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

Name of designated centre:	Bishopscourt Residential Care
Name of provider:	Bishopscourt Residential Care Limited
Address of centre:	Liskillea, Waterfall, Cork
Type of inspection:	Unannounced
Date of inspection:	30 October 2019
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0027378

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[1] 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	Inspector of Social Services
30 October 2019	Breeda Desmond

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

This service strove to provide care and facilities for people to have a good quality of life. The atmosphere was relaxed and, in general, care was delivered in an unhurried manner.

The inspector spoke with residents in their bedrooms, day rooms and dining room throughout the day. The inspection started with a walk around the centre and some residents were in the process of getting up, some were relaxing, and others had visitors. Breakfast was served to residents in their bedrooms; some residents had their lunch in their bedrooms but most dined in the dining room. Meals were pleasantly presented and choice was offered for all meals. The inspector observed that meal times were not protected times as medications rounds were undertaken during meal times, which possibly restricted residents enjoyment of their dining experience. In general, staff actively engaged with residents and there was lovely socialisation seen and personal care was delivered in a professional manner, however, the inspector observed some institutional practices with no engagement with residents when assisting with care needs and during morning snack time. The inspector spent some time in the day room in the morning where the television was very loud and the volume was eventually reduced; in the afternoon there was a live band playing and residents enjoyed the music, however, their enjoyment would have been enhanced if a member of staff was present to facilitate while activities were in progress.

While the front door was key-pad accessible, there was a lovely picture of butterflies framed by the main entrance displaying the access code for residents and relatives to independently use the front door. The inspector observed that the enclosed gardens could be freely accessed; there was horizontal and perpendicular advisory signage on long corridors to orientate residents to areas such as the ‘Flower Walk’, day rooms and dining room. While the day of inspection was a dreadful autumnal day, residents reported that they had a great summer and spent a lot of time out in the courtyard. They said that they were encouraged to get fresh air and were supported to go outside – ‘even when you’re not interested in the activity session facilitated outside such as flower arranging’, ‘you are encouraged to take your book and read outside’; residents reported that they liked the encouragement given by staff. The inspector observed that residents were dressed very smartly in clothes and accessories of their choice and time was afforded for people to do their make-up.

Some bedrooms were decorated and some residents had paintings and mementos from their homes. All bedrooms had remote controls for the televisions with their room numbers so they could be returned to the relevant room if necessary.

An expansive weekly activities calendar was displayed showing morning, afternoon and evening activities provided over a seven-day period. They were descriptive and included photographs of regular singers and bands that attended to remind and orientate residents. The photograph gallery displayed pictures of summer events such as the garden party, the visit from ‘small furry animals’ and the line-dancing tea

party. Residents were supported to maintain contact with the local community and several initiatives were in progress such as attending the local community centre for weekly bingo with the active retirement group community (nine residents regularly attended); the creative writer had facilitated the residents to tell their stories and the collection of their stories and favourite poetry will be published for Christmas; a 'ballroom of romance' was organised in the community hall for residents in conjunction with another designated centre for dancing and afternoon tea before Christmas.

There was one full-time and one part-time staff assigned for the activities programme. Residents informed the inspector that meetings were facilitated by the activities person, Mary, once a month; they said that their issues were taken on board and things change following meetings; they gave examples of changes to menu choices following their requests. Residents and relatives spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care.

Residents had access to advocacy services and there were information posters displaying this information by main reception.

Oversight and the Quality Improvement arrangements

This service promoted a restraint-free environment. The provider had a robust governance structure in place to promote and enable a quality service. The general manager and person in charge were responsible for the service on a day-today basis and were supported by the deputy person in charge. The registered provider representative attended the centre regularly and supported the service in promoting a restraint-free environment including encouraging and facilitating ongoing professional training and staff development; and was open to feedback and suggestions in promoting a rights' based approach to delivery of care.

Management discussed how they reviewed their service in the context of restrictive practice following receipt of the self-assessment questionnaire and guidance on promoting a restraint-free environment. They assessed their service and devised an improvement plan which incorporated all the aspects of national standards pertinent to restrictive practice. Minutes of the monthly Safeguarding, Behavioural Management and Restraint committee meetings showed restrictive practices were discussed including the relevance and importance of behavioural support assessments and care plans. Month-end reports with audits and trending of restrictive practice data provided oversight at individual and service level, and was analysed to enable practice reviews to inform and improve care and outcomes for residents. For example, alternatives to bedrails or reducing full bedrails to using bed handles, low-low beds and alarm mats were trialled with good success; sensor bracelet usage and alarm mats were reduced since review of restrictive practice had commenced.

There were policies in place including one to support and promote a restraint-free environment that included emergency or unplanned use of restrictive practice to guide practice. These were reviewed following examination of their practices and service and were updated to reflect their promotion of a restraint-free environment. Management advised that these would be further updated to reflect a rights' based approach to delivery of care.

A restraint risk register was maintained that included data on restrictive practice risks throughout the centre such as bed rails, lap belts and alarm cushions.

Staff had up to date training on safeguarding vulnerable adults, behaviours that challenge and restrictive practice. Staff were routinely updated and advised of information on restrictive practice to heighten awareness of restrictions as part of promoting a restraint-free environment.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices such as the occupational therapist assessments of specialist chairs. Prior to completion of the self-assessment questionnaire, verbal consent was obtained regarding restraint such as bed-rails, this was changed following reflection on their practice to obtaining written consent from residents.

A sample of assessments and plans of care were reviewed and some had detailed person-centred information to direct individualised care, however, care plans required further review to ensure they adequately reflected the holistic needs of residents as some were not consistently updated in accordance with best practice One resident had been assessed by the speech and language therapist, however this information of a choking risk was included in 'risk and falls management' rather than with their food and nutrition care plan. While behavioural support plans were evidenced with the associated observational tool (Antecedent, Behaviour, Control) to support care, records demonstrated that the information in the 'antecedent' was the behaviour rather than what occurred at the time or prior to the change in resident status. Consequently, the possible cause of changes in behaviours could not be established to enable staff to implement appropriate actions to deliver safe person-centred care. While there was a bed-rail assessment tool in place it did not provide direction to enable staff make an evidence-based informed decision on whether to implement the restrictive practice, such as a bed rail.

People had access to a wide range of assistive equipment (for example, low-low beds, alarm mats and sensor bracelets) to enable them be as independent as possible. Bed handles were a recent addition and the inspector observed that these enabled residents to independently move from lying to sitting position and then to standing without restricting movement. Many aspects of the physical environment enabled independence regarding flooring, lighting and handrails. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate equipment or technology.

The complaints register was reviewed and complaints were recorded in line with the best practice. Residents and relatives gave positive feedback regarding their ability to raise issues and that they were dealt with in an appropriate manner. A synopsis of the complaints procedure was displayed in the main foyer and was being updated at the time of inspection to ensure it was easily accessible to residents and visitors.

In conclusion, while a restraint-free environment was championed to support a good quality of life, a rights' based approach to quality of life would enhance the positive steps taken regarding restrictive practice; better staff supervision and resident supervision was required to ensure this rights' based approach to care was delivered and that care was safe, appropriate, consistent and to a high standard in line with their statement of purpose.

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.

Appendix 1

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.