



**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.

Issued by the Chief Inspector

Name of designated centre:	Clonakilty Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	21 October 2024
Centre ID:	OSV-0000559
Fieldwork ID:	MON-0045153

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
Monday 21 October 2024	09:30hrs to 17:00hrs	Ella Ferriter
Monday 21 October 2024	09:30hrs to 17:00hrs	Laura Meehan

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

This was a one day unannounced inspection by two inspectors, which focused on the use of restrictive practices in the designated centre. The inspectors met with over twenty residents throughout the day, who were all very complementary about the kindness and care they received from staff. From the inspectors' observations and from what residents told inspectors it was evident that Clonakility Community Hospital was a nice place to live and residents enjoyed their life there.

Clonakility Community Hospital is two storey designated centre located in the town of Clonakility, County Cork. The centre is registered to accommodate 99 residents and there were 79 residents living in the centre on the day of this inspection. The centre is divided into four distinct units called Docas, Crionna, Saoirse and Silverwood which are all situated on the ground floor and are interlinked. Bedroom accommodation in each of the units primarily comprises of shared three and four bedded rooms with the exception of Silverwood, the newly constructed unit, which had all single bedrooms. The inspectors saw that each unit had its own communal spaces which were bright, homely and decorated to a high standard. This gave these areas of the centre a welcoming feel.

The inspectors observed that overall, the physical environment, was set out to maximise resident's independence, regarding flooring, lighting and handrails along corridors. On the day of the inspection some refurbishment work to enhance the premises was taking place on the Crionna unit and in the sitting room of the Saoirse Unit. Residents also had access to a well maintained internal courtyard, which could be accessed from all four units. The external areas were seen to be nicely decorated with plants, seating and décor depicting the West Cork coastline and farming machinery and animals. During the day some residents were observed walking outside with staff and visitors.

On arrival in the morning, the inspectors saw that many of the residents were up and ready for the day and were relaxing in the centre's communal rooms. Other residents were being assisted by staff with their personal care. Staff who were providing care and assistance to residents were observed to provide this care in an unhurried and respectful manner, taking into account each resident's abilities. The inspectors observed that staff knocked before entering residents' bedrooms. However, further consultation with residents was required to ensure they were consulted with and satisfied with their plan of care pertaining to safety checks at night, which had the potential to their disrupt sleep.

The inspectors observed that responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well managed on the dementia specific unit Saoirse. Some residents were observed walking with purpose around the centre and staff were seen to discreetly monitor these residents to ensure their safety whilst they mobilised around the unit.

It was evident that residents influenced the development of the centre and were involved in the running of the centre. Suggestions made by residents at meetings and in discussions with staff, were acted upon. For example, two water features had been installed in the outdoor courtyards at residents' requests and residents had requested days out of the centre and these were arranged by the team. On the day following this inspection ten residents were going on an outing around the West Cork coastline and dinner was booked in a local hotel after this bus trip.

The inspectors observed the dining experience of the residents on the day of inspection. Menus were available to residents on each dining table. Residents were assisted with their meals in a discreet and respectful manner. Mealtimes were observed to be social and relaxed occasions. It was also observed that residents were able to choose to have their meals in the communal areas or in their bedrooms. Residents that required assistance with their meals in their own rooms also had staff available to assist.

Residents' concerns and complaints were taken seriously in the centre and acted on in a timely manner. The centre had an advocate who visited the centre monthly and there was also the availability of external advocacy services. The management team also arranged legal aid to assist residents and were in the process of putting arrangements in place for some residents with regards to the assisted decision making capacity act. Residents were also supported by members of the multidisciplinary team and family members and outcomes reached represented their best interest.

The inspectors noted that there was a significant reduction in the use of bedrails within the centre. On the day of this inspection six residents (7.5%) of residents were allocated bedrails which had reduced from 17 residents (21%) a few months prior to this inspection. The team of staff had taken effective measures to reduce the use of bed rails and there was a quality improvement plan with regards to this in place. Consent to use of bedrails was sought from the resident and when a resident lacked capacity, the multidisciplinary team recommended the restrictive practice and communicated with the family or care representative.

However, inspectors observed some physical restrictive devices which were not appropriate in the circumstances. For example, residents had been allocated magnetic pull cords which were attached to their clothing. An alarm was activated when the resident moved and this alerted staff to assist or supervise the resident. While the reason for these was to prevent falls, they potentially impacted on the free movement of the resident, as the noise and or subsequent attention from staff could deter a resident from moving. They were also found to be used in communal rooms where there was sufficient staff supervision in place to assist residents. Care plans reviewed did not clearly outline the rationale for use of these restrictive devices and the precautions and checks to be maintained.

Residents' rights were observed to be respected and facilitated in the centre. Residents were observed to exercise choice throughout the day of inspection. Residents were supported to engage in a wide range of activities that aligned with

their interests and capabilities. Residents had access to local and national newspapers, televisions, radios and personal computers. The centre was regularly visited by local musicians and local schools. Mass took place in the church every Wednesday and inspectors were informed that approximately 40 residents attend this service. Residents told inspectors they really appreciated having this facility available in the centre. Residents were encouraged and facilitated to maintain connection with the local community and many residents went on days and weekends out with family, while other residents attended local day care services.

Oversight and the Quality Improvement arrangements

Overall, there was a positive culture in Clonakilty Community Hospital towards promoting and moving towards a restraint-free environment and respect for residents' rights and dignity. Management and staff had spent time focusing on the consideration of each residents' human rights and were focusing on the reduction of the use of restrictive practices in the centre. Some further actions were required to ensure the best outcomes with regards to the further reduction of restrictive practices and in the overall monitoring of the service.

The person in charge had completed the 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 six of the standards relevant to restrictive practices as being compliant two as substantially compliant, and the inspectors concurred with this assessment

The registered provider of this centre is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by two assistant directors of nursing, clinical nurse managers and a staff team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reported to a General Manager in the HSE, who was available for consultation and support on a daily basis. Inspectors found that there were adequate numbers of staff, with the appropriate skill-mix to meet the needs of the residents.

Staff were supported and facilitated to attend training relevant to their role such as safeguarding vulnerable people, restraint and responsive behaviour with both, online and face-to-face training, provided for staff working in the centre. Although the majority of training for staff was up to date, some staff were due training in responsive behaviours and safeguarding, which was booked for the month following this inspection. Staff were knowledgeable about the actions they would take if they had a safeguarding concern. The inspectors were informed that there was a plan in place to implement human rights training for all staff working in the centre.

Pre-admission assessments were conducted to ensure the service could meet the needs of residents admitted to the centre. Following admission, care plans were developed to guide staff on the care to be provided. However, from a review of documentation it was evident that some did not provide personalised information and were not sufficiently detailed to direct care. For example; where restrictive practices were in use, care plans did not always clearly outlined the rationale for use of these practices and behaviour support plans were not detailed to guide staff, when required.

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. This policy was in accordance with national policy and best practice. A multidisciplinary approach was in place

where restraints such as bedrails were in use, which incorporated consultation with the physiotherapist and the residents' general practitioner.

Although there were restrictive practice registers maintained on each unit inspectors found that there was insufficient oversight and monitoring of these, as they were not always accurate and there was inconsistency with regards to updating this on a weekly or monthly basis. Overall, the management systems in place for monitoring the service required improvement. These were the responsibility of each clinical nurse manager, however, there was inconsistency across these units on audits being conducted and how to use this information to improve the quality of the service.

The centre had a statement of purpose that clearly outlined the services available to residents and specific care needs that could be met in the centre. Complaints were recorded and investigated by the person in charge. The complaints procedure was clearly displayed in the centre and residents were aware of the process.

The inspectors summarised that, while there some areas for improvement, there was a positive culture supporting the creation of a restraint free environment. Residents enjoyed a good quality of life in Clonakilty Community Hospital where they were facilitated to enjoy each day to the maximum of their ability.

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.

Substantially Compliant	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

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.
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