



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Cloverhill
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lisagallan, Cloverhill, Roscommon
Type of inspection:	Unannounced
Date of inspection:	22 January 2024
Centre ID:	OSV-0000384
Fieldwork ID:	MON-0042524

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
Monday 22 January 2024	11:00hrs to 17:00hrs	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 designated centre. The inspector found that the provider was working towards maintaining an environment where residents were able to live a fulfilled life. In instances where restrictive practices were introduced, there were safeguards in place to ensure that these practices were proportionate and were reviewed on a regular basis.

Prior to the inspection visit, the person in charge completed a self-assessment questionnaire which reviewed the centre's current responses to managing restrictive practices in the designated centre.

Sonass Nursing Home Cloverhill provides care for 57 residents in a mixture of single and twin occupancy accommodation and is located approximately seven kilometres outside of Roscommon Town. Following an introductory meeting with the provider, the inspector commenced a tour of the building where they had the opportunity to meet and talk with residents and staff members.

The inspector met and spoke with several residents during the inspection who said that they were content with the care and support provided by the staff team. One resident said "You can get a good cup of tea here day or night" another resident who spoke to the inspector said "I like to stay in my room as I don't want to catch the flu" and went on to add that "staff are very kind, caring and supportive".

Observations confirmed that staff knew the residents very well and were able to support them in a manner that achieved good outcomes for the residents. Residents were addressed in a respectful manner and it was clear that residents were comfortable in the company of staff. Several residents required the assistance of staff with their mobility and observations confirmed that this support was provided in a timely manner.

Some residents were unsure of their current location and were anxious to know where they were. The inspector observed staff providing the required levels of support and reassurance to manage these residents' anxieties. A number of residents walked with purpose and the inspector found that staff were able to assist these residents in a way that did not restrict their movement. Staff were able to use distraction techniques and other strategies to support and these residents to maintain their safety.

There was good use of signage in the centre to assist resident's way find their way to key locations both inside and outside the centre. There were no restrictions on resident movements in this centre apart from the front door where entry and exit was gained by means of a key pad. The provider informed the inspector that a number of residents were aware of the key pad code and could safely come and go following a risk assessment having been carried out. Residents had unrestricted access to a number of internal garden areas which were suitable for the needs of the residents.

There were a number of notice boards located throughout the centre which contained information about events that were happening. Photos of residents participating in organised outings and activities were also on display. Noticeboards also displayed guidance on how residents could register a complaint or how to access the advocacy service.

Resident bedrooms were suitable for the assessed needs of the resident's. Several residents told the inspector that they had their rooms recently painted and their curtains replaced. Residents who shared twin bedded rooms had access to their own storage facilities and had

sufficient space to in their own area to be able to sit out and follow their own routines without impacting on the other residents.

The environment was well-maintained, clean, and bright. There were a four separate communal lounges available for residents use. These lounges were spacious, comfortable tastefully furnished and contained a range of suitable seating. Residents were able to choose to have their meals in these areas or in the main dining room. All dining rooms contained pictorial menus as well as menu that were available on the tables along with condiments such as salt, pepper and sauces. The dining areas were observed to be calm and well managed by the staff team so that residents could enjoy their meal.

There were numerous opportunities for residents to participate in activities in accordance with their interests and capacities. The activity schedule provided information on the activities available in the centre and on the day of inspection these included an exercise class, arts and crafts, pet therapy, current affairs discussions, and religious services streamed to the centres televisions. Residents were assisted to participate and engage in all of the activities provided on the day. Residents who required one to one staff support in order to fully participate in the activity sessions were assisted in a friendly helpful manner.



Oversight and the Quality Improvement arrangements

The provider was committed to achieving a restraint free environment so that residents could live their lives where their choices and autonomy is respected. Residents and their families were provided with information at an early stage of the admission process, regarding the type of restrictive practices that may be used in the centre and their possible impact on resident's independence.

The registered provider of this designated centre is Sonas Nursing Homes Management Company Limited. The provider is represented by one of the company directors. There is a person in charge is supported by an assistant person in charge who deputises for when the person in charge is absent from the centre. There is a stable management structure with clear lines of authority and accountability in place to provide effective oversight of the service.

There was a restraint policy in place which provided guidance on the introduction, use and monitoring of restrictive practices. Staff were familiar with this policy and confirmed that they had attended restrictive practice training. Staff had attended training on responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Staff had also attended safeguarding training and were knowledgeable on how to protect residents from harm.

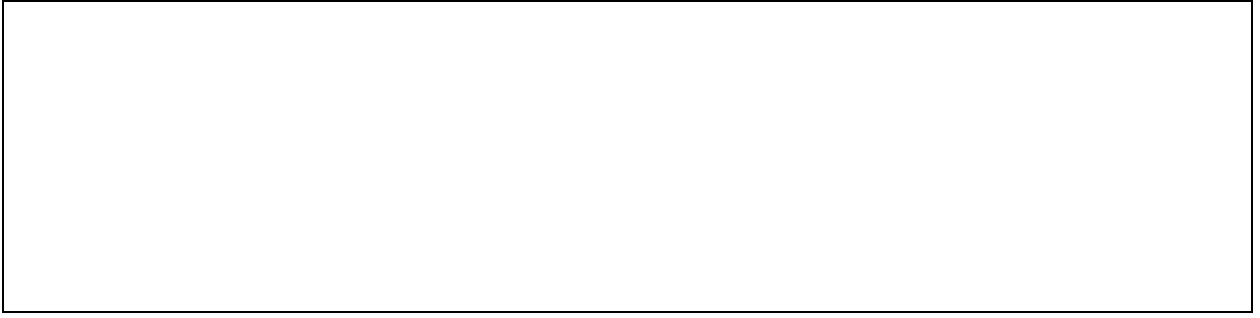
The provider was in the process of arranging human rights training for staff to further strengthen the delivery of person centre care in the designated centre. In addition, the managers in the centre had already completed training on effective complaints handling and this was also in the process of been made available for all staff in the designated centre.

A review of care plans for residents who had restrictive measures in place confirmed that there had been communication with the resident and their family member if appropriate about their introduction. In instances where bedrails were in use, an appropriate risk assessment was carried out before beforehand. Care plans gave clear instruction regarding the length of time bedrails would be in place and when they needed to be released. There was a regular review process in place to ensure that restrictive practices were proportionate and were in place for the least amount of time needed.

A restrictive practice register was maintained which was reviewed at governance meetings by the provider. A review of this register confirmed, low use of bedrails in the centre. Resident care records confirmed that where bedrails had been introduced

the least restrictive options had been trialled first such as the provision of low entry beds.

There was ongoing dialogue between the provider and the residents. Records of residents meetings confirmed that residents were consulted about the quality of the service provided. Feedback received from residents in these meetings was used to develop the activity programme and also identified places residents wanted to visit.



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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