restrictive devices identified on the register. Other possible examples of restrictive practices identified on the inspection included; a bedrail, falls prevention mats, and sensor mat devices were not recorded on the register of restrictive practices.

Improvements were required to the documentation for restrictive practice. The centre did not have a specific assessment, care plan, review documentation, or consent form for the wander guard bracelet devices in use. The inspector was informed that these

devices were discussed at handover daily, however there was no documentary evidence of these discussions. Improvements were required in the auditing process of restrictive practices. Audits viewed identified a high compliance rate with the process for restrictive practice. However, audits indicated that documentation was in place for residents with a restrictive device which were observed as not in place in the residents nursing notes prior to or at the time of inspection.

The inspector summarised that there was a positive culture, with an emphasis on maintaining restrictive practice to a minimum. Improvements were required in the nursing documentation for restrictive practice. The registered provider did not view the overly restrictive practice of routine mask wearing as a restriction and had not taken into account residents' views on this practice. Notwithstanding, residents appeared to enjoy a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

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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