



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

## Issued by the Chief Inspector

Name of designated centre:	Plunkett Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Elphin Street, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	22 October 2024
Centre ID:	OSV-0000653
Fieldwork ID:	MON-0044789

## 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	09:00hrs to 13:00hrs	Michael Dunne
Tuesday 22 October 2024	09:00hrs to 13:00hrs	Celine Neary

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

This was an unannounced inspection which focused on the use of restrictive practices within the designated centre. This inspection found that residents were supported to live a good quality of life in this purpose built designated centre which provides accommodation for 33 residents. The provider focused on reducing and eliminating restrictive practices in the centre and actively promoted residents rights by gaining residents consent in all aspects of their care. The registered provider for this designated centre is the Health Service Executive.

The centre is a single story building and is located in the town of Boyle, Co. Roscommon. It is close to the shops and local primary care centre and can accommodate 33 residents. Bedroom accommodation consists of 15 single, and nine twin rooms.

On arrival to the centre the inspectors were met by the administrator and then the clinical nurse manager in charge for the day. The person in charge was not present when the inspectors arrived but attended a short while later to facilitate the inspection. During an introductory meeting the clinical nurse manager gave an open and accurate account of the services provided in the centre and the staff team's commitment to creating a restraint free environment.

Following this meeting the inspectors went on a walk around of the centre with the person in charge. This allowed the inspectors to gain an insight into residents' experiences living in the centre and to introduce themselves to many of the residents as they prepared for the day. It also gave an opportunity to observe staff interactions with residents and observe the care and support provided.

Staff were aware of each residents needs and were seen to be providing care and support in line with residents' preferences. Some residents chose to have their breakfast in their bedrooms, while others chose to attend the dining room. The inspectors heard staff engaging with residents in a respectful and unhurried manner throughout the day. Staff were observed providing care that was person centred, kind and respectful. Call bells were answered and responded to in a timely manner.

The inspectors observed that residents were supported to have a good quality of life in this homely centre. Residents were supported to make choices about their daily routine such as when they would get up and go to bed choice of meals, what activities they took part in and where they spent their day. There was a good choice of activities made available to residents. Residents were provided with support from nursing and care staff in a kind and dignified manner and many residents spoken with on the day were complimentary about the care and services provided and content with their lives in the designated centre.

Throughout the inspection, residents spoke with the inspectors and said that they were happy with their accommodation and the care provided. One resident said that

"I have been here a month and I am going to stay". Another resident said that "staff are very helpful to me" and another resident said that "everything is 100%". On the day of the inspection 8 of the 32 residents in the centre used bedrails. Each resident had a risk assessment completed prior to their use and a signed consent form. The assessment involved the resident or their representative and members of the multidisciplinary team to include the general practitioner (GP), the OT (occupational therapist), the physiotherapist and a nurse. There was a resident specific care plan developed following each assessment and there was evidence that their use was reviewed on a regular basis.

Staff had completed restrictive practice training and in their conversations with the inspector they demonstrated awareness of what restrictive practice was and the negative impact on the residents.

The inspectors observed that the centre was clean, warm and bright on the day of inspection and there was a welcoming atmosphere. The design and layout of the designated centre promoted free movement around the centre and there was clear and colourful signage in place to direct residents to key communal areas of the centre. However three corridors did not have grab rails to support residents when mobilising around the centre, one of which led to the garden area.

The centre was well laid out and had large communal areas located near the reception area with sufficient comfortable seating arrangements to support residents to spend time together. Residents were observed relaxing or socialising with each other in these areas throughout the day. The centre also had a generous and well maintained courtyard garden area but all the doors out to this garden were locked and residents could not easily access their own garden.

Residents' bedroom accommodation was provided in spacious rooms that were nicely decorated. Each residents had a lockable space for their personal belongings. However, some twin rooms did not provide adequate privacy screens between the two bed spaces and inspectors identified that this did not promote the privacy and dignity of both residents sharing these rooms. The person in charge acknowledged that the layout of these rooms required review.

The majority of bedrooms had views over the enclosed courtyard garden on one side or the local town on the other side. These windows had a reflective screen placed on the glass to ensure residents' privacy was maintained.

There was a schedule of social activities on display and the inspectors observed residents taking part in an exercise program, a quiz and bingo during the day. However, the inspectors observed that activity sessions were sometimes interrupted as the activity coordinator was called upon to assist staff with resident care. Residents told the inspectors that they enjoyed the activities available especially the day trips to various places in the community such as Lough Key Forest Park and Knock Shrine.

One-to-one sessions were also offered to residents who chose not to attend group activities. Residents told the inspector that there is always something to do and that they enjoy attending activities with the other residents. A local art therapist from the

community also attended the centre and offered art therapy for residents each week. The hairdresser was also in attendance during the inspection and confirmed that they visit the centre on a weekly basis.

There was good use of notice boards throughout the centre to update residents on the availability of activities each week, access to advocacy and on how to make a complaint. Furthermore, resident meetings were held frequently and records confirmed that residents were communicated with on a regular basis and involved in the services provided.

Residents were offered a variety of food options, snacks, and refreshments in the communal rooms and in their bedrooms as they wished. The inspectors observed the residents' lunchtime meal and it was a social occasion, with residents chatting with one another as they enjoyed their meals. The food was well presented and served promptly to residents. Residents who required assistance during their meals were supported in a respectful and unhurried manner. However, the inspectors observed that there were lists attached to the catering trolleys which contained personal information regarding some residents and their medical diagnosis and their special dietary requirements. This meant that this personal information was not maintained in a confidential manner and was accessible to people other than staff in the centre.

Residents said that the quality of food is always good and that they enjoy the dining experience. Residents who required support with their eating and drinking were provided with timely and respectful assistance to enjoy their meals.

The inspectors observed that visitors were welcomed in the centre, however, residents had to return to their bedrooms to meet with their visitors. When the inspector asked staff why this was the case, they advised that it was to maintain the privacy and dignity of residents that sometimes displayed signs of responsive behaviours. One resident expressed to the inspectors that they would prefer to see visitors in their own communal area's instead of having to go to the trouble of returning to their bedrooms each time a visitor called. The current arrangement did not support the residents to meet with their visitors outside of their bedrooms and was not in line with the provider's own visiting policy.

The inspectors reviewed care plans and found that assessments and care plans were comprehensive but some improvement was required to include residents as part of the care planning process and to ensure they were consulted and involved in the care support they received.

## Oversight and the Quality Improvement arrangements

Overall this centre was committed to providing a restraint free environment for residents and there was evidence of good practice to reduce the use of restrictive equipment and ensure resident's human rights were upheld.

Prior to the inspection the person in charge completed a self-assessment questionnaire and judged themselves compliant in many aspects of restrictive practice. The questionnaire examined the centres responses to restrictive practice currently in use. This questionnaire focused on how the centre's leadership, governance and management, use of information, use of resources and on how the workforce were deployed to manage restrictive practices in the centre. In addition the questionnaire focused on how resident's rights and diversity were upheld and on how assessment and care planning processes were used to safeguard and maximise resident's well-being.

The provider promoted a restraint free environment in the centre, which was in line with local and national policy. Records showed that the provider had explored and made available less restrictive options for residents, in line with the national restraint policy and there was evidence that a number of the equipment trials had been successful, including low entry beds and crash mats. In addition the provider had ensured that residents and their families were made aware of the policy of a restraint free environment. There was also a reduction in the use of bed rails, which had decreased from thirteen to eight in the previous six months.

The provider had systems in place to ensure that all restrictive practices were accurately recorded, monitored and regularly reviewed with the aim of reducing or eliminating them. The person in charge was in the process of ensuring where following a risk assessment a decision to use a restraint was made, that a clear care plan setting out the reasons for and the controls around the use of the restraint was put into place for the resident.

The person in charge demonstrated good leadership and had ensured that scheduled audits took place and any deficits identified were addressed. The person in charge had established clear communication strategies to ensure effective communication among all grades of staff and the management team.

The person in charge is supported in their day-to-day role by a clinical nurse manager and a team of nurses and healthcare assistants. The nursing and care team is supported by catering, activity, maintenance, laundry, housekeeping staff and a part time physiotherapist.

The inspectors reviewed the minutes of regular staff and management meetings and found that restrictive practice is a standing item on the agenda for discussion.

Overall, the inspectors found that the management team had systems in place to ensure that the use of restraints in the centre was well managed, and that the number of restraints continued to reduce.





## 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.

<b>Substantially Compliant</b>	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

<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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