



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

Issued by the Chief Inspector

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| Name of designated centre: | St Oliver Plunkett Community Unit |
| Name of provider: | Health Service Executive |
| Address of centre: | Dublin Road, Dundalk, Louth |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 November 2024 |
| Centre ID: | OSV-0000539 |
| Fieldwork ID: | MON-0045023 |

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 environmental¹ 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.

¹ 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 19 November 2024 | 09:30hrs to 15:30hrs | Geraldine Flannery |

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

This was an unannounced inspection, carried out as part of the thematic inspections programme, to monitor the use of restrictive practices in the designated centre. 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.

There was a friendly and relaxed atmosphere in the centre and the residents told the inspector that they were happy living there and that they felt safe. Residents and staff were seen spending time chatting and laughing together, as residents went about their daily routines.

All of the residents who were spoken with were complimentary of the staff. Residents told the inspector that staff never hurried them and that they were always 'considerate' and 'exceptionally kind'.

The centre was seen to be clean and bright, including being tastefully decorated both with professional and residents' own artwork. Many of the residents' bedrooms were personalised with items that were important to them including their family photographs and souvenirs.

The design and spacious layout of the centre promoted free movement and relaxation. Residents were seen mobilising independently and some were seen motoring through the corridors on their own power chairs. These residents told the inspector that the power chairs gave them 'great independence' and said they 'can come and go as I wish'.

Some doors in the centre were locked and accessed with a number key code. The inspector saw that where appropriate the key code was available, in a format for residents or visitors without a cognitive impairment to access, while reducing the risk that residents with poor safety awareness could leave the centre. In one area, there was an innovative custom made 'way-out' sign, that when activated by residents or visitors without a cognitive impairment, the code was sung, echoing the lyrics from a popular pop song. The inspector was informed that this evoked much fun and proved a great talking point for residents and visitors alike since its introduction.

Residents were supported to make choices about their daily routines, for example; choice of meals, they could choose when to get up and go to bed, what activities they took part in and how to spend their day.

Mealtime was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were complimentary of the food and the choice of food available. Residents were allowed ample time to have their meal in a relaxed and unrushed manner. Staff discreetly assisted the residents during the meal times.

Residents spoke positively about their experience of living in the centre and detailed how staff supported them to engage in activities of their choosing. Family involvement in care and social activities were promoted and encouraged. Social outings were encouraged and residents were supported to go on bus trips to local amenities. Residents told the inspector that they particularly enjoy visiting local exhibitions and historical places of interest.

There was a day service on site, and residents had frequent opportunities to interact with day service clients, enhancing community relationships. The centre had a good relationship with volunteers from within the community. On the morning of the inspection, a group of local musicians visited the centre and residents were observed enjoying the traditional music.

During the inspection staff were seen to engage with residents in a kind and respectful manner and the inspector saw many positive meaningful interactions between staff and residents. It was evident that the person-in-charge was well known to the residents and had spent time getting to know them.

Arrangements were in place for residents to give feedback on the service provided to them and to contribute to the organisation of the service. There were a variety of formal and informal methods of communication between the management team and residents. Information on advocacy and how to make a complaint was available to residents.

Visitors were observed coming in and out of the centre throughout the day and told the inspector that they were always welcome and were assured of the care provided. One relative outlined that the centre was like 'home from home' for their family and how they valued the kindness and communications with staff.

Overall, the centre had a positive approach towards minimising restrictive practices. There was a culture of encouraging residents to pursue their own choices and to enjoy a good quality of life.

Oversight and the Quality Improvement arrangements

There was a comprehensive governance structure in place to promote and enable a quality service. 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 four bedrails, four lap belts 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 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. A restraints register was made available which was used to record the use of restrictive practices in the centre and was updated regularly. Other relevant policies that were in place included, safeguarding policy and management of responsive behaviour policy.

Staff were appropriately trained in restrictive practice, safeguarding vulnerable adults and behaviours that challenge. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices.

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), dietitian and general practitioner (GP), if required.

The inspector reviewed the assessments and care plans for residents who had restrictions in use. These included the alternatives trialled prior to the current restraint being used. Residents with restrictions in place were found to have detailed care plans in place. There was a check-list in place where staff would ensure residents were safe and comfortable.

There was adequate staff in the centre during the day and night as seen on the staffing roster and staff confirmed that there were adequate numbers and a good skill

mix in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint.

Overall, the inspector found that there was effective governance and leadership in the centre that supported a positive approach towards minimising restrictive practices. The safety concerns were effectively balanced with the rights of the older adults to dignity, autonomy and freedom. Regular reviews, informed consent and minimizing restrictions were used to ensure a human rights based-approach to care.

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

| Theme: Leadership, Governance and Management | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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. |

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| 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

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| 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

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| 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

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| 4.3 | Each resident experiences care that supports their physical, behavioural and psychological wellbeing. |
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