



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

Issued by the Chief Inspector

Name of designated centre:	St Columban's Nursing Home
Name of provider:	Missionary Sisters of St Columban (Ireland) CLG
Address of centre:	Magheramore, Wicklow
Type of inspection:	Unannounced
Date of inspection:	30 August 2023
Centre ID:	OSV-0000760
Fieldwork ID:	MON-0039338

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 30 August 2023	09:00hrs to 17:20hrs	Bairbre Moynihan

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. Through discussions with residents and staff, and from the observations of the inspector on the day, it was evident that a restraint-free environment was promoted, and residents enjoyed a good quality of life in a centre that respected residents' human rights.

The person in charge and assistant director of nursing were both on leave on the day of inspection. The inspector had a brief meeting with the clinical nurse manager before being guided on a tour of the premises. The person in charge attended later in the morning to facilitate the inspection.

St Columban's Nursing Home is registered to accommodate 24 residents with no vacancies on the day of inspection. The centre is a purpose built, single storey building with 24 single en-suite rooms. Communal accommodation comprised of a day room, dining room, sunroom, visiting room, activities room and oratory. Residents also had access to the chapel which was located in the convent. Some residents attended there in the evening time for mass or they could stream it live onto their televisions. Residents had personalised their room with photographs of their family and friends. A number of residents had their own laptops and spent time on them in their room. There was no restrictions on when residents could access their bedrooms with many residents choosing to return to bed in the afternoon for a "siesta". Residents described to the inspector how they get up and go to bed when they chose with two residents informing the inspector they had a long lie in on the day of inspection.

Staff respected the privacy of residents and were observed knocking on residents' bedroom doors before entering.

The inspector observed residents moving freely throughout the centre. Residents had access to a patio area which could be accessed through the sitting and dining room area. There were a number of exits available to residents throughout the centre where they could access the garden which was well maintained. All doors were easily unlocked with a turn lock in place. Access to the convent was via a coded door, the code to which was displayed on the door. Residents were observed going for a walk at their leisure and signed a book if they were going outside in the grounds so staff knew where the residents were.

Residents were complimentary about the care they received. The centre had a calm atmosphere and it was evident staff knew the residents well. A resident informed the inspector that the centre "feels like one family". Residents reported feeling safe in the centre and identified who they would raise a concern to.

Residents were consulted about the service through residents' meetings. Three residents' meetings had taken place in 2023. Meeting minutes reviewed indicated that for the most part residents' suggestions and queries were documented and there was evidence in the centre that they had been followed up. For example; residents suggested that the activities board was required and the inspector saw this placed on the healthcare assistant desk. On some occasions, it was not recorded if items were addressed and,

therefore it was unclear if the suggested items had been addressed. A satisfaction survey was completed using HIQA's National Care Experience template. The surveys were not dated and the information was not collated at the time of inspection. On review of the questionnaires it was evident that residents were happy with the care provided and the staff.

The registered provider had appointed an advocate for the centre who attended the centre daily, attended residents' meetings and was involved in decision-making with residents around the use of restraint.

The dining experience was observed by the inspector. This was a sociable and relaxed experience. Residents were provided with a choice at mealtimes, including residents who required a modified diet. A small number of residents chose to eat alone and this choice was respected. Supervision of these residents was in place during the mealtime.

The registered provider had appointed an activities co-ordinator since the last inspection in September 2022 who provided activities four days a week. The activities programme was evolving at the time of inspection. Residents were observed taking part in a quiz and doing exercises in the morning and arts and crafts were available in the afternoon. Residents' had completed flower trellises and floral canvases which were on display in the activities room. In addition, a beauty therapist attended on Wednesdays and was onsite on the day of inspection. The beauty therapist provided foot and hand massages and did sound meditation with residents. Residents informed the inspector about the summer party which was on the week prior to inspection. Residents, staff and staff families attended. Music was generally available to residents on a Friday. Residents had access to newspapers and residents were observed reading them on the day of inspection.

Oversight and the Quality Improvement arrangements

The inspector found that management and staff were working to improve the quality of residents' lives through reduction in use of restrictive practices and promoting residents rights.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed one of the standards relevant to restrictive practices as being compliant, five standards as substantially compliant and two standards were self-assessed as being not compliant. The registered provider had implemented a number of changes in response to the self-assessment questionnaire. A time bound action plan was devised and all actions had been implemented at the time of inspection.

Staff confirmed that there were adequate staff on duty each day to meet the needs of the residents. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the topic. The majority of staff had completed dementia training which management stated included training in restrictive practices with minimal gaps noted. All staff had completed training in the safeguarding of vulnerable adults.

There was good governance and leadership evident in the centre. Management and staff demonstrated a commitment to quality improvement with respect to restrictive practices, person-centred care and promoting residents' rights. There was good oversight and review of restrictive practices. The registered provider had an up-to-date policy in place on restrictive practices. Following completion of the self-assessment questionnaire, the registered provider had established a restrictive practice committee which met monthly. Residents with restrictive devices in place were discussed and how these could be reduced. Two restraint audits was completed in July 2023 and actions from both audits included education for staff on the recording of the checking of restrictive devices. In addition, the registered provider had installed tablets on the wall for staff to have easy access to the information technology system.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low-low beds, instead of having bed-rails raised. The physical environment was set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

St Columban's Nursing Home had a record of restrictive practices in use in the centre, however, the record did not include three residents that had low low beds in use. Management stated the low low beds were in place as a safety measure rather than a restriction, however, they were included in the residents' restraint assessments. Notwithstanding this, no residents in the centre had a bedrail in place. Four residents

had a sensor alarm and one resident had bed wedges. Risk assessments were completed for all restraints identified.

The inspector reviewed the care plans for residents with restrictive devices and found that the documentation was clear. There was evidence there was consultation with the resident and the residents' advocate and where possible the resident consented, along with members of the multi-disciplinary team. Care plans were detailed and outlined that alternatives were trialled. Care plans guided staff to identify a resident's need if a sensor mat went off in a non-restrictive approach. Care plans identified that restraint should be checked at certain intervals. The inspector identified gaps in these records and this was also identified in restraint audits completed. Management were aware of it and it was highlighted in staff meeting minutes reviewed. The inspector was informed that management were assured that the checks were being completed however, there was ongoing requirement to remind staff about the documentation of the checks.

Responsive behaviours were well managed. One resident who was wandering, was supported in a calm and caring manner which diffused any potential escalation of behaviours and ensured that the environment was safe for the other residents. However, the centre had no policy in place in relation to managing behaviours that challenge. This is required under Regulation 4, schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This was also a finding on inspection in September 2022. Furthermore, meeting minutes identified that a behaviour chart was required for the resident however, this had not been implemented.

The incidents and complaints logs were reviewed. No incidents were documented in relation to restraint. In addition, no complaints were recorded in the complaints log. Furthermore, the complaints policy and procedure was not in line with Regulation 34.

Overall, the inspector identified that there was a positive culture in St Columban's Nursing Home, with an emphasis on a restraint-free environment. While opportunities for improvement were identified during the inspection, residents enjoyed 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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