



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

## Issued by the Chief Inspector

Name of designated centre:	Catherine McAuley House
Name of provider:	Congregation of Sisters of Mercy South Central Province
Address of centre:	Old Dominic Street, Limerick
Type of inspection:	Unannounced
Date of inspection:	30 July 2024
Centre ID:	OSV-0000413
Fieldwork ID:	MON-0042602

## 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	Times of Inspection	Inspector of Social Services
Tuesday 30 July 2024	09:30hrs to 16:30hrs	Sean Ryan

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. The findings of this inspection were that the service promoted a culture where a rights-based approach to care underpinned the delivery of a service to residents that was person-centred. Through observations and conversations with residents, it was evident that residents were supported to have a good quality of life, that their rights were promoted, and that residents were encouraged and supported by staff and management to be independent.

The inspection started with a walk around the centre. Some residents were in the process of getting up from bed, some were relaxing, reading and listening to the news on television, and others were relaxing in reception area and dayroom. Residents were observed to be comfortable and relaxed in their environment.

Catherine McCauley House is a designated centre in Limerick city. The service provides care to female residents with a range of dependencies and needs. Accommodation was provided on the ground and first floor of the premises and consisted of 31 single bedrooms and one twin-bedroom.

On the day of the inspection, the atmosphere was calm, and care was observed to be delivered in an unhurried manner. Residents were observed to be content in communal areas enjoying a variety of activities that included morning prayers, music, reading the daily newspaper, and chatting with one another. There was a comfortable and friendly rapport observed between residents and staff. Staff were seen to engage with residents and chat with them about local news and the planned activities for the day that included preparation for a summer garden party.

The provider ensured that residents were not restricted within their environment. Residents were free to access all areas of the centre, with the exception of clinical, storage and ancillary rooms. Residents could access the first floor of the premises through a passenger lift or stairs. The stairwells were accessed through a set of doors that were magnetically locked, and key code protected. Residents confirmed that they could access the stairs if they wished, and were also aware that those doors released automatically in the event of an emergency.

The front door of the centre was locked with a keycode protected lock. Staff informed the inspector that some residents were provided with the code to the front door following a safety risk assessment. Management informed the inspector that doors were locked for resident's safety, and not to restrict their movement. Residents told the inspector that they were provided with the access codes at their request, and were reminded of this at resident forum meetings.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. While the inspector observed that there were six residents using bedrails in the centre, there was evidence of a multi-disciplinary team approach to the assessment of risk in relation to the use of bedrails. Some residents provided details of the assessment and consultation process they engaged in prior to using bedrails.

Some residents spoke about the alternatives they trialled such as low beds, but stated that they felt safer having bedrails in place. Residents detailed how staff provided them with information, and explained the benefits and risks of using restrictions such as bedrails. Residents confirmed that, at all times, they retained the right to request the bedrails to be removed.

There was a variety of alternative devices and equipment used in the centre to support minimal use of bedrails. For example, a number of residents, who were assessed as being at risk of falling, used low beds. Sensor alarms were in place for a small number of residents. The alarm sounders alerted staff to assist residents that were identified as being at risk of falling.

Residents spoke positively about their experience of living in the centre and detailed how staff supported them to engage in activities of their choosing. Residents told the inspector that they did not feel restricted in any way, with the exception of some of their physical limitations that impacted on their mobility and ability to be fully independent. For example, one resident detailed how they initially felt restricted on admission to the centre because they were dependent on staff for support due to their impaired mobility. However, the resident detailed how staff provided them with unrestricted access to therapies and an exercise programme that supported them to regain their mobility and independence. The resident highlighted that this level of person-centred care significantly improved their quality of life.

Residents had a restrictive practice care plan in place which contained person-centred details that clearly outlined the rationale for use of these practices, and included details of any alternatives trialled. Care plans were reviewed at a minimum of every four months. There were also care plans in place for residents that experienced responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans were person-centred and provided guidance to staff on how to support the residents to manage their responsive behaviours. Residents and relatives spoken with stated that they were involved in the decision-making process and that there was on-going discussions regarding their care.

The majority of residents spent their day in the communal dayroom on the ground floor. The inspector spent time here, observing the positive and meaningful interactions between the staff and residents. Staff were kind, patient, and attentive to the needs of the residents. Residents told the inspector that they could sit where they wished. Residents described how seating was assigned in the dining room for meal times and that this was based on their preferences and choice. Residents could leave the dayroom at any time to pursue activities in the privacy of their bedroom, or go for a walk, and staff respected and supported their choice.

Residents told the inspector that staff supported them to maintain their individual style and appearance. They detailed how staff supported them to choose their clothing and help them with their hair styles.

Staff had knowledge of the resident's individual needs, and social histories which aided staff to engage with residents in a person-centred manner. Staff described how

their role was to ensure that residents received safe and quality care, and they placed an emphasis on ensuring residents' rights were upheld through respecting their choices.

It was evident that residents were consulted about their care, such as where they would like to spend their time, the quality of food and activities. This ensured that residents' rights were upheld, such as having the right to freedom of expression. Residents' told the inspector that their concerns were listened to and acted on in a timely manner.

Residents stated that they felt part of a community living in the centre, and that staff supported them to maintain connections with the wider community. Residents spoke about past outings to local amenities. Some residents were supported to go on outings with their family to attend family events or to go shopping. Residents told the inspector that they did not feel restricted in any aspect of their life, and that staff would always support them to pursue the activities they enjoy.

Residents also had unrestricted access to information and services available to support them. This included independent advocacy services and procedures to raise a complaint about any aspect of the service. There was information regarding advocacy services displayed at the main reception in an accessible format. Residents who could not express their own opinions were represented by a family member or a care representative who represented the resident's best interest.

The inspector observed that there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The centre employed activities staff who developed and planned activities in consultation with residents. Residents were observed singing and enjoying a live music event as part of their summer garden party in the afternoon. Residents stated that this type of activity was a frequent and enjoyable event. Staff demonstrated an understanding of their role and responsibilities regarding socialisation and engagement with residents.

The following section of this report details the findings in relation to the overall delivery of the service, and how the provider is assured that an effective and safe service is provided to the residents living in the centre.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with regard to restrictive practices, person-centred care, and promoting residents' rights.

The management team had completed a self-assessment questionnaire prior to the inspection and submitted it to the office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being Compliant. A quality improvement action plan was in place to drive quality improvement and further reduce the use of restrictive practices in the centre. This included the provision of additional training and education to staff to ensure they have the required skills and knowledge to support residents living with dementia and support residents to manage their responsive behaviours.

Effective governance and oversight was evident in relation to restrictive practices. The provider had arrangements in place to monitor and oversee the use of restrictive practices in the centre. Restrictive practices were monitored in the centre's key performance indicators, and a restrictive practice register. The register contained details of physical restraints such as bedrails, sensor alarms and specialised chairs. A monthly governance report identified the number of residents who had restrictive devices in place. This information was reviewed at governance meetings with the provider, and communicated to staff through daily handovers and scheduled staff meetings.

The registered provider had a policy in place for the use of restraint and restrictive practices that underpinned the arrangements in place to identify, monitor, and manage the use of restrictive practices in the centre. Staff were provided with access to the document, and cited the policy as the principal guiding document to underpin the assessment and management of restrictive practices in the centre. The policy provided clear information regarding the various types of restraint, and the risk assessment that must be completed as part of the decision-making process prior to implementing any restrictions. While staff were familiar with aspects of the policy, some staff were unclear with regard to the personnel who could consent to the use of restrictive practices. The person in charge committed to ensuring staff were provided with further education with regard to this aspect of the policy.

Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people, supporting residents with complex behaviours, positive behavioural support, and a human-rights based approach to care. Staff were generally knowledgeable about restrictive practices, and the actions they would take if they had a safeguarding concern. Staff confirmed that there were adequate staff, with the appropriate skill-mix, to meet the needs of the resident's.

The centre has access to equipment and resources that ensured care could be provided in the least restrictive manner. Where appropriate, residents had access to equipment such as low beds, and sensor alarms. The physical environment was laid

out and appropriately maintained to support residents' to move about independently and allows for access to all areas, with due regard to their safety.

The inspector reviewed the care plans for residents who were assessed as requiring the use of bed rails. There was evidence to show that staff had trialled alternative less restrictive methods. Multi-disciplinary team input was sought to support the assessments and decision-making process to enable best outcomes for residents. Residents spoken with stated they were involved in the decision-making process, discussions regarding their care, and had consented to the use of bedrails.

Overall, the inspector found that there was a positive care culture in Catherine McCauley House, with an emphasis on a non-restrictive environment that supported a good quality of life for residents 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.

### 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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