Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Baltinglass Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Baltinglass, Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 May 2019
Centre ID:	OSV-0000485
Fieldwork ID:	MON-0026909

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[1] 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

[1] Chemical restraint does not form part of this thematic inspection programme.

limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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 :

Date	Inspector of Social Services
08 May 2019	Liz Foley
08 May 2019	Paul Dunbar

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

This was an unannounced focussed inspection on the use of restrictive practices. On arrival at the centre inspectors observed residents in various areas throughout, for example in bedrooms, walking in corridors and sitting in communal rooms. The atmosphere was relaxed and calm. Inspectors observed that some of the residents who were in bed, used low beds with crash mats and movement sensor mats adjacent to the beds. Some residents had their bedroom doors closed and privacy screens were in use in many of the shared rooms. Staff were observed discreetly assisting residents and knocking on doors before entering bedrooms. Bedrooms and communal areas were suitably decorated with homely furnishings and many photos of residents participating in activities or on outings.

It was evident that residents influenced the development of the centre's environment and suggestions made by residents at meetings were often realised. For example, a bright modern reception area with open access to a coffee dock had been completed and was very popular. There was a choice of large and small communal spaces for residents to use throughout the centre.

Residents' movements were mostly unrestricted within the centre, with the exception of residents whose safety was at risk, should they leave the centre unsupervised. Inspectors found that all external doors were locked and could only be opened by a key-pad. The only exception was the main reception door which was monitored by a receptionist. The impact of this is discussed further in the report.

Residents told inspectors they were consulted with about their care and about the organisation of the service. Residents felt safe in the centre and their privacy and dignity was respected. Residents told inspectors they liked living in the centre and that staff were always respectful and supportive. Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences. Staff demonstrated good understanding of safeguarding procedures and responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities.

Inspectors observed that the internal smoking area was freely accessible to residents who wished to smoke. Inspectors spoke with a person using the smoking area who confirmed that he could use this facility at any time of his choosing. He had access to his own cigarettes and said that he was never prevented from doing anything that he wanted to do in the centre. This resident also confirmed that he could go outside anytime he wished to smoke through the front door.

Inspectors observed a mealtime, where residents were provided with choice of what

they ate. It was also observed that residents were able to choose to have their meals in the communal areas or in their bedrooms. Residents that required assistance with their meals in their own rooms also had staff available to assist.

Residents' concerns and complaints were taken seriously and acted on in a timely manner. The centre had an advocate who visited regularly and attended the residents' forum meetings. Residents who could not express their own opinions were represented by a family member or a care representative. Residents who lacked mental capacity to make decisions in relation some aspects of care were supported by members of the multidisciplinary team and family members; outcomes reached represented their best interest.

Inspectors observed some restrictive devices, for example, residents in bed with movement sensor mats placed beside the bed. An alarm was activated when the resident moved on or off the mat and alerted staff to assist or supervise the resident. While the reason for these sensor mats was to prevent falls, they potentially impacted on the free movement of the resident, as the noise and or subsequent attention from staff could deter a resident from moving. Care plans clearly outlined the rationale for use of these restrictive devices and the precautions and checks to be maintained. Alternatives trialled prior to the use of a restrictive device were not consistently documented in the care plans and required improvement. Restrictive practices were reviewed at least every four months, with the purpose of reducing or eliminating the practice. Staff were aware of the potential negative impact of restrictive practices and had taken effective measures to reduce the use of bed rails from 30% of residents in quarter one 2019 to 15% of residents on the day of inspection. Consent to use a restrictive device was sought from the resident and when a resident lacked capacity, the multidisciplinary team recommended the restrictive practice and communicated with the family or care representative.

Oversight and the Quality Improvement arrangements

Inspectors found that there was a positive attitude throughout the centre towards promoting a restraint-free environment. This was evident from speaking to the person in charge, the management team, and staff. Inspectors were satisfied that the person in charge had familiarised themselves with the guidance and material published in support of this thematic inspection. They had also taken steps to implement some of the measures which were suggested in the guidance. For example, the centre now had a restrictive practice committee, which had been established to monitor and review all restrictive practices in the centre. Committee members included nurses, healthcare assistants and a physiotherapist. Some committee members had attended a training course on restrictive practices.

Inspectors reviewed the quality improvement plan on restrictive practices that had been developed by the person in charge. This plan, while not fully complete, had identified a number of areas for improvement. For example, staff were now to receive special training on positive behavioural support. In addition, the person in charge had identified the need for additional low beds which would negate the need to use bed rails. These beds were being purchased in an incremental fashion.

The restraint register was used to record restrictive practices currently in use in the centre. There was evidence that the register was reviewed on a regular basis. The views of residents were recorded and details of alternatives trialled prior to the use of restraint were also documented. According to the restraint register there had been a significant reduction in the use of certain restraints in the past number of months.

Inspectors identified a restrictive practice that was not recorded on the register. This practice related to the access to secure outdoor areas by means of doors which were opened only via key-pad. Inspectors were advised by several staff that these doors were opened on days when the weather permitted. However, inspectors formed the view that this was inhibiting people's ability to enjoy the outdoor areas and advised management that they should review this practice.

The person in charge and assistant director of nursing spoke to inspectors about the process for admitting new people to the centre. They were clear that all prospective residents were comprehensively assessed to ensure that the centre had the capacity to provide them with care in accordance with their needs. In addition, they were clear that all residents and their families or representatives were advised from the outset that the centre had a policy of being restraint-free. This meant that the use of bedrails was discouraged and less restrictive or safer alternatives were favoured. The management team was also very clear that bedrails would not be used on the request of residents' family or representatives.

Inspectors were satisfied that there were enough staff members in the centre, with a sufficient skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices

being used as a result of a lack of staffing resources.

Restrictive practices in the centre were not always supported by appropriate assessments. For example, external doors that were secured with key-pad locking devices were not identified as a restrictive practice and therefore did not have the accompanying risk assessments completed.. Staff that inspectors spoke with, were consistent in explaining the centre's approach to restrictive practices and knew what they should do in the event that an unplanned intervention was necessary.

Inspectors reviewed the centre's policy on restraint. Practice in the centre was seen to be consistent with the policy. One area for improvement noted by inspectors in the policy was the inclusion of a process of de-briefing after the unplanned use of a restrictive practice. Such a process allows time and space for the resident, staff and management to discuss what occurred and look at ways to avoid recurrence

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.

Appendix 1

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.