



**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:	Abbeyleix Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ballinakill Road, Abbeyleix, Laois
Type of inspection:	Unannounced
Date of inspection:	26 February 2024
Centre ID:	OSV-0000527
Fieldwork ID:	MON-0042907

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 26 February 2024	09:30hrs to 16:00hrs	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 and were encouraged and supported by staff and management to be independent.

The inspector arrived to the centre during the morning time and was met by the person in charge and a clinical nurse manager. Following an introductory meeting, the inspector walked through the centre and met with residents in their bedrooms and communal areas.

Residents were observed to be comfortable and relaxed in their environment. 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 watching television, reading the daily newspaper, doing crosswords, 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.

Abbeyleix Community Nursing Unit is located on the outskirts of the heritage town of Abbeyleix, County Laois. The centre provides care for both male and female adults with a range of dependencies and needs. The centre is a two-storey premises that provides care to residents on the ground floor. The centre provides care for one resident on a continuing care basis and cares for nine residents with respite, convalescence and short-term care needs. Accommodation is comprised of ten single bedrooms with full en-suite facilities. The front door to the centre is accessed through two magnetically locked doors that can be opened with a fob.

There was a choice of large and small communal spaces for residents to use in the centre. There was also a quiet room and designated visitor room available for residents to use. The inspector saw that overall the physical environment, including flooring, lighting and handrails along corridors, was set out to maximise resident's independence. There were noticeboards in the foyer area where information pertaining to activities, advocacy, and the complaints procedure was accessible to residents and provided information in an accessible format. An activity notice board, clocks, and appropriate signage informed residents of the day, the time and the location of their bedrooms, supporting their cognition and independence.

The centre provided two external patio areas for residents to use. Residents could access one patio area independently through the communal dayroom. Residents who liked to smoke could access a smoking area independently though a door in the dayroom. Residents could not access the second patio area independently. The door was magnetically locked and required staff to open the door with a fob. While management were aware of this, action to address this restriction had not been

progressed to afford residents choice and promote their independence. Residents confirmed that they would ask staff to open the door if they wanted to use this area. However, an assessment to underpin the decision to restrict resident's access to this area had not been completed.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The inspector observed that there were three residents using bedrails in the centre. The provider had a variety of alternative devices and equipment to support an initiative to reduce the use of bedrails. This included low beds, mats to reduce injury should a resident fall from their bed, and sensor alarms. The provider also 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, ancillary rooms and one external patio area. The front door to the centre was magnetically locked, and accessible by using a fob. The families of some residents were provided with a fob to access the centre and visit their relatives without restriction. Residents confirmed that they would be provided with a fob at their request.

Residents spoke positively about their experience of living in the centre, and complimented the staff who they described as respectful and supportive. Residents told the inspector that they looked forward to coming to stay in the centre and described 'feeling at home' in their environment. Residents described aspects of the service that made them feel this way. This included the kindness and attentiveness of staff, and the encouragement by staff to be as independent as possible and make choices about to spend their day. Residents spoke about how they wanted to vote in the upcoming referendum, and staff had facilitated their request to vote.

Residents living in the centre on the day of inspection told the inspector that they were happy with their rooms, especially having en-suite toilet and shower facilities. Bedrooms were personalised with photographs of their activities and of family and friends. Residents who stayed in the centre on a short-term basis were encouraged to bring personal items from home to personalise their bedroom. There were no restrictions on when residents could access their bedrooms. Bedrooms were observed to be laid out to meet the needs of residents and support their independence. For example, overhead hoists were installed in a significant number of bedrooms. Door widths allowed residents with mobility aids to access their en-suite facilities with ease, and appropriately placed handrails ensured residents could undertake activities independently. Staff told the inspector that bedrooms were selected for residents based on their assessed needs. For example, some residents required the use of a larger bed, toilet and hoist. This was arranged for the resident prior to their admission to the centre.

Residents were seen to be familiar with staff and addressed them by their first names. All staff wore name badges. Residents told the inspector that staff respected their privacy and personal space through knocking on their bedroom doors and waiting for a response before entering. Staff were observed attending to residents care needs throughout the day. Staff were seen to ensure that privacy screens were drawn, and that bedroom and bathroom doors were closed before assisting residents with their care needs.

Residents told the inspector how staff were prompt to answer their call bell if they needed assistance. Residents also told the inspector that staff knew their individual needs and limitations and placed items of importance such as the call bell, water, and the television remote control within easy reach.

The centre maintained a record of restrictive practices in use in the centre. This detailed the time and date of use, the resident's unique identifier, the type of restraint and whether or not the person had given their consent. However, the inspector noted that the register did not contain all restrictive practices within the centre. For example, a magnetically locked door to access the patio area from the dining room had not been recorded as an environmental restriction.

Residents living in the centre had access to a wide range of assistive equipment such as powered wheelchairs, rollators, and walking aids to enable them to be as independent as possible. Some residents used tilted chairs that had been prescribed by an occupational therapists for clinical reasons and were not restrictive. Care plans clearly outlined the rationale for use of these restrictive devices and the precautions and checks to be maintained.

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 and complaints were listened to and acted on in a timely manner. Residents also had access to independent advocacy services. 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.

Communication aids, signage, picture aids, telephones, radios, newspapers, Wi-Fi and magazines were available to residents. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. Residents were observed singing and dancing at a live music event in the afternoon. 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 respect 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 reduce the use of restrictive practices in the centre. This included the provision of additional training and education to staff to raise awareness about the various types of restrictive practices, and their subsequent impact on the rights of the residents.

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.

There was effective governance and oversight in relation to restrictive practices. The person in charge collated and monitored information in relation to restrictive practices on a daily basis. Staff documented two-hourly checks of residents' condition when bedrails were in use. This process ensured that residents were safe during periods when restrictive practices were in use.

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 and sensor alarms. The inspector found that while the restrictive practice register contained details of environmental restraints, the register did not identify all environmental restraints in the centre such as magnetic door locks.

There were arrangements in place to evaluate and improve the quality and safety of the service provided to residents through scheduled audits. Restrictive practice audits were completed on a quarterly basis and four audits had been completed in 2023. The audit examined compliance with the National Standards for Residential Care Settings for Older People in Ireland (2016), and associated themes. The findings of completed audits reflected full compliance in the management of restrictive practices in the centre, with no quality improvement plan required. However, the audits were not effective to support the management team to identify deficits in aspects of the service. For example, the audits had failed to identify that resident assessments of risk in relation to the use of bedrails were either incomplete or had not been completed since March 2023.

The inspector found that there was no established system in place to monitor the quality of residents clinical care records specific to restrictive practice in the intervening period of time between scheduled restrictive practice audits. Therefore, the inspector found that the systems to monitor, evaluate, and improve the quality and safety of the service required some improvement to ensure that restrictive practices were appropriately assessed, monitored, and regularly reviewed to support reduction or elimination of their use.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low low beds, instead of having bed rails raised. Resources had been made available to ensure that the physical environment was set out to maximise resident's independence. The inspector was satisfied that no resident was restricted in their movement or choices, due to a lack of resources or equipment.

Staff were facilitated to attend training relevant to their role such as safeguarding vulnerable people, restrictive practices, and supporting residents with complex behaviours. 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 inspector reviewed the assessment tools used to underpin the decision to implement the use of bedrails. Some risk assessments were incomplete as the assessments did not always evidence that staff had trialled alternative less restrictive methods prior to implementing the use of bedrails. The inspector identified that some resident records did not contain an up-to-date assessments of resident's needs, or assessment of risk in relation to the use of physical restraint prior to the decision to implement the use of physical restraint. While care plans generally identified the restraint in use, the rational for the restraint was not always detailed within the care plan or the frequency that restraint should be checked. Therefore, the inspector found that some improvement was required to ensure that each residents care plan was based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed and outlined the supports required to maximise their safety and quality of life.

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.

Complaints were recorded separately to the residents' care plans. The complaints procedure was prominently displayed throughout the centre. There was a notice advising residents of the contact details of independent advocacy services should they require assistance with making a complaint.

Overall, the inspector found that while there were some areas for improvement, there was a positive culture in Abbeyleix Community Nursing Unit, with an emphasis on a

restraint free environment to support a good quality of life that promoted the overall wellbeing of residents while 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.

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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