



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

Issued by the Chief Inspector

Name of designated centre:	Sheelin Nursing Home
Name of provider:	Sheelin Nursing Home Limited
Address of centre:	Tonagh, Mountnugent, Cavan
Type of inspection:	Unannounced
Date of inspection:	21 March 2025
Centre ID:	OSV-0000160
Fieldwork ID:	MON-0046653

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
Friday 21 March 2025	09:30hrs to 15:30hrs	Catherine Rose Connolly Gargan
Friday 21 March 2025	09:30hrs to 15:30hrs	Karen McMahon

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

This was an unannounced focused inspection to review the use of restrictive practices in Sheelin Nursing Home. The provider demonstrated in their self-assessment questionnaire completed prior to the inspection that they were working towards achieving a restraint-free environment for residents living in the centre, and this concurred with the inspectors' findings on this inspection.

On arrival and throughout the day, the inspectors found that there was a happy atmosphere in the centre and residents were being well-supported by staff to lead their best lives. It was evident to the inspectors that residents were central to the service provided. The inspectors observed that staff cared for residents in an unhurried manner and that the residents and staff spent a lot of time chatting and laughing together throughout the day. These observations concurred with the residents' expressed high levels of satisfaction with the service and their quality of life in this centre. Examples of residents' feedback to the inspectors included 'I wouldn't want to live anywhere else' and 'I do and go as I want'. Feedback regarding the residents' experience of the care they received included; 'want for nothing', 'never have to wait for staff to help me', 'the best in the county' and 'staff are so kind and willing'.

Sheelin Nursing Home is located in a rural area with uninterrupted views of Lough Sheelin in Co Cavan. The designated centre is registered to accommodate a maximum of 30 residents, and on the day of this inspection, there were 29 residents living in the centre.

The centre premises are a split-level design over three floors. Residents' bedrooms are located on all floors. Communal sitting room accommodation provided on each of the three floors gave residents choice regarding where they wished to spend their time. However, the majority of residents chose to spend their day in the sitting room on the first floor, which had unrestricted access to an outdoor area and views of the surrounding farmlands. Many of the residents lived on farms in the local community before coming to live in the centre, and they told the inspectors that they enjoyed watching the 'seasonal comings and goings' in the fields around the centre. The residents' dining room was also located on the first floor. The inspectors observed that residents used the dining room in between mealtimes, to participate in table-top social activities such as arts and crafts and bingo. While these table-top activities were taking place, an alternative, more relaxed social activity was facilitated by staff in the sitting room. The inspectors observed that this arrangement supported residents' interests and choice regarding the social activities they participated in. The inspectors observed that staff remained with residents at all times in the communal rooms so they could respond to residents' needs for assistance if necessary.

Each floor provided accommodation for residents in 26 single and two twin bedrooms. Access between the floors was facilitated for residents by a passenger lift. Access to the stairs between the floors was controlled as a safety measure further to a risk assessment. The two twin and seven single bedrooms had full en-suite facilities. The

other single bedrooms had an en-suite toilet and wash basins, and there were adequate numbers of communal showers provided on each floor to meet residents' personal hygiene needs as they wished. These communal shower 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.

Due to the layout of the corridors and to ensure residents' safe emergency evacuation, the provider had assessed that three single bedrooms on the ground floor and four single bedrooms on the second floor were only suitable for residents who could walk independently. The inspectors observed that this accommodation criteria was strictly adhered to regarding the residents who were offered accommodation in these bedrooms, and was described in the centre's statement of purpose.

The inspectors observed that the layout and design of residents' bedrooms promoted their accessibility, and the residents' living environment was generally well maintained. Handrails along the corridors were painted in a contrasting colour to the walls, which supported residents to safely access their lived environment as they wished. Traditional memorabilia, items of domestic-type furnishings, and colourfully patterned window curtains promoted a homely, comfortable and familiar communal environment for the residents. The inspectors observed that the corridors were signposted with several points of interest, including an art gallery of the residents' artwork and paintings. The inspectors were told that some of the residents' artwork had earned them prizes in a local art competition. Notice boards were in place with information regarding the social activities available, and the mealtime menus for the day, in addition to other services available. Directional signage was in place to support residents with moving around the centre as they wished.

An enclosed safe outdoor garden/courtyard was available, which could be easily accessed by residents, as they wished, from easily opened doors off the sitting room on the first floor. Part of this outdoor area had an astroturf surface with raised flower beds, garden ornaments and outdoor seating for residents' enjoyment. A religious grotto was built in one area of the courtyard, and one resident liked to visit it as part of their routine.

Staff interacted well with residents, and they obviously knew each other well. Some residents told the inspectors that they already knew some of the staff before coming into the nursing home. Staff and residents were comfortable in each other's company and were observed chatting, joking and laughing together about the activities they liked, and the latest news and happenings in the local community. Residents told the inspectors that staff never hurried them and that they were always 'considerate', 'exceptionally kind and patient' with them.

The majority of residents enjoyed eating their meals in the dining room on the first floor. The inspectors observed that residents' lunchtime meal was a social occasion for many of the residents. Residents who developed friendships since coming into the centre were seated together, as they wished. A small number of residents preferred to dine in the sitting room on the first floor, and tables were provided to facilitate these residents to eat their meals. The dining room was bright, colourful, and there

was adequate space between the tables for residents to sit comfortably or to move around the room. Staff were attentive to residents' needs for assistance, and they discreetly supported individual residents as needed. The menu on offer was discussed with residents to ensure their choice of menu was supported. The residents requested a fried egg option at a residents' meeting, and this was available on the day of the inspection. Residents told the inspectors their food was 'beautiful', and 'like home' and that they could have alternatives to the menu as they wished.

A varied social activity programme was available each day and provided residents with choices regarding the activities they wanted to participate in. The provider employed an activity coordinator five days each week, and an additional member of staff was rostered over the weekend to ensure that a member of staff with overall responsibility for residents' social activities was available over seven days each week. This ensured residents were provided with opportunities each day to participate in meaningful social activities that interested them and were in line with their capacities. The social activity programme was facilitated in the sitting room and the dining room between mealtimes on the first floor. Different social activities were concurrently facilitated in the two rooms, and residents were supported to access the social activities they were most interested in participating in. Staff were observed to be attentive to the needs for one-to-one support for residents who were not able to participate in the more active group activities. A small number of residents preferred to spend time in their bedrooms and their wishes were respected. Staff were observed regularly visiting these residents in their bedrooms and ensured that their social activity interests were met.

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 inspectors observed that staff were immediately responsive to residents' cues for additional support and reassurance. Residents told the inspectors that they felt safe and secure in the centre. They said staff always respected their wishes and preferences and always asked for their consent before they carried out any care tasks.

A residents' satisfaction survey was recently completed and confirmed the residents' high satisfaction with the service they received in the centre. This concurred with feedback from many of the residents to the inspectors on this inspection. Residents who spoke with the inspectors were aware that they could complain if dissatisfied with any aspect of the service provided.

Oversight and the Quality Improvement arrangements

Overall, this inspection found that the designated centre's governance and management structure was clearly defined. The provider and local management team maintained good oversight of the service to ensure residents' rights were respected and that their needs were effectively met. While a number of quality improvement initiatives and practices reflected a focus on minimising restrictions on residents, the supporting documentation was not consistently robust to ensure that any restrictions to residents were identified and managed in line with the National Restraint policy guidelines.

Although a restrictive practice committee had not yet been established to oversee and drive quality improvements, there was evidence that restrictive practices were discussed as an agenda item at management and staff meetings. However, the records of these meetings did not clearly set out the actions or the timeframes for their implementation. Therefore this posed difficulties with tracking quality improvement actions to completion. Furthermore, development of the environmental audit tool to regularly review the centre's environment for restrictions on residents' access and self-determination would be of value in capturing and addressing any restrictions to residents in their environment, in line with the National Restraint policy guidelines.

The person in charge ensured that all staff had attended up-to-date training on appropriate and safe use of restrictive equipment and practices. Daily tool-box educational talks were convened with staff working in the centre on the day. Topics included; person-centred and human-rights focused care, positive risk-taking, assisted decision making, safeguarding and supporting residents with responsive behaviours. Plans were underway to facilitate staff to attend training on human rights to enhance their knowledge and support their practices. Staff who spoke with the inspectors were well informed and knowledgeable regarding restrictive practices. Staff also demonstrated their knowledge regarding minimising restrictive practices and promoting residents' rights and positive risk taking.

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. There was evidence of a reduction in the number of restrictive equipment in use over the six months prior to this inspection.

A register of restrictive practices was maintained to record all restrictive practices currently in use in the centre. There was evidence that the register was reviewed on a weekly basis. According to the restraint register, there were seven residents using full-length bedrails. Many of these residents requested the bedrails to support their feelings of security and repositioning. Efforts were being made by the service to procure suitable modified length non-restrictive bedrails to meet these residents' wishes. One resident had a modified length bedrail in place, and this promoted their

security and independence without restriction. Practices were in place to ensure the length of time that restrictions were in place was minimised. Sensor mats were in use in three residents' beds and on three residents' chairs to support their safety. Use of this equipment was informed by each resident's and/or their representative's consent, risk assessments and trialling of alternatives, as appropriate.

The provider had ensured 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. However, the centre's restrictive practice policy needed updating and further development to ensure it underpinned and guided staff on identifying and effectively managing practices that potentially impacted on residents' rights.

The person in charge or the assistant director of nursing completed the pre-admission assessments on prospective residents to ensure that the service could effectively meet their needs. While the majority of residents' care plan documentation was completed to a high standard, the information in a small number of residents' bedrail and other restrictive equipment care plans was mostly generic. This did not ensure 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.

The complaints policy was up-to-date and displayed for residents' information. The complaints process was discussed at the monthly residents' committee meetings to ensure residents were encouraged to express any dissatisfaction they experienced with the service. A member of staff from an advocacy service was available to support residents, and the availability of this service was discussed with residents at each resident's committee meeting. The 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.

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.
--------------------------------	---

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.
-----	---