



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

Name of designated centre:	Marian House Alzheimer Unit
Name of provider:	West of Ireland Alzheimers Foundation
Address of centre:	Ballindine, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	14 June 2019
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0027120

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

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 during the following times:

Date	Inspector of Social Services
14 June 2019	Una Fitzgerald

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

This was an unannounced focused inspection on the use of restrictive practice within the centre. The inspector spoke with residents individually and in small groups. In addition, the inspector sat and observed residents in their environment. Findings were that residents were supported to live a good quality of life in this dementia specific centre. The inspector observed that residents were content in the environment. The atmosphere was warm and welcoming. Overall, the culture within the centre promoted person centered care and was actively working towards a restrictive free environment.

On arrival to the centre the inspector did a walk about of the premises. The centre has recently completed an extension and carried out refurbishment work to the existing building. There are two main communal sitting rooms and a large dining room for resident use. There were three residents sitting in the cosy smaller day room. These residents had finished their breakfast and had moved into the sitting room to relax. The residents were observed to be at ease in the surroundings. The inspector sat with the residents and there was a flow of conversation observed between the staff and residents. The inspector observed that staff continuously interacted with residents utilising personal information to stimulate conversation.

By late morning all residents were up and the sitting room was a hub of activity. This room is homely and is traditionally furnished in keeping with the resident age group. The morning routine was observed to have an easy pace that was determined by the residents. No resident was rushed and the inspector observed that there was always a member of staff readily available.

The inspector sat in with the residents before the group activity commenced. At this time there were multiple residents in the sitting room. The inspector observed that residents were busy and content in individual tasks while waiting. For example, one resident was applying extra makeup, one resident was reading a magazine, and one resident was doing a word search. The activities co-ordinator was setting up for the activity and including the remaining residents in an open conversation that residents contributed too. The inspector sat in and observed a sonas session (a therapeutic programme for residents with dementia). This was an interactive session and was inclusive of all that attended.

The second sitting room is situated at the front of the building and has extensive views looking out at the community. This room was in use in the afternoon. Residents were observed sitting at tables enjoying a group activity. The inspector observed that one resident declined to participate and this was respected. The resident decided to sit near the large window and observe outside. The inspector observed that staff checked on the resident at regular intervals.

The inspector observed multiple activities in both communal sitting rooms during this inspection. Group sessions plus one to one activities were observed. Some examples

include, knitting, card playing, art work, word games. The inspector observed that the activities were tailored to the individual residents' likes and preferences. The interaction between the staff and residents was personal and it was clear that the staff knew the residents well.

On the walkabout of the centre the inspector observed that residents were facilitated to bring in items from home to make their bedrooms personal to them during their stay. For example, the inspector observed that multiple rooms had personal photos on display.

The designated centre only admits residents who had a dementia diagnosis. A comprehensive pre assessment was carried out on all residents to ensure that the centre could meet their care needs. The centre has a high turnover as all residents are admitted for short term care only. The main entrance door is locked at all times. Entry and exit is accessed by a member of staff who holds a key. Residents and their family are informed prior to admission that the centre is a secure unit. The management team explained that all residents and families accept this is a secure unit prior to being admitted. Further development of the detail and explanation behind the management of the secure entrance/exit door and the rationale behind this was recommended by the inspector. The management team were in agreement to review the wording in the statement of purpose to reflect this detail.

The centre has a number of exit doors that open out into secure internal gardens. The management team confirmed that the garden exit doors are unlocked and that all residents have free movement in and out of the gardens. The gardens have outdoor furniture and the area is inviting. The inspector noted in a care plan that a resident who liked to walk was offered the option of going down to the local village with a staff member.

Oversight and the Quality Improvement arrangements

Overall the inspector found that both the management and staff were committed to ensuring that the use of restrictive practices was kept to a minimum. The staff team were knowledgeable about the different types of restrictive practices currently in use. The management team had completed the self-assessment questionnaire. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that each resident had a voice.

The management team voiced that they value the opinion of residents and their families on how the centre is managed. Residents and relatives are invited to give feedback on discharge. The person in charge holds resident meetings every two months. While the resident turnover is high the management team voiced that the meetings give them an aerial view of the general opinion of residents and families. The inspector reviewed the minutes of the resident meetings and found evidence that suggestions are followed up and actioned where feasible. For example, additional garden furniture for resident use when sitting outside.

The centre had a record of all restrictive practices in use in the centre. The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of its use in the centre. Discussions with staff confirmed that staff had attended appropriate training. In addition, staff were able to differentiate between explicit, intentional and subtle forms of restraint. Staff confirmed that there were adequate staff on duty to meet residents' needs. The inspector reviewed the staffing complement duty and found there was sufficient numbers on duty to meet the needs of the current resident numbers.

The person in charge kept a restraint log which was kept under review. Each restrictive practice that was in use on the day of inspection was identified. From a review of the documentation in place the inspector highlighted a number of gaps. The inspector noted that risk assessments in place for the use of bedrails were not routinely completed on each admission. This meant that the assessment of need in some instances were carried over from when the resident was last admitted. On the day of inspection there were two residents with bedrails in place. The care plans relating to restrictive practice when initially developed were detailed and guided care. However, the system in place required further monitoring to ensure that the ongoing need for restrictive practices specific to the use of bedrails was current.

On discussion with staff the inspector observed that further education was required to ensure that all staff understood that the use of bedrails should not be initiated at the request of a family. The inspector spoke with staff individually and in small groups. A small number of staff informed the inspector that there were occasions when family

members insist on the use of bedrails. Further information sessions were required so that all staff are very fully informed and operating in line with national guidelines on the use of physical restraints.

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. The inspector found evidence in some resident files to show that staff had trialled alternative less restrictive methods of keeping residents safe. For example: the use of sensor mats and low low beds had been trialled.

The centre is in close proximity of the main road. The management team have carried out a risk assessment and have put in appropriate measures to minimise any risk to residents from absconding. The centre had an incident whereby a resident had left the centre without the knowledge of staff. The response from the clinical and management team was timely and all appropriate measures were taken to ensure that the risk of another incident was minimised.

Staff had received training in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Policies in place were under review to ensure that they were aligned to current best practice.

The centre is situated in the local community. The centre values community links and placed importance on ensuring that residents do not feel isolated when admitted. The centre has local schools visit at regular intervals. Local musicians often come in and perform for residents.

The inspector reviewed the complaints log in the centre. There was a small number of complaints documented. The person in charge was receptive and responsive to complaints from residents and families. There were no complaints logged in respect of restrictive practices.

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.

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.
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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

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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