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## Gascoigne House, OSV-0000038, 21 August 2019

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

Name of designated centre:	Gascoigne House
Name of provider:	Cowper Care Centre Designated Activity Company
Address of centre:	37-39 Cowper Road, Rathmines, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	21 August 2019
Centre ID:	OSV-0000038
Fieldwork ID:	MON-0027480

## 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	Inspector of Social Services
21 August 2019	Michael Dunne

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

This was an unannounced inspection to review the use of restrictive practices in the centre. Prior to the inspection, staff completed a self-assessment questionnaire which looked at current responses to managing restrictive practices in the centre from both a quantitative and qualitative perspective.

Gascoigne House is located in Rathmines, Dublin 6 and provides accommodation to 50 residents primarily over the age of 65 in a selection of single and twin-bedded rooms. A dementia specific unit is located within the centre and accommodates 12 residents. This unit was self-contained with dining facilities, sitting room and garden areas. The remainder of the accommodation provided was located in a number of units that led into a large central reception room. These units contained a sitting room for residents to use. All the accommodation provided was on the ground floor. Residents who did not require assistance could access the garden areas independently while other residents with mobility or healthcare needs were required to ask staff to assist them access the this area.

There was a large central area which comprised of a dining room and communal sitting room, this space was also used for the provision of activities. This area was well populated throughout the day with a number of residents from the nearby supported living flats attending lunch at the centre. There was also a number of seating areas off the central area that were observed to be used by residents and their families.

During a walkaround of the centre it was noted that the majority of residents were up and about. Residents were seen to be appropriately dressed and well groomed. Those who required assistance to mobilise were been attended to by staff in a timely manner. A small number of residents were still in their own rooms and residents told the inspector that this was their preferred wish to spend time on their own.

The person in charge informed the inspector that there were no restrictions on residents moving about the main building, however, access to the dementia unit was by means of a keypad. Family members who wished to visit their relatives in the dementia unit were given the keypad codes to gain entry. The internal layout of the centre allowed for residents to gain access to all the communal areas. There was also appropriate signage in place which directed residents to key locations within the centre. Access to the garden for the main unit was by means of a swipe card. Where appropriate, residents who were able to access these grounds independently could do so while residents who required assistance to mobilise gained access with the support of staff members. Residents were observed throughout the day being supported by staff to access the garden areas.

Residents who required assistance with personal care tasks were observed to be supported by staff in a manner that was supportive of their communication needs. There was evidence staff were aware of resident's needs and this allowed for a positive interaction between them. Staff were observed encouraging residents to make choices for themselves such as choosing the clothing they wished to wear that

day. The inspector observed staff knocking on bedroom doors prior to entry and taking time to explain the purpose of their visit. There was evidence to confirm that staff listened to residents ensuring that their rights were respected.

Residents told the inspector that they were afforded choice with regard to when they got up in the morning or when they wished to retire. Residents also mentioned that staff were very helpful and caring. They said that staff provided care to them in their preferred way and that this was done in a manner that was unhurried and allowed them time to participate fully in the care process.

A number of residents told the inspector that they enjoyed their bedroom space and, in particular, being able to personalise their own room according to their wishes, with items that many brought from home. Rooms seen were clean and suitably furnished. There was sufficient space for residents to store their personal belongings and receive visits from family or friends or indeed to pursue individual activities.

There was an activity programme in place for both the dementia unit and the main unit. On the day of the inspection, residents in the main unit were supported to attend religious services while the dementia unit had a range of activities on offer including the provision of relaxation therapy and sensory support. There was a focus on supporting residents with one-to-one activities as this was resident's preferred option. A number of residents in the main unit mentioned that they would like to see a more varied activity programme in place. It was noted that the activity worker was new to the role and was enthusiastic about providing a more varied programme of activities.

Residents were complimentary about the food provided and residents were happy to receive their breakfasts in their rooms. It was observed that residents who required support to enjoy their meal received timely assistance from staff. A number of visitors from the nearby supported living complex visited the centre to have their lunch. There was evidence that residents received additional food and drink outside of the regular mealtimes.



## Oversight and the Quality Improvement arrangements

The inspector found that the centre was committed to establishing a restraint free environment. There were systems in place to monitor the use of restrictive practices. The centre had a restraint register which was reviewed on a monthly basis and there was evidence that the centre was trialling alternatives to the use of bedrails with the introduction of low entry beds. The inspector discussed with the management team that the use of alternatives could themselves be restrictive. For example the use of sensor alarms may alert staff and prevent a resident from falling but can also have a negative impact where a resident may not move at all for fear of setting off an alarm. The impact of floor sensor mats and bracelets on residents was also discussed and required addition to the restraints register.

A number of residents care plans were reviewed. There was evidence that residents who were offered a place at the centre had a comprehensive assessment in place prior to entry. Residents had personalised risk assessments which identified a variety of risks and gave detailed information on how to manage these risks.

Care records seen showed that residents were actively engaged in the care planning process. Where they were unable to participate family members were asked for their input. Care plans were well written which allowed for interventions to be easily monitored. The centre used a keyworker system where a member of staff led on the management of resident care. Where residents were subject to restrictive practices such as bedrails the appropriate assessment was in place with the rationale for their introduction and use clearly recorded. Where residents were unable to give consent this was clearly documented in the resident's notes.

There was evidence that the use of bedrails was regularly reviewed with a focus on the least restrictive options being trialled, such as the introduction of low-entry beds. In addition to the planned introduction of restrictive practices, the centre had an electronic system in place which recorded the introduction of emergency restrictive practices and triggered a full review of the resident's care plan.

Resident's healthcare was prioritised with referrals to various specialists made when required. Referrals to occupational therapists, for example requesting mobility equipment, helped to promote mobility independence for residents.

There were sufficient staff numbers with the required skill-mix available on the day of the inspection to provide required levels of support to the residents. Staff confirmed that they had received training in safeguarding and in dementia capable care behaviour. Staff said that this training equipped them with the required knowledge to be able to manage situations where restrictive practices might otherwise be used.

There was a good level of understanding within the staff team of how restrictive practices could impinge on residents's rights and impact negatively on their daily lives. Staff spoken with were able to give examples in their daily work routines of how this could occur, such as the non-review of restrictive practices currently in place in the centre. There was a detailed induction programme in place for all staff which focused on supporting resident's to be actively involved in their care.

There was a complaints policy in place and this was located in a prominent position in the centre. Records reviewed showed that complaints were investigated and recorded according to the centres policy with feedback given to each complainant.



## 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.

### 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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