



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Caherciveen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Caherciveen, Kerry
Type of inspection:	Unannounced
Date of inspection:	29 August 2023
Centre ID:	OSV-0000562
Fieldwork ID:	MON-0041056

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
Tuesday 29 August 2023	09:30hrs to 16:40hrs	Ella Ferriter

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 designated centre. Findings of this inspection were that management and staff had a clear commitment to providing person-centred care to residents. Residents' in Cahersiveen Community Hospital had a good quality of life, where their fundamental rights and independence was promoted and respected.

Cahersiveen Community Hospital is a designated centre for older people registered to accommodate 33 residents. There were 30 residents living in the centre on the day of this inspection. The centre is situated in the town of Cahersiveen, in South Kerry. The premises has been adapted and renovated over the last two years, with the addition of single bedrooms and a decrease in the occupancy of shared rooms, which had afforded residents with more personal space. Bedroom accommodation in the centre consists of single, twin and triple bedrooms.

The inspector saw that residents had access to appropriate storage in their bedrooms for their personal belongings. This included individual wardrobes, chest of drawers and a locker. Although there were televisions in each bedroom, visibility for some residents in multi-occupancy rooms was limited, due to the location of furniture and overhead hoists, which the management team committed to reviewing following this inspection. The inspector saw that the management team were committed to making the centre homely and comfortable for residents and imminent plans to decorate the corridor walls, with art work created by a local artist.

There were two enclosed courtyards in the centre of the building, which the inspector noted had been recently decorated with new furniture, flowers and plants. There was also an enclosed courtyard to the front of the centre, with colourful furniture and plants. Residents could access this area from the dining room, and watch the activity on the street leading into town. Residents told the inspector that they loved to sit outside during the nice weather and they really enjoyed these spaces. The inspector observed that residents could freely access all three courtyards, as doors were opened.

Over 25 of the residents enjoyed an afternoon tea party and sing song with staff, to celebrate a staff member's upcoming retirement, in one of the courtyards, on the day of this inspection. The inspector saw residents being served drinks and snacks and some residents and staff recited poetry and sang Irish folk songs. Residents told the inspector that these events were the highlight of their week and they particularly loved the days when there was music. Residents' relatives were welcomed and some joined in the outdoor activities. Staff were observed chatting, joking and interacting well with residents, about songs that they liked and their past. It was evident that staff knew residents well and were observed to be chatting to them about their families and jobs that they worked in. Many staff were from the local areas and told the inspector that they loved working in the centre.

Residents were supported and facilitated to maintain personal relationships in the community. It was evident that residents were encouraged and to go out for days

and overnights with their families. The inspector saw one resident being collected by their sisters and being brought down to the local hotel for a drink, while another was observed to go out shopping with a friend. Residents also had access to the local community day care service, which was situated on the grounds of the centre. A local volunteer visited the centre on the day of the inspection and did activities with residents. There was signage indicating that there was a music concert taking place, the day following this inspection, and residents said they were really looking forward to this event.

Staff were very knowledgeable about residents' needs and wishes and provided the inspector with a holistic picture of individual residents. Residents told the inspector that staff provided support in an unhurried manner and were always kind and patient. One resident said "they don't rush me and always give me time". The inspector observed that residents who required support with their personal care received this care from staff in a discreet and dignified manner. Residents were seen to be well dressed and groomed, according to their personal preferences. Residents told the inspector that they were assisted to do what they would like by staff and their choices were always respected.

The inspector had the opportunity to meet with three visitors on the day and they all spoke very positively about the care their loved one received and the access to their family member. One visitor told the inspector that the staff always made them feel so welcome and there was excellent communication with family.

Staff were observed throughout the day respecting resident's space by knocking on bedroom doors before entering bedrooms and explaining the reason for their presence. Staff were able to provide the inspector with examples of what restrictive practice looked like in a care environment and were able to discuss their care home's current practices in monitoring and reviewing restrictive practice.

The inspector conversed with residents who also said that they felt safe in the home and that their wishes and preferences were respected by the staff team. Residents mentioned that should they have a problem they were confident that management and staff would try their best to resolve it. The inspector read the notes of formal residents' meetings which residents were supported by staff to attend. They made suggestion about menu choices, outings they wanted to go on and activities. Overall, residents stated that they loved living in Cahersiveen Community Hospital, they enjoyed their days and the care provided was excellent.

Oversight and the Quality Improvement arrangements

This was a service that promoted a restraint-free environment through effective leadership. There was a clear governance structure to manage the service, which was familiar to the staff working in the centre and together, in their various roles and responsibilities, they demonstrated a commitment to quality improvement in respect of restrictive practices and had achieved a very good standard.

There was a proactive approach towards positive risk taking in Cahersiveen Community Hospital, where residents were supported to make key decisions about their life. The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. The inspector concurred with this view point.

Staff confirmed that there were adequate nursing and care staff to meet the care needs of residents and there was a staff member allocated to support the provision of activities in the centre. Training was being well monitored in the centre and staff were supported and facilitated to attend training relevant to their role in key areas such as safeguarding, restrictive practice, dementia care and all staff had recently completed person centred approach to care training. This training supported staff in providing care to residents that maximised their potential, independence and ensuring residents had choice and autonomy.

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 individualized care. Care plans records seen by the inspector confirmed that resident's views and that of their families, were incorporated into care interventions. The management team also described an appropriate planned discharge of a residents with the support of an advocacy service, which demonstrated an understanding of ensuring residents choice was promoted within the centre.

There was a restraint policy in place and current practices reflected the content of this policy. Discussion with the management team confirmed that there were processes in place to monitor and reduce the use of restrictive practices currently in use and the register was updated weekly.

Over the past two years the provider and management team had reviewed the restrictive practices in the centre, which related to the use of bedrails and significantly reduced their use. There was only one resident who had been allocated bedrails on the day of this inspection and two residents were allocated wander bracelets. To implement this change in practice policy had been reviewed, training enhanced and further monitoring systems had been established, to ensure there were improved outcomes for residents. Alternatives to bedrails such as low-low beds were in use for residents, with a high falls risks who required them.

Where bed rails were recommended this was as a result of appropriate assessment and recommendation by the multidisciplinary team which included a physiotherapist and general practitioner. There was evidence seen that restrictive practice care plans were reviewed on a regular basis, with a focus on elimination of the restrictive practice or trialling a least restrictive alternative. Consent form giving permission for their use, were used in practice.

The management team were monitoring work practices in the centre via observational audit, in areas such as communication, the physical environment, privacy & dignity, team effectiveness and resident involvement. The aim of this was to determine if care was delivered according to the centres statement of purpose and the centres philosophy of care. The philosophy of care was hung on the wall of the centre and focused on residents receiving person centred, high quality care with dignity and respect.

Overall, the inspector found that there was a positive culture in Cahersiveen Community Hospital, which promoted the overall wellbeing of residents which focused on a person-centred approach to care and ensuring residents' human rights were upheld.

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

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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