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:	Dunmanway Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dunmanway, Cork
Type of inspection:	Unannounced
Date of inspection:	23 May 2019
Centre ID:	OSV-0000599
Fieldwork ID:	MON-0026818

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 on :

Date	Inspector of Social Services
23 May 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 culture promoted a rights-based approach of social inclusion within the community of the centre and the wider community of Dunmanway.

At the time of the inspection there were building works in progress to bring the centre into compliance with their conditions of registration. These works included a new dining room, day room and family visitors' room and making the chapel more easily accessible, and were due to be completed by October 2019. The person in charge outlined that this will result in a significant increase in communal space to facilitate a more person-centred approach to living in the centre.

The inspection started with a walk around the centre and residents were in the process of getting up; by mid-morning many of the residents were up and sitting beside their bed where morning snacks were provided; there were just two residents sitting by the external courtyard.

The inspector spoke with residents in their bedrooms, and the day room. Staff actively engaged with residents, asking them their preferences and engaging in normal socialisation. The atmosphere was relaxed and while care was delivered in an unhurried manner, privacy curtains were not always appropriately used to ensure the privacy and dignity of residents. Some bedrooms were decorated in accordance with people's preferences; additional shelving was provided over beds to display photos and mementos, however, people in twin and multi-occupancy bedrooms had access only to single wardrobes and many of the bedside lockers were not orientated to enable residents access them. This restricted people's ability to retain control over their clothing and possessions.

There was a new enclosed garden to the side of the building with raised flower and vegetable bed, bird tables and seating; residents reported that it was lovely to look out at the garden from their bedrooms and they had spent a lot of time out there in the last few weeks with the good weather. The inspector observed that while the enclosed courtyard could be freely accessed, the main entrance was secure with keypad code and residents were not offered the access code to allow freedom of movement.

Residents said they were encouraged and facilitated to go to plays, concerts and gigs or out with their friends. On the day of inspection there was a coffee morning in the town to raise funds for a local charity; a family member of one of the resident's was involved and some of the residents went to support it and upon their return said they had a lovely time. The inspector observed there were engaging activities in the afternoon that provided opportunities for socialisation. Residents said they were encouraged and enabled to attend activities and their choice to attend these or not was respected. Visitors were observed throughout the day in the seating areas along the corridor and in people's bedrooms. Staff were observation providing

individualised support to residents with complex communication needs and that support eliminated the need for restrictive practice.

The CNM had introduced the 'positive wall' display for staff and residents to promote positive mental health and positive affirmation to break down barriers in promoting positive socialisation within the centre. Photographs and inspirational quotes were displayed here. Residents had access to advocacy services. There were information posters displaying this information and the advocate was invited periodically to residents' meetings to outline their remit and support. Residents relayed that meetings were held and they had opportunity to raise issues and discuss matters concerning the centre. Minutes from these meetings were reviewed; while lots of issues were discussed, there was little evidence to show that issues raised were acknowledged in subsequent meetings. This would provide further assurances that people's feedback was taken on board and addressed.

Residents and relatives spoken with stated they were involved in the decision-making process and that there were on-going discussions regarding their care, and this was observed. When asked about access to remote controls for the television in the four-bedded room, the inspector was informed there was one remote, and this was left on the shelving by the entrance to the room and out of reach of two resident who were not independently mobile and so restricted their autonomy.

Oversight and the Quality Improvement arrangements

This was a service that promoted a restraint-free environment through effective leadership. The provider had a robust governance structure in place to promote and enable a quality service which included the recently appointed person in charge and newly appointed clinical nurse manager. This service was affiliated with the Health Services Executive (HSE) Kerry Area. Monthly Quality Patient Safety (QPS) meetings were held with the directors of nursing of the other HSE Kerry designated centres; twice a year the HSE Cork Kerry areas came together for the QPS meeting to discuss ideas including restrictive practice and share learning to support the quality improvement strategy together with promoting a restraint-free environment. Minutes of staff meeting in the centre showed that matters discussed at the QPS meetings informed staff meetings as part of positive information sharing.

Data relating to restrictive practice was compiled on a weekly basis and a report was submitted to the registered provider representative for review as part of their quality improvement strategy. This weekly report provided oversight of restrictive practices at individual and service level, where information was analysed to enable practice reviews and change practice accordingly. When reviewing restrictive practice, the dignity of the individual was taken into account. For example, it was identified that the security anklet was unsightly, especially for women, so a new system was being installed whereby residents would wear a 'fit-bit' type watch which would be more in keeping with normal jewellery worn.

A workplace culture critical analysis tool had been introduced as part of the change management process to look at work practices to determine whether care was delivered in accordance with their statement of purpose. Reports from these observations were reviewed; they demonstrated that staff reported observations of good practice and highlighted possible areas for improvement in practice. The person in charge had oversight of these and had introduced professional development planning (PDP) for staff; this enabled staff to identify their strengths and interests regarding different aspects of care to promote better outcomes and living environment for residents. For example, some staff chose the activities programme and had introduced a paraphernalia box in the day room with cards for birthday, mass, thank you and blank cards for residents to write in the evening times; and a deck of playing cards as some residents liked to play. This was under regular review with residents' feedback to add more items in accordance with people's preferences. Upon completion of the building works, staff have proposed sensory décor for the day room and dining room; other staff were looking at changing and improving the dining experience; others looked at palliative care and end of life care needs and completed a study day on compassionate end of life care 'CEOL', introducing ways to deliver the wishes of residents with no restrictions to their wishes and preferences; others were looking at ideas for 'active aging week', the 'station' mass and other community gatherings. The premise underpinning these initiatives was to break down barriers to promote positive engagement, have a resident-led service and encourage community involvement in the centre.

There were several policies in place promoting a restraint-free environment together with supporting policies to guide practice. A risk register was maintained; staff spoken with, were familiar with it and had good understanding of the restrictive practices in place for residents.

Fortnightly, there was a staff group discussion on a chosen policy with its associated documentation. For example, following discussion of the food and nutrition policy, the dining experience, décor, menus displayed, and meal times were highlighted as part of the PDP; staff took responsibility to identify what works, what could be improved, training needs were identified, and staff were asked and encouraged to suggest new ideas to bring to residents for discussion. Cognisant that the person in charge and the CNM have only been recently appointed, this initiative is still in its infancy but people spoke positively about their vision for the future in promoting a positive culture to enable a holistic approach to care.

As part of their annual nurse registration submission, all nurses provided evidence of completing the HSE on-line education seminars for many topics such as medication management, data protection, and protection of vulnerable adults. In addition, staff had up to date training on vulnerable adults, behaviours that challenge and restrictive practice to enable and promote a restraint-free environment. The clinical psychologist provided additional education sessions to further support staff in providing care to people with complex communication needs to allay the necessity for restrictive practice.

Pre-admission assessments including communication needs were assessed by the person in charge to ensure the service was able to meet the needs of people. A sample of assessments and plans of care were reviewed and there were mixed findings here; some had detailed person-centred information to direct individualised care, while others were generic and added little value to inform care. As a result, a baseline of the resident's care needs was not always established that would enable staff easily identify a change in a resident's condition or needs, including communication needs. Nonetheless, behavioural support records helped establish the possible cause of changes in behaviours including the possibility of infection; this enabled staff to implement appropriate actions to deliver safe person-centred care. Consent for restrictive practice forms were in place but were not used in line with best practice as next of kin signed consent for restrictive practice such as bed rails rather than sign to say that the restrictive practice had been discussed with them as part of the care planning process.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised psychology, old age psychiatry, general practitioner, occupational therapy and physiotherapy, when required. The person in charge liaised with the day centre alongside the centre to promote good communication to enable people be familiar with the service regarding access, and those admitted for long-term care were encouraged to maintain their participation and friendships in the day centre.

People had access to a wide range of assistive equipment (for example, low low beds). The current premises restrict residents' choice and movement. Nonetheless,

upon completion of the building works in October 2019, there will be a significant increase in communal space to facilitate a more person-centred approach.

In conclusion, championing initiatives such as the workplace culture critical analysis tool and the professional development planning have promoted a positive cultural working towards a restraint-free environment to support a good quality of life and wellbeing for residents while living in the centre.

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.

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.