



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

Issued by the Chief Inspector

Name of designated centre:	Áras Mhic Dara Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Barrarderry, Carraroe, Galway
Type of inspection:	Unannounced
Date of inspection:	29 September 2023
Centre ID:	OSV-0000626
Fieldwork ID:	MON-0041595

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
Friday 29 September 2023	10:00hrs to 16:00hrs	Una Fitzgerald

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. Based on the observations of the inspector, and from speaking with residents, it was clear that all members of the team were committed to providing person-centred care to residents. The feedback from the residents that spoke with the inspector was overwhelmingly positive.

The inspector arrived in the centre mid-morning. Many of the residents were up and about in the various areas of the centre, while others were having their care needs attended to. A number of residents were having breakfast and snacks in the communal sitting and dining rooms. The atmosphere was calm and relaxed throughout the centre.

Aras Mhic Dara is situated in a rural area along the Connemara coast, in County Galway. On the day of inspection, there were 29 residents living in the centre. The centre is situated in the Gaeltacht, and so, gaeilge is the first language for the majority of the current residents. The main entrance to the centre had an entrance foyer. This area was welcoming. There were seats for resident use in this area which were seen in use throughout the day. The area was also a point of information with multiple notice boards and information leaflets. This included information on safeguarding services, the complaints procedure, and independent advocacy services. The information where possible, was available in English and Gaeilge.

There were a variety of communal areas available for residents to use depending on their choice and preference including sitting rooms, two dining rooms, an oratory and smaller cosy sitting areas. All areas were sufficiently bright and spacious with comfortable furnishings and domestic features which provided a homely environment for residents.

Many residents had decorated their bedrooms with photos and other items of significance. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well-maintained. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely.

Residents had unrestricted access to all areas inside the premises other than staff areas and store cupboards. There were a number of access points to the external grounds which contained a variety of suitable seating areas and seasonal plants. These areas were either open access or by means of a keypad. Staff told the inspector that, in general, residents did not have access to the code and that when a resident wished to go out, a staff member opened the doors for them. Residents were observed mobilising freely throughout the centre during the course of the inspection.

The inspector found many examples where residents were encouraged and supported to retain their independence. There was a positive approach to risk-taking in the centre, ensuring that residents living in the centre could make informed decisions and choices. For example; a resident had been advised to take thickened fluids which would modify the consistency of their drinks. The resident did not agree. The risk had been

explained and post this conversation the resident's choice to continue with normal fluids was respected.

The inspector observed that there was a variety of stimulation and engaging activities throughout the day that provided opportunities for socialisation and recreation. Residents said they were encouraged and facilitated to attend activities, and that their choice to attend these, or not, was respected. Activities and the importance of social interaction was known to all staff spoken with. The inspector was assured by staff responses to questions asked on what is meant by restrictive practice.

One-to-one activities were also made available to residents. On the morning of the inspection, there was individual holistic massage therapy sessions held. The scented oils were drifting down the corridor and the music was soothing and gave this part of the centre a very relaxing, ambience.

Residents' rights were well respected. Residents were actively involved in the running of the centre and their feedback was reported back through a residents' survey and resident meetings known locally as Abhcoideacht, meaning advocacy. Resident meetings are chaired by a member of staff who reports any issues raised to the person in charge for follow up. The minutes of the March, June and September 2023 meetings were all made available to the inspector. The feedback from the last resident survey held in February 2023 was very positive.

The centre is embedded in the community. For example, on the day of inspection, local school students were in meeting individual residents on pre-arranged visits. A small number of residents were taking part in a project whereby they recalled to the students their life experiences. This information was then being used as part of a school project. Visitors were seen coming and going throughout the day. Residents told the inspector that they could meet with their visitor in the privacy of their own bedrooms, or in communal rooms.

Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. 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 provider ensured that arrangements were in place to monitor and evaluate the quality of the service. This included an audit of restrictive practices. The registered provider had a policy in place for the use of restraint and restrictive practices, that

underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. The policy was centre specific and had been updated in March 2023 by the person in charge, to include guidance to staff on the steps to take if emergency restraint was required. This policy was in accordance with national policy and best practice.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Staff confirmed that there was an adequate number of staff and a good skill mix in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of residents' needs and rights. Staff were appropriately supervised by management. Staff had knowledge and understanding of resident's needs and behaviours. This ensured that the staff had the knowledge to implement care practices that are restraint-free or that minimise the use of restrictive practices.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was one bedrail in use in the centre. A number of residents, who were assessed as being at risk of falling, had sensor alarms in place that alerted staff when the resident moved. The inspector observed that when these alarms rang, staff attended to the resident to provide them with any assistance. Residents told the inspector they were very satisfied with the length of time it took to have their call bells answered. Residents added that the staff attended to the request at the time as opposed to returning at a later stage. Appropriate consultation, consent and a risk assessment for the use of the restrictive practice was in place.

The provider ensured the centre was resourced with equipment that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to floor beds and low-low beds. The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that residents were not unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment. For example, following feedback and review from residents, on the use of tilted chairs, a resident had been changed from a manual tilting chair to an electronically controlled tilting chair. This change meant that the resident could operate the chair without the assistance of staff.

The centre had a record of all the restrictive practices in use in the centre. The person in charge had responsibility to ensure that all types of restriction were recorded on the register. This record was kept under review by the clinical management team and was sufficiently detailed. Each restrictive practice was identified and an appropriate risk assessment had been completed. There was evidence of consultation with the resident and where possible the resident consented, along with members of the multi-disciplinary team. Risk assessments were reviewed at regular intervals as required. The inspector

found that information on the use of restrictive practices was collected on individual residents and also within the services at large. The gathering of this information enabled the management have an overview of the use of restrictive practices. The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of their use in the centre.

In summary, the inspector identified that there was a positive culture in Aras Mhic Dara community nursing unit, with an emphasis on a restraint-free environment. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability. The inspector was satisfied that every effort was made to ensure that people living in the centre were facilitated to pursue their own choices and preferences and that their rights were respected. The inspector found that the residents were supported to live as independently as possible without unnecessary restriction. The provider and staff were taking a positive and proactive approach in reducing and eliminating restrictive practices.

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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