



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 Belmullet
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Tallagh Road, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	09 May 2025
Centre ID:	OSV-0005589
Fieldwork ID:	MON-0046270

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 9 May 2025	09:15hrs to 15:00hrs	Michael Dunne

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

This was an unannounced inspection based on the National Standards for Residential Care Settings for Older People in Ireland (2016) to review the use of restrictive practices in the designated 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 practices in the designated centre. The inspector found that the provider was working towards maintaining an environment in which residents were able to live a fulfilled life where restrictive practices were only introduced where necessary.

Upon arrival, the inspector completed the sign-in process and proceeded to meet with the clinical nurse manager and, later, the person in charge to discuss the format of the inspection. Following the introductory meeting, the inspector commenced a walkabout of the designated centre, where they had the opportunity to meet residents and staff as they began preparations for the day.

Sonas Nursing Home Belmullet provides long-term care and respite care for 48 male and female adults with a range of dependencies. The designated centre is located on the outskirts of Belmullet town in County Mayo. Accommodation is provided in single and twin room accommodation with all rooms serviced by an en-suite facility, which includes a wash hand basin, toilet, and shower area. There were 41 residents living in the designated centre on the day of the inspection.

There was a calm and relaxed atmosphere in the centre, and a number of residents were observed relaxing in the two sitting rooms watching television. Some residents were observed being served their breakfast in the dining room, while other residents chose to remain in bed until late morning. Residents told the inspector that they could get up, and go to bed as they wished. A review of care records confirmed that a small number of residents arose early between 6am and 6.30am in the morning, as was their custom prior to coming to live in the designated centre. There were arrangements in place to support these residents prior to the arrival of day staff at 8am.

Throughout the day, the inspector observed residents being provided with assistance to make individual choices and to maintain and maximise their independence. Staff were observed to engage and communicate with residents in an unhurried manner and provide care and support in line with residents' preferences. Staff who attended residents' rooms were found to announce their arrival by knocking on residents' doors before entry and inform residents of the purpose of their visit.

Observations confirmed that residents felt comfortable in their surroundings and viewed this centre as their home. Many residents living in the designated centre had lived and worked in the local area and were familiar with some of the staff, and some residents living in the designated centre. The inspector found that the centre was warm, homely, and well-furnished throughout. Items of traditional memorabilia that were familiar to residents were displayed throughout the centre to encourage reminiscence and generate conversation. Residents who spoke with the inspector said

" I like it here, staff are good to me" while another resident said " The food is good, and I get plenty of it."

The inspector observed residents moving about their home freely throughout the day. Residents were observed using a range of mobility supports to get around the centre, which included the use of both manual and mechanised wheelchairs as well as zimmer frames. There were handrails in place on both sides of all corridors to enable residents to mobilise in a safe manner. Residents had unrestricted access to all areas of their home, and included access to a secure courtyard area which was used for barbecues, and other events held in the centre. A smoking shelter was located in the courtyard area to cater for residents who wished to smoke. This area was well-maintained by the provider, and suitable for the assessed needs of the residents.

There was an activity schedule on display in a sitting room, which identified activities that were to be provided in the afternoon, while the morning activities schedule was updated in line with residents' preferences by the activity coordinator. On the day of the inspection residents were supported to engage in ball and board games. Some residents were observed listening to their radios on their headphones, while others were observed chatting with each other in the foyer area. Residents were supported to attend the secure garden area throughout the day and access fresh air, as the day was warm and sunny. Residents were observed to be provided with sunscreen and hats to offer protection against the heat of the sun.

Residents were offered a variety of food options throughout the day. There were two sittings at lunchtime with one set aside for residents who required more support with their eating and drinking. Although staff were aware of residents' preferences, the inspector observed staff asking residents what menu option they would like. On the day, the choices available were either chicken casserole or cod and chips; however, other options were available should residents not like either of these main meals.

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 for this designated centre is Storey Broe Nursing Services Limited. There was a clearly defined management structure in place. The local management team consists of the person in charge, an assistant director of nursing (ADON), and a clinical nurse manager (CNM). The remainder of the team consists of nurses, health care assistants, activity co-ordinators, housekeeping, catering, administrative, and maintenance staff. Additional governance support is provided by the director of quality and governance and by a regional manager who visits the centre on a weekly basis.

There were a limited amount of restrictive practices in operation in this centre, and where they were introduced, they were found to be well-managed with regular oversight measures in place. A review of records where restrictive practices were introduced confirmed five bedrails and 10 motion sensor alarms were in place at the time of this inspection. The inspector noted that there had been a decrease in the use of bedrails over the preceding year, where there had been nine bedrails in place during the early part of 2024.

The introduction of restrictive practices was only introduced following a review by the multi-disciplinary team (MDT) and consultation with the resident and family members where appropriate. Records also confirmed that consent was sought from the resident or family members should the resident be unable to give informed consent for their introduction. Where a restrictive practice was in place, their introduction was also supported by the completion of a risk assessment and the development of a restrictive practice care plan, which gave specific information on how the restrictive practice was managed. A review of daily care notes confirmed clear records were in place and that staff were aware of their duties in respect of ensuring that restrictive practices were managed in line with the resident's care plan.

There were systems in place to monitor the use of restrictive practices and to ensure they were kept to a minimum. The provider maintained a restraints register, which was updated on a regular basis. A restrictive practice audit tool was completed every month, which was based on the national standards and was used to inform good practice. The provider had developed a selection of restrictive practice leaflets to inform residents and family members about the uses of devices such as bed rails and sensor mats. These leaflets also gave information about positive risk-taking and the rights of residents to make choices about how care and support were provided. Monthly management meetings provided regular oversight on the use of restrictive practices in the designated centre, and where necessary, quality improvement plans were developed following the review of audit findings.

The registered provider ensured that all staff received relevant training to promote person-centred care in an environment that was working towards reducing restrictive practices. A review of training records confirmed staff had attended restrictive practice training on the

providers' in-house training platform. In addition, staff had access to training on the online training platform.

The inspector spoke with staff from all departments during the course of the inspection, and those spoken confirmed their attendance at restrictive practice training and were able to discuss how they would apply the knowledge gained to everyday care situations where restrictive practices were in operation. Staff were also familiar with the contents of the restrictive practice policy, which was reviewed and updated in October 2023.

Resident meetings were held on a monthly basis, both to provide information to residents on key events in the designated centre and also to access residents' feedback on the quality of care and support provided in the centre. A review of these records confirmed that residents were content with the care and support provided to them.

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

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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