



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

Name of designated centre:	Buncrana Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Maginn Avenue Buncrana
Type of inspection:	Unannounced
Date of inspection:	05 December 2023
Centre ID:	OSV-0000614
Fieldwork ID:	MON-0040637

## 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
Tuesday 05 December 2023	09:00- 16:00	Nikhil Sureshkumar	Lead

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

The overall feedback from residents was positive and complimentary of the staff and the quality of care in the centre. The atmosphere at the centre was lively, with residents engaging in various activities and socialising with each other. It was evident that residents were enjoying a good quality of life in this centre.

Residents who spoke with the inspector expressed satisfaction with the service provided at the facility. Many residents commented that the food provided in the centre was of good quality, staff interactions were respectful, and the staff were available when needed. Residents were supported to maintain their hobbies and interests. One resident commented that they enjoyed reading, and plenty of books were available in the centre.

The inspector reviewed the minutes of the residents' meeting, which indicated they enjoyed living in the centre. Most residents commented that they enjoyed the outings that were available but felt it would be nice to get on more local outings to the chapel and shops. Other residents commented that they would like a bit of variety in the music sessions that are held every Monday.

This was an unannounced, focused inspection on the use of restrictive practices. The inspector found that the centre promoted person-centred care and evidence-based best practices to minimise the use of restrictive practices. Residents' independence was promoted, and they were seen moving freely around the centre. Residents had access to all resident communal areas and to secure outdoor areas.

On arrival, the inspector met with the person in charge, and following an introductory meeting, the inspector went for a walk around the centre. This gave the inspector the opportunity to meet and speak with residents and to observe residents in their lived environment.

The centre is located near Buncrana town and is close to local amenities. The centre comprises two units, namely the Ash Ward and the Main Ward. The front door of the centre had a keypad lock, and there was a clear risk management process in place to ensure a balance between residents' safety and independence in the centre so that those residents who were able to leave the centre unsupervised were enabled to do so. The centre has a reception area with sufficient seating for residents and their visitors to sit and relax.

Information leaflets were available in the centre, which included information about complaint management systems and support groups for residents, including various patient advocacy services. In addition, a notice board was located near the reception corridor, which detailed the results of various quality improvement audits that were carried out in the centre.

The communal room was beautifully decorated with Christmas decorations. A schedule of activities for the day was available in this room. The inspector observed that the residents were engaged in various activities in the communal room, which created a sense of community and brought joy to the residents. The centre had a festive mood, with staff encouraging residents to participate in activities such as singing. Some staff were seen assisting residents with reading the daily newspaper, rosaries, and book reading.

The centre had an activity room filled with various vintage items, such as an old fireplace, butter churn, spinning wheel, sewing machine, and record players. The vintage items not only added to the nostalgic atmosphere but also served as a valuable tool for stimulating residents' memories and cognition. This area was also used to help and support those residents who displayed manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Some staff who spoke with the inspector described how some residents responded well to being brought into the activity room to look at and talk about these vintage items, as it served as a distraction and helped to calm the residents and de-escalate their behaviours.

The centre had a low incidence of responsive behaviours. The inspector reviewed a sample of care files and found that behavioural assessments were completed when residents presented with responsive behaviours. Appropriate assessments, such as delirium (a state of acute excitement and mental confusion) screening were carried out to rule out any precipitating factors that contributed to the responsive behaviours. Residents' care needs were assessed and reviewed at regular intervals.

Care plans were developed in relation to the use of restrictive practices and responsive behaviours. The care plans reviewed were generally person-centred. Furthermore, the staff who spoke with the inspectors were knowledgeable about the needs of individual residents and evidence-based best practices on the use of restraints.

The inspectors observed that residents appeared to be well cared for. Call bells were answered without any delay. Staff attended to the care needs of residents in a respectful and dignified manner. Staff interactions with residents were friendly, and they took the time to listen attentively to ensure that residents' needs were met effectively. The inspector observed staff providing clear explanations to residents before assisting with their care needs. Residents appeared to be well groomed, and residents who spoke with the inspector confirmed that they were dressed in their preferred clothing.

Records reviewed by the inspector indicated that the residents, their general practitioners and residents' family members, where appropriate, were involved in the decision-making process about the use of restraints. Restraint release logs were maintained while the restraints were in use to ensure that the restraints were only used for the least amount of time in the centre.

The inspector went to see some residents' bedrooms and found that the residents' bedrooms were nicely decorated with the residents' personal belongings, such as photo

albums and other memorabilia. Residents had access to a wardrobe to store their clothes and a bedside locker.

A menu choice was available for residents, and staff assisted residents in selecting their menu choices. Sufficient staff were available to assist residents during their meal times, and meals were not rushed and were a social occasion for the residents.

Residents had access to televisions, newspapers, and radios in the centre.

The inspectors observed that the residents had no restrictions in place to receive visitors, and residents were happy with the current arrangement.

## Oversight and the Quality Improvement arrangements

Overall, the inspector observed that the residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre. The centre had completed the self-assessment questionnaire for the restrictive practice thematic programme and had developed a targeted quality improvement plan to manage and reduce restrictive practices in line with the national policy on restraint.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts, and information technology. A clearly defined management structure was in place, and the staff who spoke with the inspector were knowledgeable about the centre's reporting structure.

Several quality improvement initiatives, such as safety pauses, structured handovers, regular governance meetings, staff meetings, audits on the use of restrictive practices, care planning audits, and regular resident meetings, were in place to improve the lives of the residents living in this centre. The centre had policies for managing responsive behaviour and for reducing restrictive practices.

Residents' meeting minutes indicated that decisions regarding the activities in the centre were taken following consultation with residents on various topics such as meal times, choice of food, bedtimes, and religious services. Clear action plans were developed following these focus group meetings, and the residents' suggestions and feedback were included to improve the residents' quality of life.

A restrictive practice register was maintained, and appropriate risk assessments were carried out before using the restrictive measures. Furthermore, the staff who spoke with the inspector was knowledgeable about the evidence-based best practices for the use of restraints.

In addition, a restrictive practice committee had been established to review the centre's use of restraint and work towards a restraint-free environment. The committee structure consisted of a multidisciplinary healthcare team, which met at regular intervals. There was a reduction in the use of bedrails in the centre.

Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures, or suspicions of abuse.

The inspector reviewed a sample of the staff file and the schedule of training records maintained at the centre. The records indicated that staff were up-to-date with mandatory training such as safeguarding, restrictive practices, managing responsive behaviours, fire safety, and infection control training.

A member of staff was also assigned to support residents in taking part in meaningful activities. However, this staff member had not received additional training to support residents in taking part in meaningful activities. As a result, the inspector was not fully assured that the staff could appropriately support residents to engage in meaningful activities. This was brought to the attention of the provider. The provider acknowledged the lack of training and committed to addressing the issue.

## 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.

<b>Compliant</b>	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.
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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

<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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