



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

Name of designated centre:	Marymount University Hospital & Hospice
Name of provider:	Marymount University Hospital & Hospice
Address of centre:	Curraheen Road, Curraheen, Cork
Type of inspection:	Unannounced
Date of inspection:	10 September 2019
Centre ID:	OSV-0000582
Fieldwork ID:	MON-0027399

## 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
10 September 2019	Breeda Desmond

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

This was a good service that strove to provide care and facilities for people to have a good quality of life. The inspector spoke with residents in their bedrooms, day rooms and dining rooms. The atmosphere was relaxed and, in general, care was delivered in an unhurried manner. Residents reported that staff were kind, helpful and considerate. Bedrooms were decorated in accordance with people's choice and many had brought furniture, paintings and mementos from their homes.

The inspection started with a walk around the centre and some residents were in the process of getting up, some were relaxing, and listening to the radio by their bedside, others had visitors. Breakfast was served to residents in their bedrooms and many residents had their lunch in their bedrooms, with the exception of St Anne's ward, where the dining room was full at lunch time. Meal times were not protected times as medications rounds were undertaken during meal times, which possibly restricted residents enjoyment of their dining experience. In general, staff actively engaged with residents and there was lovely socialisation seen and personal care was delivered in a professional manner.

The inspector observed that while the outdoor gardens could be freely accessed, there was no signage on long corridors to orientate residents to areas such as the garden, day room and dining room. On the day of inspection nobody used any of the smaller day rooms, one resident was observed on one balcony, two of the three dining rooms had very few residents during lunch time while the third dining room was full of residents and staff. Even though it was a lovely September day nobody was observed throughout the day outside in the gardens. Perpendicular location signage would encourage people to independently use these beautiful facilities and promote a welcoming atmosphere to these areas.

A weekly activities calendar was displayed throughout the centre on each unit. They broadly outlined the activities such as crafts but did not identify the actual activity facilitated. There was a great baking class facilitated in the activities room and six residents attended this; seven residents attended the sonas session; two one-to-one sessions were facilitated; later in the afternoon, there was a flower arranging class and nine residents attended this. Cognisant that there were 63 residents, these were not well attended. Should specific activities be included in the calendar displayed, it may encourage more residents to participate. The activities observed were engaging and stimulating and provided opportunities for socialisation, recreation and learning. Nonetheless, outdoor activities were not suggested in the programme, even provisionally, depending on weather. There was one staff allocated 24 hours per week and a second staff allocated 19.5 hours per week for the activities programme and a third staff seconded on Tuesdays when ward staff rosters allowed. While there were many volunteers supporting the service, there was an over-reliance on volunteers to support the activities programme for 63 residents.

Residents had access to advocacy services and there were information posters displaying this information on each unit.

## Oversight and the Quality Improvement arrangements

This was a good service that promoted a restraint-free environment. The provider had a robust governance structure in place to promote and enable a quality service. The chief executive officer, person in charge, deputy person in charge and clinical nurse managers (CNMs) were responsible for the service on a day-to-day basis.

The person in charge and deputy person in charge discussed how they reviewed their service in the context of restrictive practice following receipt of the self-assessment questionnaire and guidance on promoting a restraint-free environment. While they assessed the service as mostly compliant, they identified that the information relating to restrictive practice compiled on a weekly basis was not included as a standing item in any formal meeting agenda. Subsequently, restrictive practice was included as a standing item on the agenda of the risk committee; and when necessary, minutes from these meetings fed into the quality, audit and development committee. Risk committee meetings were convened fortnightly and were held in conjunction with the HIQA preparation reviews to ensure that services were delivered in accordance with the national standards. Minutes of the executive management meetings showed restrictive practice thematic programme as a standing item on the agenda to enable overview at service level. Restrictive practice data, collected weekly, provided oversight of their restrictive practices at individual and service level, and was now analysed to enable practice reviews to inform and improve care and outcomes for residents. For example, alternatives to bedrails or reducing full bedrails to top-only bedrails, low-low beds and alarm mats were trialled with good success; sensor bracelet usage and alarm mats were reduced since review of restrictive practice had commenced.

There were policies in place including one to support and promote a restraint-free environment including emergency or unplanned use of restrictive practice to guide practice. These were reviewed following examination of their practices and service and were updated to reflect their promotion of a restraint-free environment. A register was maintained that included data on restrictive practice risks throughout the centre; in addition, there was a large white board securely maintained in the nurses' office with residents' names and clinical information including bedrails in place (full, top or side), wander bracelets, alarms such as beds, mats or cushions, which enabled good oversight at unit level of the restrictive practices in place for residents. An audit tool formed part of the policy and quality improvement strategy with regular reviews of restrictive practice completed.

When reviewing restrictive practice, both the individual and the other residents were taken into account and consulted with, when possible. For example, occasionally, it was assessed that the door to a ward may need to be secure for a particular resident, nonetheless, the release button beside the door was identified to other residents and their families for independent access and egress.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments

including assessments of restrictive practices. The MDT comprised nurses, the medical director, physiotherapist and activities nurse; residents had access to old age psychiatry and geriatrician when required. Staff consulted with residents and their next-of-kin (when applicable) regarding all aspects of care including restrictive practice. Documentation reflected consultation and discussion was an on-going process regarding people's care and welfare including restrictive practice.

Staff had up to date training on vulnerable adults, behaviours that challenge and restrictive practice. Staff were routinely advised of information on restrictive practice to heighten awareness of restrictions as part of promoting a restraint-free environment.

Pre-admission assessments including people's communication needs were assessed to ensure the service was able to meet the needs of people. A sample of assessments and plans of care were reviewed and these had detailed person-centred information to direct individualised care. A baseline of the resident's care needs was established including communication, routines and behaviours. This enabled staff to easily identify a change in a resident's communication needs. The pre-restraint risk assessment form was in addition to the bedrail risk assessment to support restrictive practice decision-making. These tools were amended following review of the guidance and practice, in line with best practice. While behavioural support plans were evidenced with the associated observational tool (Antecedent, Behaviour, Control) to support care, records demonstrated that the information in the 'antecedent' was the behaviour rather than what occurred at the time or prior to the change in resident status. Consequently, the possible cause of changes in behaviours could not be established to enable staff to implement appropriate actions to deliver safe person-centred care. Nonetheless, staff spoken with were familiar with residents' behaviours and routinely checked residents' clinical observations to rule out the possibility of infection as the possible cause of a change in status. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care. Written consent was sought from residents for care and interventions when required.

People had access to a wide range of assistive equipment (for example, low-low beds, alarm mats and sensor bracelets) to enable them be as independent as possible together with free access to the lifts throughout the centre, including going to the restaurant in the lower ground floor. Many aspects of the physical environment enabled independence regarding flooring, lighting and handrails; nonetheless, as corridors were long, perpendicular orientation signage to inform resident of the location of the day room, sitting room, dining room and garden or balcony would enable residents to independently access these rooms. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources, equipment or technology.

In conclusion, while a restraint-free environment was championed to support a good quality of life, there were inadequate activities staff for the size and layout of the centre to support and promote the overall wellbeing and independence of residents in accordance with the ethos espoused in the statement of purpose.

## 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.

<b>Substantially Compliant</b>	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

<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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