



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

Issued by the Chief Inspector

Name of designated centre:	Marymount University Hospital & Hospice
Name of provider:	Marymount University Hospital & Hospice
Address of centre:	Curraheen Road, Curraheen, Cork
Type of inspection:	Unannounced
Date of inspection:	28 August 2024
Centre ID:	OSV-0000582
Fieldwork ID:	MON-0044700

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
Wednesday 28 August 2024	09:30hrs to 15:40hrs	Robert Hennessy

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

The inspection of Marymount University Hospital & Hospice was unannounced and completed as part of the thematic inspection focusing on the use of restrictive practices. From observations made by the inspector, it was evident that there was respect for residents promoted in the centre and person-centred care approaches were also evident. Several residents spoke with the inspector on the day of inspection. Residents spoken with were very happy with the care and support they received.

The inspector found that residents had a good quality of life. Staff supported residents to have their rights respected. Staff also supported residents to be included in discussions in the running of the centre and to be included in decisions regarding their care. Residents were encouraged to take part in a range of activities, with many residents speaking with the inspector saying how much they enjoyed the activities.

The designated centre of Marymount University Hospital and Hospice is arranged over three floors with a similar layout in each distinct unit, namely St. Anne's, St. Camillus and St. John's. There are 17 single rooms with en suite shower and toilet facilities and one four bedded room with en suite shower and toilet facilities in each unit. Each bedroom had comfortable seating available to the residents. There were 56 residents residing in the centre on the day of the inspection with the centre registered for 63 residents. Residents had large spaces for storage of personal possessions and residents had adequate room in each bedroom to undertake activities in private if they so wished.

During the walk around of the centre staff were seen to engage with residents in a kind and respectful manner at this time. Staff spoken with were aware of why the restrictions for some residents were in place and had knowledge on how to support residents that had behaviours of concern. It was evident to the inspector that the person in management that accompanied the inspector was well known to the residents and had spent time to get to know them.

It was evident that the management and staff strived to create a person centred service for the residents. Examples of this would be, information had been available to residents in a short format in relation to restrictions that may be in place in the centre. Another example of this was that the activity schedule had been extended into the evening time to cater for residents that would require or wish to have activities at this time.

The dining areas for residents were bright and well decorated. Residents had good choice available at meal times and residents spoken with were very happy with same.

Meal times for residents were uninterrupted and residents that required assistance were given this in a respectful manner.

The outdoor areas were suitable for the residents to use, these areas were openly accessible to residents. The outdoor space was well maintained with modern garden furniture. There was a large substantial garden with a large area of wild flowers. This large garden area had a walk way around which provided an area for residents and their visitors to have a walk together. There was a smaller garden which was fully secured for the residents which had garden furniture for residents to use. There were outdoor covered areas for residents to use for activities and visit from loved ones. Residents also had small outdoor areas outside their bedrooms which many residents used as a small garden to plant items and also provided space for residents to sit outside if they so wished.

Information on advocacy and how to make a complaint was available to residents. The inspector reviewed the complaints log in the centre, there was evidence that previous complaints had been managed and closed out to the complainants' satisfaction. Advocacy organisations had been to the centre to provide information to residents in relation to their role in the centre.

Residents were seen to be engaged in activities throughout the day. There was a person identified to manage activities and this person had a team working with them to provide activities. There was evidence of residents going out to the community on activities with the residents having access to transport in the centre. Residents attended mass on the day of inspection and also had 1:1 activities with the activities personnel. Residents were able to access the internet and had access to smart devices in the centre.

Overall, the inspector found that the culture in Marymount University Hospital & Hospice promoted the well-being of the residents and a person centred approach was the goal of the staff working in the centre.

Oversight and the Quality Improvement arrangements

The provider had a comprehensive governance structure in place to promote and enable a quality service. The staff members spoken with on the day of inspection were committed to ensuring restrictive practices, such as bed rails, were kept to minimum and used for shortest amount of time. Staff in the centre strove to uphold the rights of the residents.

The centre had relevant policies in place to protect residents' rights. Staff spoken with on the day by the inspector were knowledgeable on how these policies were put into practice.

The management team had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices. This had been submitted to the Chief Inspector prior to the inspection.

The inspector reviewed the care plans for residents who had restrictions in use and found that detailed care plans had been developed. There was evidence in the care plan that consent had been given for the interventions used. These interventions were seen to promote care and responses which were least restrictive.

The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors, which were wide. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible. The inspector was satisfied that residents were not unduly restricted in their movement around the centre.

Where restrictions were in place there was evidence that they were used for the shortest time. Restrictive practices were frequently reviewed and evidence of restrictions being removed after reassessment was made available to the inspector.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT included the physiotherapist, occupational therapist and general practitioner who were regularly available to residents along with extensive other services such as a speech and language therapist.

There were regular residents' meetings in the centre to discuss relevant issues for the residents. Residents' concerns were followed up and actions taken. Advocates for the residents were present to assist residents to have their voices heard in the running of the service. Staff and management met regularly throughout the year to identify areas of improvement for residents.

Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge, restrictive practice, and ongoing training was scheduled to ensure all staff training remained current. There was adequate staff in the centre during the day and night as seen on the staffing roster.

The centre maintained a log of complaints where the complaints, resolution and complainants satisfaction were recorded. Clear documentation was available to show how complaints were dealt with and the processes gone through to resolve the complaint.

A restraint-free environment was championed in the centre to support a good quality of life that promoted the overall wellbeing and independence of 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

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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