



**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:	Shannon Lodge Nursing Home
Name of provider:	Shannon Lodge Nursing Home Rooskey Limited
Address of centre:	Main Street, Rooskey, Roscommon
Type of inspection:	Unannounced
Date of inspection:	10 August 2023
Centre ID:	OSV-0000383
Fieldwork ID:	MON-0040556

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
Thursday 10 August 2023	09:30hrs to 15:45hrs	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 practice in the centre. Prior to the inspection visit, the person in charge completed a self-assessment questionnaire which reviewed the centre's current responses to managing restrictive practice in the designated centre. The inspector found that the provider was working towards maintaining an environment where residents were able to live a fulfilled life.

Throughout the day the inspector observed residents being provided with assistance to make individual choices and to maintain and maximise their independence. There was a homely, relaxed atmosphere in the centre where resident's views were valued and respected by the staff team.

Shannon Lodge Nursing Home is a purpose-built bungalow-style facility located in the village of Rooskey, Co. Roscommon. The centre provides care for 36 residents with resident accommodation comprising of 18 single and nine double rooms all serviced with ensuite facilities. Upon arrival the inspector was met by a member of the staff team and then commenced a walkabout of the designated centre. A short time later that morning a director and the person in charge arrived and the inspector held an introductory meeting regarding the format of the inspection.

During the walk round the inspector found the centre was clean, bright, and well maintained. 17 residents were observed having their breakfast in the dining room. Tables and furniture were set up to facilitate residents using mobility equipment and observations confirmed that residents were able to access all areas of the dining room. Residents were well-supported to enjoy their meal and all were observed to be offered a choice at each meal. For example at breakfast residents were offered the full choices on the menu even though staff were aware of what residents usually had for breakfast. Again at the main lunch time meal there was a choice of a red meat and a chicken option. Catering staff confirmed that additional choices were available should residents not like the options offered. Some residents who did not wish to have their meal in the dining room were supported to have their meal in their preferred location which was normally their own bedroom.

During the centre walk around it was observed that the majority of residents were up and about and following their normal routines. Some residents were seen to be mobilising around the home using mobility aids whilst others were observed mobilising independently. Residents who required staff assistance with their mobility were supported in a timely manner. Call bells were also answered within an acceptable time frame. Several residents were observed making their way to communal rooms where activities were underway, a nature programme on the television was generating a lot of discussion among some of the residents present while other residents were provided with local and national newspapers.

It was obvious to the inspector that staff were aware of the residents needs and were therefore able to respond in a person centre way which ensured that resident's individual needs were met.

There were many opportunities for residents to engage in activities in this centre in accordance with their capacities and capabilities. There was a vibrant activity programme which incorporated trips out to local amenities and places of interests. Residents told the inspector about an enjoyable trip to Knock Shrine in July, while other residents spoke about the trip to the dementia café in Lough Key Park which is located near to the centre. Residents also told the inspector about the visits from the pet therapy dog called "Pippa" which they also said gave them a lift. There was a well-organised reminiscence programme which

focused on local history and stories related to the area around Rooskey which residents thoroughly enjoyed.

There was appropriate directional signage available in the centre to orientate residents to key locations such as the dining room, sitting rooms, exit locations and other facilities within the home. Hand rails were in place along all corridors of the centre and there was additional seating available in various locations along these routes for residents who may need a rest. Noticeboards were placed in strategic locations so that residents could have easy access to information about the home or about upcoming events.

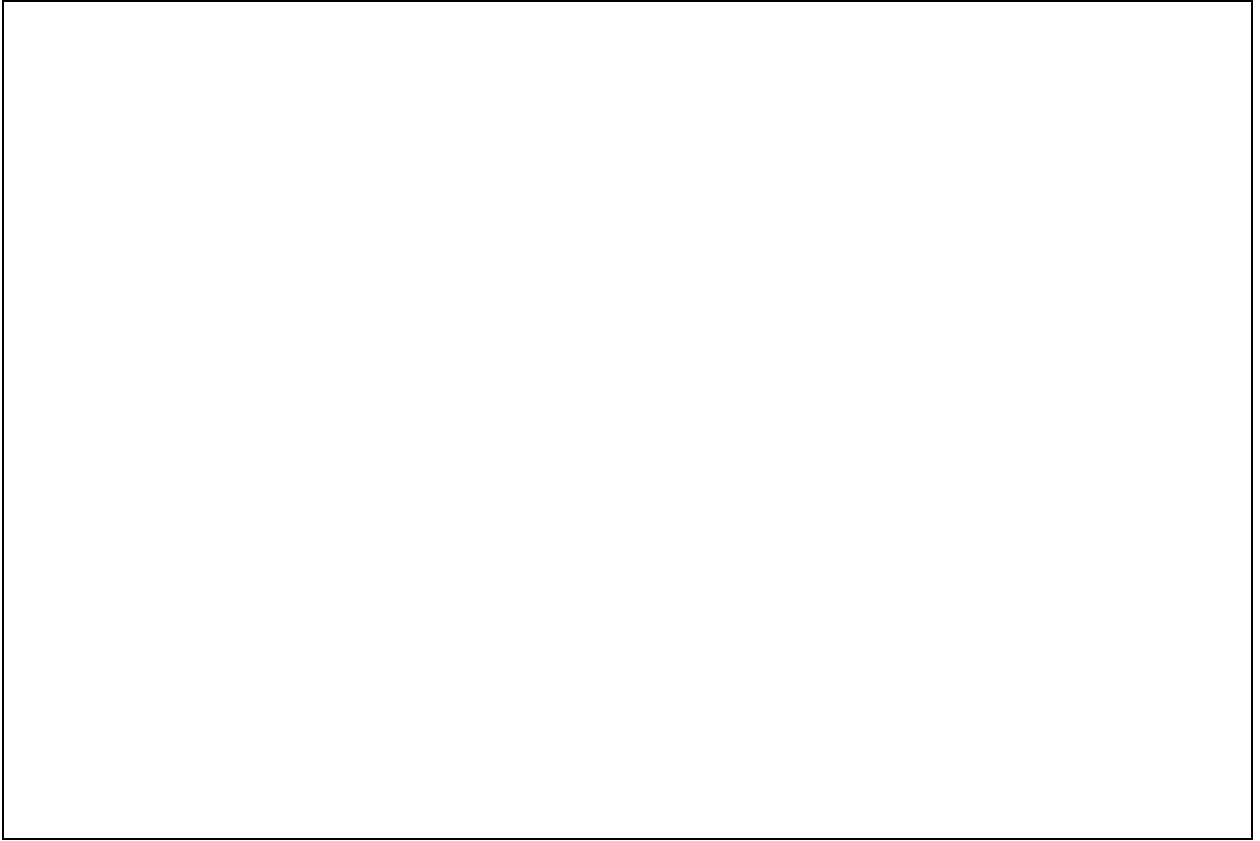
Residents were able to access all areas of the centre including a well-maintained and secure garden area. Some residents who wished to leave the centre independently were able to do so following a safety risk assessment. These residents were given key codes to the secured front door and were able to come and go as they pleased. There was no restriction on family or friends visiting the home and indeed it was observed during the course of the inspection that many residents had received visitors throughout the day.

The inspector also met several residents in their rooms. Residents chatted about their lives prior to coming into the designated centre and without exception all residents said that they enjoyed living in the centre and that staff could not do enough for them.

Resident's private facilities were comfortable and spacious. There was sufficient cupboard space for residents to store and access their private belongings. Residents said that they had no issues with their laundry requirements. One resident who was sharing a twin room said he was happy that he had company in the room but was aware that he could request a single room if he wished to do so.

Residents said that they were happy with the care and support provided by the staff team. Overall residents said that there was good access to the local doctor, and they were facilitated to attend hospital services and appointments as needed.

All residents who spoke with the inspector said that they felt safe living in the centre and that if they had a problem or a concern they could raise it with a member of staff who would sort it out for them.



Oversight and the Quality Improvement arrangements

It was evident that the provider was committed to achieving a restraint free environment and that residents living in this centre enjoyed a quality of life where they were valued and respected and where residents were supported to retain control over key aspects of their lives for as long as possible.

The registered provider of this designated centre is the Shannon Lodge Nursing Home Rooskey Limited. The provider is represented by one of the company directors. There is a person in charge of the centre who is supported in their role by a clinical nurse manager. There were clear lines of accountability and authority. The clinical nurse manager deputised for when the person in charge was absent from the centre.

There was good knowledge among the management team surrounding residents care needs and day to day operational issues. Staff communicated well and worked as a team to ensure care was delivered in a person centred manner in line with the centre's philosophy of care. While care plans and clinical care records were well managed the inspector found that the records of management meetings were not comprehensive. Similarly while there was day to day feedback received from residents, records relating to resident's feedback including resident meetings were also limited. This lack of recording meant that there was potential for resident's feedback and suggestions to be overlooked and therefore not be available to inform quality improvements in the centre

There was a restraint policy in place which guided staff regarding the introduction of restrictive practices. In instances where it was deemed necessary for restrictive measures to be introduced such as bedrails, an appropriate risk assessment was carried out beforehand. Records confirmed that least restrictive options were considered first and there were examples found where low entry beds were provided to residents instead of bed rails. There was a review procedure in place to ensure that these measures were still needed in the care of the resident. A review of records indicated that consent was obtained when restrictive practices were introduced.

Regular oversight of restrictive practices was maintained through the weekly updating of the restrictive practice register. Care plans were found to contain details regarding the management of restrictive practices when introduced, for example, a restraint release and review chart. Currently there were three residents who had bed rails in place at night time while there were six residents who were using low entry beds.

The provider was aware that alternatives could also be restrictive themselves and would require regular monitoring. The centre had developed an information guide on the safe use of bedrails which was issued to all new resident or their representatives upon admission. This guide explained the risks associated with bedrail use and the reasons why they may be introduced.

The staff training roster was reviewed and showed that staff had received appropriate training necessary to support residents with dementia and had also received more specific training around restrictive practice in June 2023. Records confirmed that staff had attended safeguarding training and staff were able to confidently discuss issues around restrictive practices and on how they would be able to support residents should they have a concern.

Responsive behaviours were well managed, one resident who was displaying signs of distress and was calling out, was supported in a calm and caring manner. The inspector observed that this diffused any potential escalation of behaviours and ensured that the environment was safe for the resident and for other 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.
Substantially Compliant	

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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