



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

Name of designated centre:	Queen of Peace Nursing Home
Name of provider:	Queen of Peace Nursing Home Limited
Address of centre:	Churchfield, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	21 August 2019
Centre ID:	OSV-0000379
Fieldwork ID:	MON-0027336

## 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.

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<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	Inspector of Social Services
21 August 2019	Una Fitzgerald

## 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. One resident commented that the staff are "here for the residents and are always pleasant". The inspector spent time observing staff and resident engagement and found that staff were patient, respectful and kind. The inspector spoke with seven residents individually. Residents informed the inspector that they were consulted with on how the centre was managed. Resident meetings were held frequently. Resident's viewed the meetings as a social occasion and informed the inspector that they looked forward to the discussions had. Residents were clear that they felt their view was listened to and respected. A copy of the minutes was kept in the visitor's room. The minutes evidenced a high resident attendance and that the conversations had been engaging and productive. Actions plans were recorded.

Conversations had with residents clearly identified that residents were happy with the service provided. Residents felt safe in the centre. Residents told the inspector that they choose where to spend their day, what time to get up and return to bed. No resident reported that staff restricted their freedom of choice or movement. Residents were knowledgeable on who the person in charge was. Residents voiced that they would not hesitate to make a complaint. 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 person in charge. There were two communal sitting rooms and one dining room. Residents were seen coming and going from all communal rooms unrestricted. There was chat and banter observed between the residents and the staff. There were multiple residents relaxing in the largest of the sitting rooms having finished their breakfast. Staff informed the inspector that residents could arrive at the dining room at any time of their choosing to have their breakfast. The inspector observed that the atmosphere in both the sitting and dining rooms was relaxed and inviting.

The inspector observed that the centre had strong links to the community and that the management team worked on ensuring that community links were maintained. On the day of inspection the inspector observed a high value placed by residents on religious services. The centre has mass daily that was attended by a large number of residents. Mass is celebrated by either a priest from the local parish or by a resident currently residing in the centre. Two residents informed the inspector that due to their restricted mobility they were unable to attend the local novena and this was a source of great disappointment. As a solution the management team had organised for the novena to be live streamed. The residents were highly complementary to the management in their appreciation for organising this for them.

Resident bedrooms were located down three separate corridors that were 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.

There were a variety of formal and informal methods of communication between the management team and residents including conversations and meetings.

The inspectors observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The inspector sat in and observed an afternoon exercise activity that was facilitated by the physiotherapist. The staff who were in attendance were observed to have good knowledge of each resident that attended. For example, each resident was identified by name and actively encouraged to participate. Overall feedback on the activities schedule in the centre was positive.

Residents knew their way around the centre and the location of their own bedrooms which were adequate to provide a comfortable personal space to maintain their clothes and personal possessions. Residents were very happy with their bedrooms and confirmed that there was no restriction in relation to where they spent the day. Each resident had access to locked storage in their bedrooms.

The centre had a secure internal courtyard with gardens that residents could come and go freely. Residents confirmed that this garden area was used and people enjoyed the option of being outside. At the end of the garden there was a large glasshouse that was full of plants and shrubbery that was maintained by the residents.

There was one main entrance into the building. The front door was locked by means of a keypad. The management team advised that residents could come and go at any time and that a member of staff was always available to open the door. The code to the door was not available to residents. This was discussed with the management team during the inspection. The management team committed to review this practice and were in agreement that the code for the door could be given to any resident who wished to go outside, subject to them having sufficient awareness and capacity to be safe while doing so.

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

## Oversight and the Quality Improvement arrangements

The inspector was satisfied that there was a positive culture in the centre towards promoting a restraint-free environment. The person in charge and the management team on duty on the day of inspection were clear in their understanding of the risks of restrictive practices and their potential impact on residents. They actively sought ways to reduce restrictive practices by trialling alternatives. The person in charge 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 inspector reviewed the complaints log in the centre. There were a small number of complaints which were well documented and demonstrated that the person in charge was receptive and responsive to complaints from residents. There were no complaints logged in respect of restrictive practices. The residents had free access to an advocacy service.

The management team 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. Each restrictive practice identified had a comprehensive risk assessment completed. The inspector reviewed the care plans in place and found clear documentation in place. The care plans relating to restrictive practice were person centered and guided care. There was evidence to show that staff had trialled alternative less restrictive methods of keeping residents safe.

The inspector noted that the use of bedrails had been reduced from eight to five. All bedrails in use had been reviewed by the multidisciplinary team. The inspector saw evidence that when bedrails were in place at the request of the resident a signed consent form was in place. The management team were very clear that bedrails would not be used on the request of residents' family or representative.

One resident was observed sitting in a tilted chair 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. The inspector reviewed the file and found clear evidence that the chair was prescribed for a valid clinical reason and was not restrictive.

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 person in charge advised that there were five residents that had behavioural support needs. The inspector found detailed behaviour support care plans in place to guide staff. Triggers were identified that may result in a resident 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.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Policies in place were dated September 2018.

The inspector spoke with staff about restrictive practices and management of restraint. Staff members who spoke with the inspector fully understood the definition of restraint and were able to differentiate between explicit, intentional and subtle forms of restraint. Staff confirmed that there were adequate staff and a good skill mix in order to meet residents' needs. Staff also confirmed that if there was an emergency, the person in charge would authorize provision of additional staff. For example, the inspector was informed of an incident whereby a resident had an escalation in challenging behaviour. The person in charge had reviewed the staffing compliment and additional staff were rostered for a period of time. This extra staff had ensured that the care needs of all residents in the centre had been met.

The management team had implemented a quality management system. Formal agenda meetings and quality reports included information in relation to minimising restraint. Auditing and monitoring of practice was carried out. The auditing schedule in place was comprehensive and detailed. Each audit had an action plan associated with it. Corrective action and preventative action plans had been completed and any improvements been communicated to staff.

The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of its use in the centre. In addition, the inspector judged 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

<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.
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