



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

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| Name of designated centre: | Áras Ronáin Community Nursing Unit |
| Name of provider: | Health Service Executive |
| Address of centre: | Manistir, Kilronan, Inishmore, Aran Islands, Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 27 June 2019 |
| Centre ID: | OSV-0000628 |
| Fieldwork ID: | MON-0027249 |

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.

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

The feedback from the residents spoken with during this inspection was highly complementary of the staff and the overall running of the centre. The inspector spent time observing staff and resident engagement and found that staff were patient, respectful and kind. The staff displayed excellent knowledge of each resident. The inspector spoke at length with three residents individually. No resident reported that staff restricted their freedom of choice or movement. Residents gave multiple examples of outings to their home house, visiting family or a trip down to the local village. The inspector observed that the centre had strong links to the community and the person in charge had placed high value on ensuring that community links were maintained.

Conversations had with residents clearly identified that residents were happy with the service provided. Residents felt safe in the centre and did not feel that there were any restrictions put on them in how they spent their day. Residents told the inspector that they choose where to spend their day, what time to get up and return to bed. When asked about the staff one resident responded "one nicer than the other". The person in charge was not present during the inspection. Residents were knowledgeable on who the person in charge was and voiced that they would not hesitate to make a complaint. From resident conversations, the inspector summarised that overall residents lived a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

On arrival, the inspector did a walk of the centre with the nurse in charge. In the communal room the inspector noted that there were residents sitting relaxing having finished their breakfast. Resident bedrooms were located down to the right of the main reception in close proximity to the main communal living rooms. Staff were observed coming and going from individual residents' bedrooms. The inspector observed that all staff knocked on resident bedrooms and communal bathrooms and waited for a reply prior to entering the room.

Residents knew their way around the centre and the location of their own bedrooms. Bedroom accommodation was made up of six single and two triple bedrooms. The single rooms were spacious. The triple rooms were adequate to provide residents with sufficient space to maintain their clothes and personal possessions. Along the bedroom corridor was a resident kitchenette. This kitchen was stocked with a selection of drinks and snack food for resident and family use.

There was one main access and egress point in the building at the main reception. This front door was locked by means of a keypad. There were no restrictions on residents accessing the keycode to exit doors which meant that the residents were free to exit the building when they chose. Staff confirmed that the code to the door was available to all residents who wished to go outside, subject to them having sufficient awareness and capacity to be safe while doing so. In addition to the main entrance door there were two other exits onto the external gardens that could be accessed at any time with no restrictions.

The inspector spoke with two individual residents in their own bedrooms. The bedrooms were personalised with items such as family photos, pieces of art, books and belongings that were important to the resident. For example, one resident had multiple hats and the centre had put up a hat hanger with multiple hooks so that the resident could easily see the selection and then choose which one to wear. Residents spoken with were very happy with the bedroom space that they were allocated and were very clear that they were free to move furniture around to a layout that most suited their individual needs.

The inspector observed that staff chatted freely with residents on topics of interest to them. Staff had good knowledge of their social history prior to their admission. For example, what job they worked at or what part of the island they had lived on. There were a variety of formal and informal methods of communication between the management team and residents including conversations and meetings. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The centre has organised activities three days a week. All other days the responsibility rests with all staff members in the centre. The inspector spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents. Staff considered activities an important part of their role to ensure that residents were comfortable and at ease in the environment.

The centre also has access to large internal closed gardens. On the day of inspection the gardens were not available for resident use because of maintenance works that have been ongoing and were due completion in October 2018, as per the last compliance plan response. This restricted access occurs every second week. The inspector sat with a resident in the afternoon who was sitting watching the workmanship in progress. The resident told the inspector that he likes to sit and take in the activity outside while enjoying a beverage.

The only other locked doors in the centre were those that were reserved for use of staff or for the purposes of storing laundry or cleaning materials.

The centre had a record of all the restrictive practices in use in the centre. This detailed the time and date of use, the resident's unique identifier, the type of restraint and whether or not the person had given their consent. The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of its use in the centre.

Oversight and the Quality Improvement arrangements

The inspector found that there was a positive culture in the centre towards promoting a restraint-free environment. Overall the inspector found that the nurse in charge, the administration staff and the healthcare staff delivering the care on the day of inspection were clear in their understanding of the risks of restrictive practices and their potential impact on residents.

The provider representative or person in charge were not present during the inspection. 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. In addition, the quality improvement plan had also been completed. This document clearly identified that the management team were striving to ensure that residents' rights were upheld and that each resident had a voice. The inspector also reviewed the minutes of the last management meeting and found evidence that restrictive practices and the promoting of a restraint free environment had been an agenda item. As stated the person in charge was not present during the inspection. However, the information requested by the inspector was presented immediately and in an easily understood format. The inspector requested to review the complaints log. There were no complaints logged in respect of restrictive practices. Residents had open access to an advocacy service. While there was no resident availing of the service on the day of inspection the external provider had recently visited the centre and met with residents in a group. The contact details were on display along the main corridor on clear view for residents to access the service.

The person in charge had a restraint record that was used to record restrictive practices currently in use in the centre. This record was kept under constant review by the person in charge and was comprehensive and detailed. The numbers using bedrails on the day of inspection was high, a total of six out of ten residents. On review of the documentation the inspector found that each resident had had a comprehensive multidisciplinary risk assessment of need completed. The inspector reviewed the care plans and found clear documentation in place. The care plans relating to restrictive practice were person centered and guided care. Each bedrail in use had a restraint release review chart that was recorded every two hours.

The inspector saw evidence that when bedrails were in place at the request of the resident that there was evidence of consultation with the resident and a signed consent form. The inspector spoke with one resident who clearly articulated that the bedrail was in place at his request. He was also aware that it was his choice to request that the bedrail be removed at any time.

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 and alarm mats instead of having bed rails raised. The physical environment was set out to maximise resident's independence regarding 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. Staff actively sought ways to reduce restrictive practices by trialling alternatives. For example, one resident who had a fear of falling from his bed had been given a bariatric bed and so bedrails were no longer required.

Some residents used tilted chairs that had been prescribed by an occupational therapist. These chairs have the potential to be restrictive as they can inhibit a person from standing up and mobilising independently. However, the residents using these chairs were immobile and the chairs were prescribed for valid clinical reasons and were not restrictive.

The nurse in charge informed the inspector that there was no resident on the day of inspection that had behavioural support needs. The inspector reviewed the file of a resident with a history of behavioural support needs. On reviewing this person's care plan, it was noted that there was a detailed positive behavioural support care plan in place to guide staff. It detailed what triggers may result in the person becoming anxious. This allowed staff to provide person-centred care to the person and avoid an escalation which may require the need for the use of a restrictive intervention management practice.

Each resident had access to locked storage in their bedrooms. At the request of individual residents' small sums of money was kept securely in a secure safe. The systems in place were clear and transparent and ensured that the resident's could access this money at any time.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Policies in place were under review to ensure that they were aligned to current practice. Staff confirmed that there were adequate 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 the definition of restraint.

The person in charge had completed a restraint audit in February and March 2019. Results of the audit had gone from 95% up to 98% compliancy. Following the February audit recommendations made had been completed by the March audit. For example, each resident that had a form of restraint in place must have an assessment of capacity completed. The inspector judged that progress had been made and that the management team were committed to ensure that the centre was actively working towards a restraint free environment.

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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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. |

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| 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

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| 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

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| 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

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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |
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