



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

Name of designated centre:	Aras Mhic Shuibhne
Name of provider:	Drumhill Inn Limited
Address of centre:	Mullinasole, Laghey, Donegal
Type of inspection:	Unannounced
Date of inspection:	14 June 2024
Centre ID:	OSV-0000312
Fieldwork ID:	MON-0043011

## 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	Times of Inspection		Inspector of Social Services
Tuesday 14 June 2024	10:00- 16:40	Nikhil Sureshkumar	Lead

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

Overall, the inspector observed that residents of Aras Mhic Shuibne were supported with enjoying a satisfactory quality of life. The residents' feedback was very positive regarding their satisfaction with the level of care and service they received in this centre.

This was an unannounced, focused thematic inspection to review the use of restrictive practices in the centre. The inspector spoke with several residents during this inspection, and some residents commented that the centre was a nice place to live and that the staff were very supportive. Residents all commented positively about the food provided to them and the live music sessions that were scheduled regularly at this centre for residents' enjoyment.

The designated centre is located in Laghey, a rural location in County Donegal. It comprises a single-storey building designed to accommodate 48 residents. Residents were accommodated in a combination of single and twin bedrooms. Additionally, the centre has a unit specifically dedicated to the care of residents with dementia. The dementia unit has separate dining and living room accommodation to meet the needs of residents living there.

Upon arrival, the inspector met with the person representing the provider, and following a brief introductory meeting, the inspector went for a walk around the centre, which gave the inspector an opportunity to meet with the residents and to gain an insight into the residents' experiences of living in the centre. The centre had a welcoming and relaxing ambience, and many residents were observed spending time relaxing in the communal areas during the morning. Residents in all units had unrestricted access within this centre including a number of secure outdoor areas as they wished. Many of the residents were observed moving freely around the communal areas and to the outdoors during the day of inspection.

Overall, residents' lived environment appeared clean and well-maintained. Corridors in the centre were wide, with handrails fitted on both sides of the corridors to support residents' safety and independence. Patient moving and handling equipment, such as hoists and transport wheelchairs, were safely stored in appropriate storage areas. The communal areas in the centre had large windows, and the uninterrupted natural light entering through the windows made these rooms bright and inviting for residents.

The walls of a corridor in the dementia-specific unit were beautifully decorated with colourful artistic murals of a town streetscape and a variety of countryside landscapes. This created points of interest for residents as they walked around the dementia unit. The residents' bedrooms were beautifully decorated and well-presented, with their personal items of significance neatly displayed within their view in their bedrooms.

Residents also had access to a television in their bedroom and their call bells were conveniently located near their beds. Arrangements were in place to ensure that residents' clothes were laundered and returned to their wardrobes. Additionally, each resident had access to a bedside storage cabinet that was neatly maintained and organised.

The inspector observed that residents appeared to be well cared for, well-groomed, and dressed in their preferred clothing. The inspector observed that staff interactions with residents were respectful and dignified while they attended to their needs. Residents' call bells were responded to promptly, and the staff always asked for permission before entering residents' bedrooms, ensuring that their privacy was always respected. Staff engaged with residents in a warm, and friendly ways and residents responded positively to them. The inspector spent time in the dementia-specific unit and found that the residents were always in the company of staff, and their interactions with residents were kind, supportive and caring.

The centre had a full-time activities coordinator who ensured that residents were actively involved in enjoyable and purposeful social activities that were in line with their individual interests and capabilities. A social activity schedule was available, and residents were encouraged to participate in the various social activities available on the day, including a sing-along, reminiscence, and a lively evening party.

The inspector observed the residents' meal times and saw that residents were given the option to choose from a variety of dishes on the menu on the day of inspection. Residents who spoke with the inspector said that they were satisfied with the menu choices offered and that their preferences regarding the food they ate was respected. There were sufficient staff available in the dining room to assist residents during their meal times.

There were no restrictions on residents' visitors, and the inspector observed that visitors were coming and going on the day of the inspection. The provider had arrangements in place for residents to meet with their visitors in private if they wished. Residents were happy with the current visiting arrangements.

## **Oversight and the Quality Improvement arrangements**

The inspector found that the provider together with staff were working towards reducing restrictive practices and promoting a restraint free environment in this centre. There was effective governance and leadership in the centre, which support quality improvements with respect to restrictive practices, person-centred care, and promoting residents' rights. Residents were supported to be active participants in the running of the centre.

The provider of Aras Mhic Shuibhne designated centre is Drumhill Inn Limited, and an operations manager who was a director of the company represented the provider and provided management support to the person in charge. The provider had a clearly defined management structure in place, with clear lines of authority and accountability, and the staff who spoke with the inspector were knowledgeable about their roles and responsibilities and the centre's reporting structure.

Prior to the inspection, the person in charge had completed a self-assessment questionnaire and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being compliant. A quality improvement plan was in progress. Staff were familiar with the national restrictive practice policy and had been provided with training and education in relation to restrictive practices and managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Additional staff training in providing a human rights-based approach in health and social care and fundamentals of advocacy in health and social care was in progress.

There were adequate numbers of staff with appropriate skills to meet the needs of residents on the day of the inspection. The centre had a low incidence of residents experiencing responsive behaviours and these behaviours were effectively managed. Records of residents' responsive behaviours were consistently maintained. Staff who spoke with the inspector were knowledgeable about the needs of individual residents and the use of restraints.

The provider had systems in place to monitor the use of restrictive practices, and a restraint register was maintained in this centre. The provider had developed policies to guide staff with managing responsive behaviour and for minimising restrictive practices. The provider maintained effective oversight of the quality and safety of the service and delivery of residents' care. Regular auditing of restrictive practices and other key areas of care were completed with action plans developed to address any areas needing improvement, as necessary.

A sample of residents' care documentation was reviewed by the inspector. The inspector found that any restrictions on residents were appropriately risk-assessed. Alternative less restrictive measures were trialled before restraints were put in place, and arrangements were in place to ensure they were in use for minimal amounts of time. In addition, where restrictive equipment such as bedrails were used, written consent was sought from residents, and a multidisciplinary team was involved in the decision-making process for the use of this equipment.

Regular management and staff meetings were held in the centre, and the provider had good communication systems in place to ensure service improvements were implemented and sustained. Residents' meetings were held

regularly, and the meeting minutes indicated that residents were consulted with and supported to participate in the organisation of the centre.

The inspector found that the design and layout of the physical environment supported residents' independence and access. Overall, residents' access was to communal areas, corridors, outdoor gardens, and their bedroom accommodation, which supported residents' quality of life, rights and well-being.

## 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

<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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