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:	Sullivan Centre
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	29 May 2025
Centre ID:	OSV-0000494
Fieldwork ID:	MON-0044872

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	Times of Inspection	Inspector of Social Services
Thursday 29 May 2025	09:15hrs to 16:20hrs	Catherine Rose Connolly Gargan

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

This unannounced focused inspection was carried out to review the restrictive practices used in Sullivan Nursing Home. Sullivan centre is a dementia-specific unit and is registered to accommodate a maximum of 20 residents with a medical diagnosis of dementia, and on the day of this inspection, there were 13 residents living in the centre. The provider had ceased admissions of new residents as a temporary measure to facilitate completion of works to replace parts of the centre's plumbing system. These works were nearing completion at the time of this inspection.

The provider completed a self-assessment questionnaire prior to this inspection. The information in the provider's self-assessment questionnaire clearly demonstrated that the service was working towards achieving a restraint-free environment for residents living in the centre, and this information concurred with the inspector's findings on this inspection.

On arrival, the inspector found that there was a happy and comfortable atmosphere in the centre. While some residents were getting up from their beds, with the support of staff, others were eating breakfast or making their way to the sitting room. It was evident that residents were being well-supported by staff to make independent choices and lead their best lives. Staff knew residents well and supported individual residents to avoid adverse sensory stimuli that were known to have a negative impact on their comfort and wellbeing.

The inspector observed that staff cared for residents in an unhurried and respectful manner. Staff used all opportunities to positively and meaningfully engage with residents. The inspector observed that residents responded positively to staff interactions, and this was demonstrated in lots of chat and laughter between them. It was evident that staff were committed to ensuring that residents' care was person-centred and that they enjoyed the best quality of life. This was clearly demonstrated in the inspector's discussions with staff and the comfortable relationships observed between the residents and the staff.

The inspector's observations of the residents' lived experiences on the day of this inspection concurred with the residents' expressed high levels of satisfaction with the staff caring for them, the service they received and their quality of life in this centre. Residents told the inspector 'this is a lovely place', 'I like the food' and 'people working here are very good to me'.

Sullivan Centre is located on the perimeter of Cavan town and is within a short walking distance of a variety of shops, cafes and other amenities in the town centre and to the cathedral next door. The centre premises are a single-storey building, and residents' bedrooms and communal rooms are located on the ground floor throughout. There was a variety of sitting areas available to the residents, as they wished, including two sitting rooms, a conservatory and colourful wooden benches placed at intervals along the corridors. A number of the residents were observed

spending time resting on these benches throughout the day. The residents' dining room was signposted as 'Philomena's Kitchen' and had a culinary-themed design on a glass wall between it and the circulating corridor. This initiative, together with themed and differently coloured walls on the circulating corridor, supported residents' independence with wayfinding and access in their living environment. The inspector observed that staff remained with residents at all times in the communal rooms so they could promptly respond to their needs for assistance if necessary. There were adequate numbers of communal toilets and showers provided to meet residents' personal needs, as they wished. These facilities were located within reasonably close proximity to the bedrooms to support residents' ease of access. Grab-rails were in place on both sides of the toilets and in showers, which promoted residents' independence and safety.

The inspector observed that residents were supported to personalise their bedrooms with their family photographs, their artwork and other items that were important to them. The layout and design of each resident's bedroom promoted their accessibility, and their bedrooms and all other areas of their living environment were well maintained. Handrails were fitted along the corridors and were painted in a contrasting colour to the walls to support residents with independently and safely accessing their lived environment, as they wished. Traditional memorabilia and domestic-style furnishings that were familiar to the residents were in place to support their comfort in their environment. In collaboration with the residents, a number of the wall surfaces on the circulation corridors had been colourfully decorated with wallpaper, tactile flowers and butterflies. In addition, interactive music and activity boards, artwork, paintings and signage provided residents with visual variety and points of interest in their lived environment as they walked along the corridors. Notice boards were in place with information regarding the social activities schedule and the mealtime menu for the day. Directional signage was in place to support residents with moving around the centre as they wished.

Two enclosed safe outdoor gardens were available, both of which could be easily accessed by residents, as they wished. These outdoor areas provided residents with interesting and therapeutic outdoor spaces. The footpaths were covered with a specialist soft surface designed to protect residents from injury in the event of them falling. Raised flower/shrub beds were available in one garden, and a glasshouse was available to residents in the second garden. The glasshouse was located in the garden to the side of the centre premises, and the raised flower/shrub beds in the garden in the middle of the centre premises facilitated residents with an interest in gardening to continue to pursue and enjoy their gardening interests. A variety of garden ornaments and other memorabilia created points of interest for residents as they went around the gardens. The lawns and flower beds were well-maintained. Murals painted on the walls around the internal garden had been repainted and were based on the residents' past interests and occupations, including farming, music and dancing.

The residents were observed to prefer to enjoy their meals in the dining room. The residents' dining room was adjacent to the centre's kitchen. The residents' mealtimes were unhurried and were well organised. The inspector observed that the residents' mealtime was a social occasion for them. Residents who liked to spend time in each

other's company were seated together, and this was respected by staff. The residents' dining room was bright, colourful, and there was adequate space between the tables for residents to sit comfortably at the tables, or to move around the room. Each of the dining table were covered with floral-designed tablecloths and each had a fresh flower centre-piece. There was sufficient staff available to support and assist residents with eating their meals as necessary. Staff were attentive to residents' needs for assistance, and they discreetly supported them as necessary. Staff discussed the menu with the residents to ensure their choice of dish was supported. The inspector observed that the residents' meals were well presented. The chef used a 'moulding' technique to enhance the presentation of the meals for residents with needs for modified consistency meals. Residents told the inspector that they enjoyed their food, it was always 'lovely', and they could have alternatives to the menu, as they wished. Residents were offered a variety of flavoured water and milk drinks during mealtimes.

The inspector observed that there was a wide variety of interesting and meaningful social activities available to residents. This provided residents with choices regarding the activities they wanted to participate in. All staff were assigned with responsibility to facilitate residents' social activities with the oversight of the centre's local management team. As many of the residents experienced difficulties with concentrating for long periods, the social activities were tailored to give residents opportunities to participate in a wider variety of social activities for shorter periods of time to meet their needs. This approach ensured that each resident was provided with several person-centred opportunities to engage in meaningful social activities that interested them and were in line with their capacities. A Reiki therapist attended the centre to provide treatments to residents on one day each week. Staff were observed to be attentive to the needs of residents, including residents who needed one-to-one support to ensure their participation in activities that interested them was meaningful.

There was a clear commitment by the centre's management and staff to supporting the residents to integrate into their local community. This was clearly demonstrated in the records of the residents' social outings during the previous weeks. On the day of the inspection, the inspector spoke with three residents who were on their way out of the centre to buy plants for the glasshouse with a staff member. Residents also enjoyed a number of outings each month to local hotels, cafes, the local town and many other amenities and events. Residents were being supported by staff to host a 'Memories and Muffins' event in the centre for their relatives, friends and residents from other nursing homes in the area.

Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector observed that staff were immediately responsive to residents' cues for need and for additional support and reassurance. Residents told the inspectors that they felt safe and secure in the centre. Staff were observed to be respectful towards each resident's personal preferences and choices, and consistently asked for residents' consent before they carried out any care tasks.

Oversight and the Quality Improvement arrangements

Overall, this unannounced inspection found that residents living in Sullivan Centre were enjoying a restriction-free environment. Residents were kept central to the service provided, and the provider, local management team and staff ensured residents' rights were respected and that their needs were effectively met.

The designated centre's governance and management structure was clearly defined, and restrictive practices were regularly discussed at local management and staff team meetings. Although there was limited evidence of discussion of restrictive practices at regional management meetings, there was consistent regional oversight of restrictive practices in the centre.

Locally, a restrictive practice committee was established. Currently, the members consist of the clinical nurse manager, a staff nurse and the physiotherapist who attends the centre. While the committee was effective, as demonstrated in minimal use of restrictive equipment, no restrictions in the residents' environment and good staff knowledge of restrictive practices, the inclusion of care staff on the committee membership would enhance input from the cohort of staff involved in providing direct care delivery.

The provider had a system in place for monitoring restrictive practices in use, with regular audits on restrictive practices. Trending of these practices was taking place, and quality improvements were being developed and progressed. This facilitated the person in charge to closely and effectively monitor the restrictive practices in the centre.

A restrictive practice register was maintained to record all restrictive practices in use in the centre. The information in the register concurred with the inspector's findings that no bedrails were in use in the centre and sensor alarm mats were used to alert staff to a small number of residents with an assessed high risk of falling getting up from bed during the night. Use of this equipment was informed by each resident's and/or their representative's consent, risk assessments and trialling of alternatives, as appropriate and in line with the National Restraint policy guidelines.

The provider had ensured that up-to-date policies and guidance were available on safeguarding residents from abuse, supporting and caring for residents with responsive behaviours and dementia and the National Restraint policy to support staff with providing person-centred care to residents that maximised their safety, independence, choice and autonomy.

The person in charge ensured that all staff had attended up-to-date training on appropriate and safe use of restrictive equipment and practices. Topics included; person-centred and human-rights focused care, positive risk-taking, assisted decision making, safeguarding and professional management of complex behaviours. Most of

the staff had attended 'Age Friendly' training and two of the staff were developed to be facilitators for this training in the centre for staff. Restrictive practices and residents rights were discussed at the daily staff handover and safety pause meeting.

Staff who spoke with the inspector were well informed and knowledgeable regarding restrictive practices. Staff demonstrated their knowledge regarding minimising restrictive practices, promoting residents' rights and residents' positive risk taking. For example, staff discussed how they supported and encouraged one resident to continue to mobilise around the centre, following a fall injury, whilst ensuring that the increased staff supervision did not impact on their confidence with continuing to safely move around the centre as they wished.

The person in charge or the clinical nurse manager completed pre-admission assessments on prospective residents to ensure that the service could effectively meet their needs. The centre maintained two respite beds for admission of residents for respite care, and these admissions were reviewed and managed by the person in charge. This service supported family carers to continue to care for their family members with a diagnosis of dementia in their homes in the community.

Residents' assessment and care plan documentation was completed to a high standard, and clearly described each resident's individual clinical and social care needs in line with their preferences. The information in residents' care plans was completed in consultation with them and their representative and reflected each resident's care preferences and usual routines. This also ensured that person-centered information regarding each resident's individual preferences and usual routines was clearly described to guide staff on how they must care for residents using restrictive equipment.

There were adequate numbers of staff available and arrangements were in place to ensure they were appropriately supervised according to their roles. There was no evidence of restrictive practices being used as a result of shortages of staffing resources. While 2.3 full-time staff nurses and 1.0 full-time care assistant vacancies were replaced with agency staff, the same agency staff were working in the centre on a continuous basis to ensure any negative impact on residents was minimised. In addition, the person in charge ensured that agency staff attended the same professional development training available to the centre's own staff. However, this is not a sustainable staffing model and was not in line with the centre's statement of purpose.

The centre's complaints policy was up-to-date, and complaints were managed in line with the policy. As the complaints process was displayed in the entrance lobby area, this information may not be readily available or accessible to all residents. However, the process for making a complaint was discussed with residents at the monthly residents' committee meetings to ensure they were aware of the process and encouraged to express any dissatisfaction they experienced or concerns they may have. An advocate from a national advocacy service met with each resident to discuss their role and the assistance they would provide if residents wished to avail of this service. A staff member who previously worked in the centre also volunteered in an advocacy role to support the residents. They attended the residents' committee

meetings and spent time conversing with the residents. The national advocacy service was not assisting any residents with their decision-making at the time of this inspection.

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.

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.