



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

## Issued by the Chief Inspector

Name of designated centre:	Maynooth Community Care Unit
Name of provider:	Health Service Executive
Address of centre:	Leinster Street, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	22 October 2024
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0045019

## 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 22 October 2024	08:30hrs to 15:30hrs	Geraldine Flannery
Tuesday 22 October 2024	08:30hrs to 15:30hrs	Laurena Guinan

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

The inspection of Maynooth Community Care Unit was unannounced and carried out as part of the thematic inspections programme, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

Findings of this inspection were that management and staff had a clear commitment to providing good quality of life in the centre where residents' rights and independence were promoted and respected. There was a person-centred culture of care in the centre and the use of restrictive practices had been kept to a minimum.

On the day of inspection the atmosphere was relaxed and care was seen to be delivered by kind and knowledgeable staff. Residents and staff were seen spending time chatting and laughing together as residents went about their daily routines.

The centre was seen to be clean and bright throughout. Communal areas were seen to be well-used by residents throughout the day. The design and layout of the centre did not restrict the residents' movement. There were signs to orientate and direct residents throughout the centre.

Residents confirmed to the inspectors that they felt safe in the centre and their privacy and dignity was respected. Staff were observed providing assistance in a manner that enabled residents to maintain their independence and dignity. Care delivery was observed to be unhurried throughout the day and staff were seen to be patient.

Residents told the inspectors that they felt they were listened to. There were resident meetings and resident satisfaction surveys where residents were facilitated to give feedback which allowed residents collaboration in their care.

Residents spoken with gave positive feedback about the food served and the choice available at every meal. The lunch-time meal was un-hurried and appeared to be a social time for all residents. Meals were pleasantly presented and looked appetising. Residents who required assistance during the meal were given this in respectful and dignified manner.

The inspectors saw many positive meaningful interactions between staff and residents and it was evident that staff had a good knowledge of residents' hobbies and interests. Activities provided were varied and informed by residents' interests, preferences and capabilities.

Staffing levels were sufficient to meet the needs of residents and staff training was up to date. Staff who spoke with inspectors stated that they understood their role in facilitating and supporting the psychological and social well-being of residents. They understood aspects of the training they had received on restrictive practices and were familiar with the policy on reducing restraint and the policy on safeguarding, by ensuring that restrictive practices were only used when appropriate.

The complaints procedure was on display in various prominent places throughout the centre. The contact details for the advocacy services were on display in the centre. When asked about complaints the residents who spoke with the inspectors, said that they had nothing to complain about.

The inspectors observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. One resident informed inspectors that they were 'happy with the way my visitors are treated'. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They all praised the care, services and staff that supported their relatives in the centre.

Overall, this designated centre had a positive approach towards minimising restrictive practices and implementing a human rights based-approach to care.

## Oversight and the Quality Improvement arrangements

The provider had a robust governance structure in place to promote and enable a quality service. The person in charge was responsible for the service on a day-to-day basis. The provider supported the service in promoting a restraint-free environment, including facilitating ongoing professional training, providing resources and staff development.

The management and staff spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and when in use, it was for the shortest amount of time. At the time of inspection, there were no bedrails and a small amount of sensor alarms in use.

A self-assessment questionnaire had been completed prior to the inspection and submitted to the Chief Inspector of Social Services. This questionnaire detailed the service's responses to restrictive practices within the centre and provided a summary of all the approaches that the service was taking to reduce and eliminate restrictive practices.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy and management of responsive behaviour policy.

Staff training was closely monitored to ensure all staff completed mandatory training requirements including restrictive practices training, safeguarding and positive behaviour support training. This ensured staff had the most up-to-date knowledge to support effective practices.

The physical environment was set out to maximise residents' independence with regards to flooring and lighting along corridors. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT comprised of the nursing team, physiotherapist, occupational therapist (OT) and general practitioner (GP).

Residents' care plan documentation was completed to a high standard and the person-centred information regarding each resident's individual preferences and usual routines was clearly described to direct staff on how they could best provide care for each resident.

The management and staff demonstrated commitment to quality improvement and had developed effective systems to ensure that any restrictions to residents were identified and managed in line with the National Restraint policy guidelines.

There was evidence of ongoing monitoring of residents' safety and quality of life. Discussions on restraints, less restrictive devices, incidents, feedback and facilitating residents' requests were explored at MDT meetings, Quality, Safety Service Improvement (QSSI) meetings and at daily handovers, and influenced restrictive practice in the centre.

Overall, the inspectors found that there was a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre. A restraint-free environment was being promoted to ensure a good quality of life was experienced by residents.

## 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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