



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

Issued by the Chief Inspector

Name of designated centre:	Mount Hybla Private
Name of provider:	Mount Hybla Private
Address of centre:	Farmleigh Woods, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	10 August 2023
Centre ID:	OSV-0000744
Fieldwork ID:	MON-0041096

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
Thursday 10 August 2023	09:00hrs to 15:00hrs	Lorraine Wall

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

This was an unannounced focused inspection on the use of restrictive practices in the designated centre. From what residents told the inspector and what the inspector observed, it was clear that residents were very well supported to enjoy a good quality of life in this centre and that the culture within the service promoted person-centred care.

On arrival to the centre, many of the residents were observed to be up and about in the various communal areas of the centre, while others were having breakfast or being assisted with their personal care.

Mount Hybla Nursing Home is a two storey building situated in Castleknock, Co. Dublin. The centre provides accommodation for a maximum of 66 residents. On the day of the inspection, there were 64 residents living in the centre. The centre is divided into four units; Rose, Lavender, Orchid and Magnolia. The “Lavender” unit is specifically dedicated to the care of people with dementia.

Residents’ accommodation is comprised of single ensuite bedrooms. The living and accommodation areas are spread across two floors which are connected by stairs and an accessible lift. There are a variety of communal areas available for residents throughout the centre, which residents were observed using. All areas of the centre were bright and spacious with comfortable furnishings and seating areas along corridors where residents were observed to sit and read the newspaper or watch people coming and going.

Many residents’ bedrooms were nicely decorated with personal belongings such as photographs and artwork. The centre was exceptionally clean and tidy in all areas. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

The inspector spent time in the various communal areas of the centre and speaking with residents who were spending time in the courtyard garden, observing staff and resident interactions. There were two activity coordinators on duty on the day of the inspection. These staff were facilitating residents with a range of activities in the day room including chair exercises and sensory activities.

Residents had access to television, radio and books. However, the inspector observed that there were only two newspapers available for 64 residents and observed that two residents were having a disagreement about the use of the newspaper and who was due to have it next.

Staff told inspectors that they had recently completed training in the management of restrictive practices and the inspector found that staff had the required competencies to deliver effective and safe care to residents.

The provider promoted a restraint free environment in the centre, which was in line with local and national policy. The inspector reviewed monthly and quarterly audits which showed evidence of a reduction in restrictive practices as detailed in the next section of this report.

There was unrestricted access to most areas within the centre. The internal courtyard had a keypad in place; however, the doors were open and residents were observed to use the courtyard throughout the day. Some residents told the inspector that they spent most of their time sitting outside watching the birds and the squirrels.

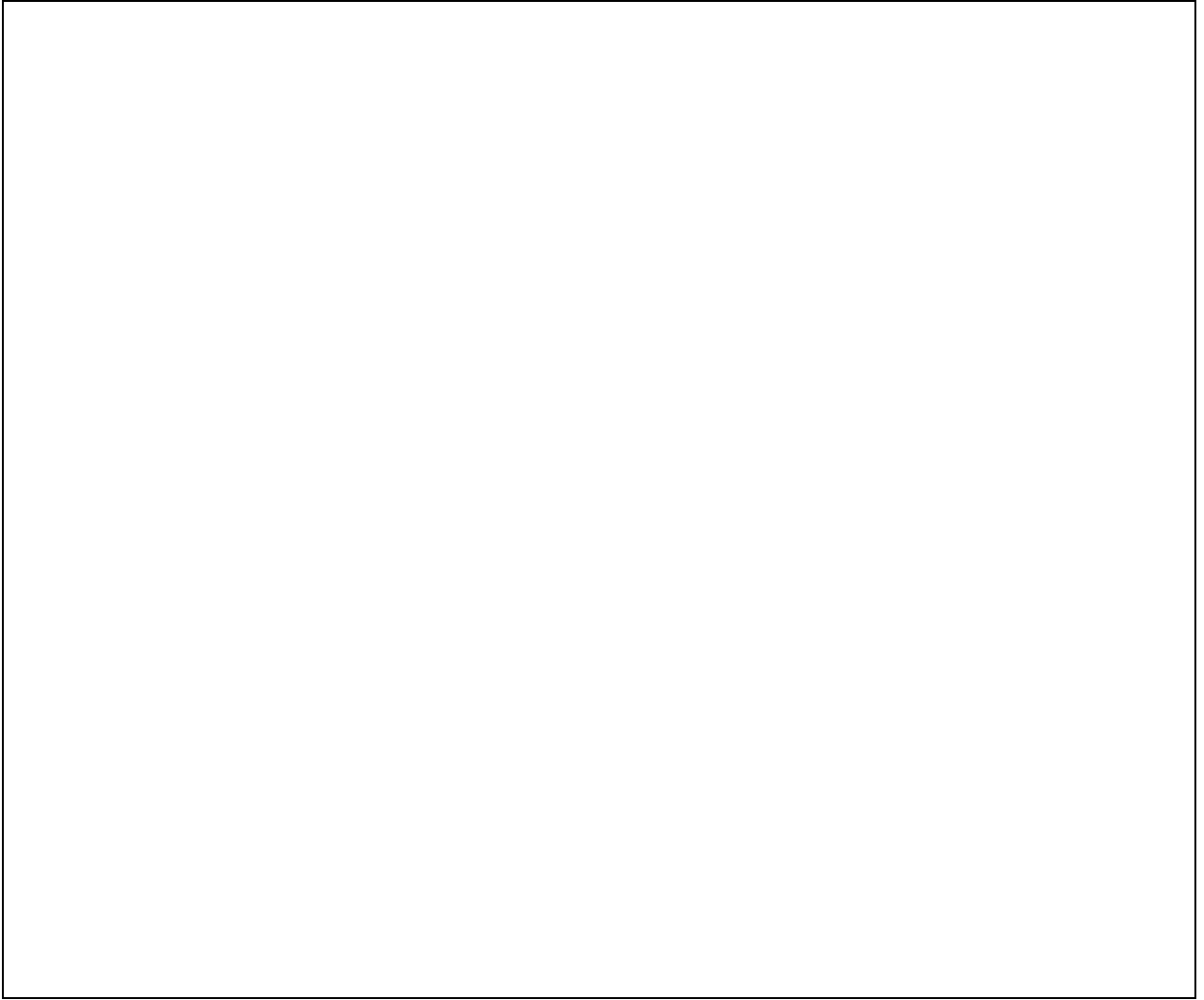
One resident told the inspector that they would like to go out more but there is poor availability of wheelchair taxis in the area and this prohibits them from

going out. This was confirmed by the person in charge who was attempting to source an appropriate taxi service for the residents. The inspector observed that another resident was facilitated to go out alone and this person regularly attended their hospital appointments independently. However some of the residents who spoke with the inspector were not aware that they had a choice to go out into their local community either independently or with support and had therefore not asked.

The inspector observed that all exit doors from the centre were locked with a keypad. Some residents who spoke with the inspectors were aware of the code for the door and were able to open the door to leave the building. However whilst acknowledging that some residents did have poor safety awareness and would be at risk if they left the centre independently, the inspector was not sure that the locked door was not necessary for other residents who did not have access to the key code.

Residents had choice within their day to day lives, for example; choice of meals, what activities they took part in and where they spent their day.

Residents told the inspector that the staff were very nice and they felt safe within the centre. Staff were observed to be kind and empathetic, and delivered care in an unhurried and respectful manner.



Oversight and the Quality Improvement arrangements

The inspector spoke with the person in charge and clinical nurse manager who confirmed that the centre actively promoted person-centred care in a restraint-free environment, in line with national policy and best practice.

The inspector was satisfied that efforts were made to ensure that people living in the centre were facilitated to pursue their own choices and preferences. However, more emphasis was required to ensure that all residents knew they had the right to access their local community and facilities either independently or with support if needed and that positive risk taking assessments were completed where necessary.

The person in charge had completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. A focused quality improvement plan had been developed to manage and reduce restrictive practices in line with the national restraint policy, which included areas such as staff training, increased supervision in communal areas, regular staff meetings and regular review of the restraint register. This quality improvement plan was ongoing and it was evident throughout the inspection that this had had a positive impact on the lives of residents.

The provider had ensured that there were adequate arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which accurately recorded and monitored the use of each restraint. The identified restrictions were risk assessed and comprehensively assessed all risks associated with the use of each restriction and detailed the alternative options considered. Restrictive practices were reviewed on a monthly basis and staff were prompted to consider less restrictive alternatives.

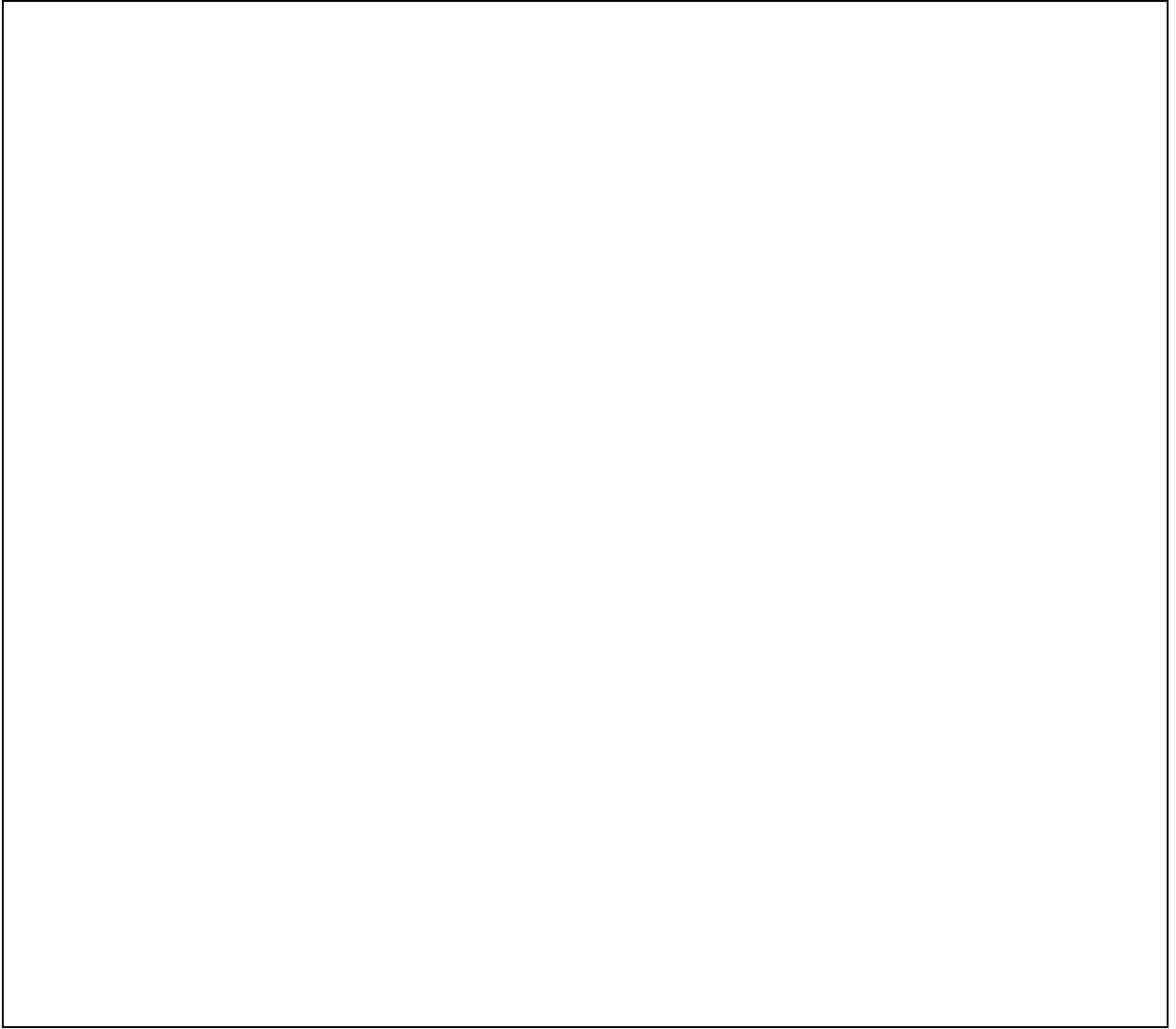
Records showed that less restrictive options were regularly trialled in line with the national restraint policy and evidenced that a number of these trials had been successful. For example, the use of bedrails and chair sensor mats had been reduced by 11 since March 2023.

Residents who had restraints in place had a restrictive practice care plan in place. These care plans were person centred and contained details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months.

Overall, staff demonstrated a good understanding of what constitutes restrictive practice and the importance of providing a restraint-free environment where possible. There was evidence that restrictive practice was discussed at staff weekly meetings

Policies were available for review by both staff and residents throughout the centre, which provided staff with guidance on the use of restrictive practices.

There were sufficient numbers of suitably qualified staff on duty on the day of the inspection and the inspector was satisfied that there were sufficient resources in place in the centre to support residents' assessed needs and which allowed people to live in a restraint-free environment. Communal areas were appropriately supervised.



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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