



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

## Issued by the Chief Inspector

Name of designated centre:	St Conlon's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Church Road, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 November 2023
Centre ID:	OSV-0000666
Fieldwork ID:	MON-0041473

## 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.

---

<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
Wednesday 1 November 2023	09:30hrs to 17:00hrs	Mary Veale
Wednesday 1 November 2023	09:30hrs to 17:00hrs	Aisling Coffey

## 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 inspectors, it was clear that management had a clear commitment to providing person-centred care to residents based on their needs and abilities. Overall, the inspectors found that residents had a good quality of life and were encouraged and supported by staff and management to be independent.

On arrival, the inspectors were welcomed by the centre's office administrator. The inspectors were greeted by a resident who was sitting in the rest area of the entrance foyer. The inspectors were met by the clinical nurse manager. The inspectors had an introductory meeting with the clinical nurse manager to discuss the format of the inspection. The inspectors were then accompanied on a tour of the premises by the clinical nurse manager. The person in charge was attending a meeting outside of the centre but arrived during the walk around the centre.

The inspectors observed residents in various areas throughout the centre, for example some residents were walking in corridors, others were sitting in communal rooms and some were in their bedrooms. The atmosphere was relaxed and calm. All residents had their bedroom doors closed. Staff were observed discreetly assisting residents and knocking on doors before entering bedrooms.

St Conlon's Community Nursing unit is situated in the town of Nenagh, Co. Tipperary. The centre is run by the Health Service Executive (HSE) and is registered for 25 beds. The centre provides long-term, respite and palliative care. On the day of inspection there were 18 residents living in the centre, one resident was in hospital, and three residents were receiving respite care 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 15 single bedrooms and five twin rooms. Residents' bedrooms were clean, tidy and had space for personal storage. Lockable locker storage space was available for all residents. Many bedrooms were personalised containing family photograph and personal belongings. The name of the key nurse and care staff looking after the resident was displayed in the residents' bedrooms. Pressure relieving specialist mattresses, cushions and fall-prevention equipment were seen in some of the residents' bedrooms. Residents had access to two shower rooms. The inspectors were informed that the bath was not available for use by residents on the day of inspection and had not been available for some time prior to the inspection. Communal spaces were spacious and comfortable. The sitting room had a fireplace, armchairs, bookshelves, and a large television. Residents had access to a hairdressing room, conservatory room, a small sitting room, and a relaxation room. The entrance foyer had a rest area with comfortable seating and a piano.

As the centre was situated adjacent to a busy road, two residents who were identified as a high risk of elopement wore wander guard bracelet devices. There was a key-pad lock used to secure the main entrance doors. This risk was regularly assessed and

reviewed in the centre's risk register, and it was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. The inspectors observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents were seen mobilising independently around the centre.

The inspectors observed a calm and content atmosphere in the centre throughout the day. Residents told inspectors they were consulted with about their care and about the organisation of the service. Residents felt safe in the centre and apart from some gaps identified in curtains closing in twin rooms and door handles missing from two bedrooms, their privacy and dignity was respected. Residents told the inspectors that they liked living in the centre and that staff were always respectful and supportive. Residents told the inspectors that their call-bells were within reach, were answered promptly, and that they were content and well looked after in this centre. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences.

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 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 whom the inspectors spoke with were aware of practices that may be restrictive, for example, low beds, lap belts, bedrails, and sensor devices. Staff were very knowledgeable of the individual and person-centred needs of each resident.

Residents had access to a large central courtyard garden, the doors to this garden area were open and were easily accessible. The garden areas had level walkways, seating for residents and a large pergola canopy. The centre had a designated smoking room area in the courtyard which was freely accessible to residents who wished to smoke. On the day of inspection there were two residents in the centre who smoked. The inspectors spoke to a resident using the smoking area who confirmed that they could use this facility at any time of their choosing. They had access to their own pipe, tobacco and lighter.

Residents were facilitated with a choice of meals and drinks and told the inspectors that the food was good. The daily menu was displayed outside the dining room. There was a choice of two options available for the main meal. The inspectors observed the main lunch time meal. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspectors were informed by residents that drinks and snacks were available anytime outside of meal times. A water dispenser and cordial were available for residents in the sitting room.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The inspectors observed residents watching a live streamed local Mass in the morning and participating in a quiz in the afternoon on the

day of inspection. Residents who were in their bedrooms on the morning of the inspection told the inspectors that they preferred their own company and liked to read or watch television. Residents had access to televisions, radios, national and local newspapers. Residents had access to a personal computer (PC) in the relaxation room and could access internet services using their own devices or a mobile device provided by the centre. Inspectors were informed that Mass was planned for the month of November in the centre.

Arrangements were in place for residents to feedback and contribute to the organisation of the service. Residents told the inspectors that the person in charge was always available to them and was always responsive to their needs and requests. In addition to this informal feedback, there were regular residents' meetings and an annual satisfaction survey for residents. The results of the resident's annual satisfaction survey were submitted following the inspection, results showed a high satisfaction rate expressed by residents for the care and services provided. The inspector observed that residents were supported to have companionship. There were no restrictions to visiting hours in the centre, and friends and relatives were seen to come and go during the day. There was a visitor's book where visits were logged, which would assist in ensuring their safety in the event of an emergency. Residents had access to advocacy services, and information posters were displayed at the entrance foyer area and in a number of other locations throughout the centre.

## Oversight and the Quality Improvement arrangements

Overall, the inspectors found that there was a proactive approach in the centre to promoting a restraint-free environment, person-centred care and 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 substantially compliant. The registered provider had an up-to-date local policy in place for the use of restrictive practices and had access to national policies. There was evidence of monthly management meetings within the organisation. There was evidence of weekly local staff meetings which took place at handover and were chaired by the person in charge. The inspectors were informed that restrictive devices were discussed at handover daily, however there was no documentary evidence of these discussions. The inspectors were informed that there was a daily walk around undertaken by two nurses. The inspectors were informed on the day of inspection that the person in charge was planning to establish a restrictive practice and positive responsive behaviour committee.

The centre maintained a register of restrictive practices in use in the centre which included bedrails, wander guard bracelets and sensor devices in use. There were no other restrictive devices identified on the register. Other possible examples of restrictive practices identified on the inspection included; low beds, a lap belt, and electronic front door lock were not recorded on the register of restrictive practices.

Records viewed on the day showed that improvements were required for staff training. Seventeen percent of nursing and care staff had completed training in responding to behaviours that challenge, restrictive practice and dementia-care training. However, staff whom the inspector spoke with were knowledgeable of the principles of restrictive practice and informed the inspectors that training in restrictive practice was informally presented during handover of residents' care. On the day of inspection there was adequate supervision of residents and staffing levels were suitable to the assessed needs of the residents.

Improvements were required to the documentation for restrictive practice devices in use. The centre's policy document outlined that a specific assessment document form, a document to support a trial of a restrictive device, a review and release document form, and a consent form were in use. The inspectors reviewed the nursing notes of five residents who had a restrictive device. The inspectors found that there were initial assessments available for bedrails and a lap belt in use but there was no evidence of reassessment of these devices. The risks and benefits of using these devices had been recorded. The inspectors found that the care plans for restrictive devices required improvement. Care plans viewed were not reflective of the equipment in use as a restrictive device. For example; some residents were identified as having a low to floor

bed in place but on the day of inspection these residents had a regular height bed. Some residents were identified as having a bedrail as an enabler but the bedrails observed on the day of inspection were a restrictive device. The care plans did not contain evidence of consultation with residents. The centre had a multi-disciplinary team (MDT) assessment form and a restrictive device review and release form. However, MDT assessments forms viewed on the day had evidence that the assessments were reviewed by nursing staff only and no other members of the MDT team. There were gaps noted in the recording of review and release forms. There was no evidence of a consent form in use or evidence that alternatives had been trailed prior to the restrictive device being put in place.

Improvements were required in the auditing process for restrictive practices. Audits viewed were completed six monthly and identified that there had been improvements in the compliance for restrictive practice use. However, the audit tool in use was not in line with the centres policy and did not evidence actions and a time bound improvement plan to provide a structure to drive improvement.

The inspectors summarised that there was a positive culture in the centre with an emphasis on promoting a restraint free environment. Improvements were required in the oversight, documentation and auditing of restrictive practice.



## 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>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction 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

<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.
-----	---