



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 Riverview
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Morrison Terrace, Mullauns, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	12 February 2024
Centre ID:	OSV-0005504
Fieldwork ID:	MON-0039490

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 12 February 2024	10:30hrs to 15:00hrs	Lorraine Wall

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

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre. This inspection found that residents were supported to enjoy a good quality of life in the centre and that the culture within the service promoted person-centred care. The inspector found that the provider was working towards maintaining a restraint free environment where residents were able to live a fulfilled life.

On arrival the inspector was met by the clinical nurse manager. The person in charge arrived shortly afterwards and an introductory meeting was commenced. The inspector completed a walkabout of the centre and many of the residents were observed to be up and about in the various communal areas, while other residents were having breakfast or being assisted with their personal care. The design and layout of the designated centre promoted resident's independence and their free movement around all areas of the centre including the external courtyard.

Sonas Riverview Nursing Home is situated in Ballina, Co Mayo. The centre is close to local amenities and provides accommodation for a maximum of 59 residents. On the day of the inspection, there were 52 residents living in the centre.

Throughout the day, the inspector observed residents being provided with assistance to make individual choices and to maintain and maximise their independence. There was a homely, relaxed atmosphere in the centre. All areas of the centre were bright and spacious with comfortable furnishings. Some residents chose to sit in the comfortable seating area at the reception, where an inviting fireplace added to the ambiance.

Many residents' bedrooms were nicely decorated with personal belongings such as photographs and memorabilia. The centre was exceptionally clean and tidy in all areas. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

The inspector spent time throughout the day speaking with residents and observing staff and resident interactions. Residents told the inspector that the staff were very nice and they felt safe within the centre. This was validated by the respectful and empathetic interactions the inspector observed between residents and staff on the day.

Staff were observed assisting residents in a respectful and unhurried manner. Observations confirmed that staff were aware of residents assessed needs and were able to provide care and support in line with resident's preferences.

However, two residents told the inspector that they often had to wait for assistance as there was no call bell available in the communal area where they choose to sit. The person in charge addressed this on the day of the inspection to the satisfaction of the residents.

There was one activity coordinator on duty on the day of the inspection who divided their time between the two communal areas, facilitating residents with a range of activities. The activities schedule was varied and included music, reflexology, aromatherapy,

Residents had choice within their day to day lives, for example, what activities they took part in and where they spent their day.

Resident's dietary requirements were well-catered for and all residents were offered choice on the daily menu. Some residents were provided with individual menus which catered to residents' individual dietary needs.

Overall, residents reported that they were happy with their meals and the menu choices on offer. However, feedback from some residents highlighted a long standing risk management plan that was in place for all residents requiring them to be served skinless sausages when sausage was on the menu. The residents had voiced their dissatisfaction to management team as they did not like skinless sausages. The inspector found that the risk management plan did not take into account each resident's dietary needs and as such was overly restrictive and prevented residents from having their preferred choice of food made available to them.

The inspector observed that all exit doors from the centre were accessible with a keypad. However, whilst acknowledging that some residents did have poor safety awareness and would be at risk if they left the centre independently, the inspector was not sure that the locked doors would be necessary for all residents living in the centre.

The provider had developed a very easy to understand, information leaflet for residents outlining the different types of restrictive practices that may be in place in the centre and explaining how they endeavour to ensure that restraints are kept to a minimum and used only when other methods have been found not to work..

Oversight and the Quality Improvement arrangements

The centre was committed to achieving a restraint free environment in order to maximise resident's rights and choice. In general there was effective oversight of restrictive practices in the centre and it was clear that the provider was working towards a restraint free environment.

Storey Broe Nursing Services Limited is the registered provider of Sonas Riverview Nursing Home. There is an established governance and management structure in place in the centre. The person in charge worked full time and was supported with operational issues by a clinical nurse manager, the registered provider and an experienced senior management team. They were also supported by a team of nurses, healthcare assistants, activity coordinators and catering staff in providing appropriate care to residents. Staff supervision processes were effective and staff demonstrated an awareness of their responsibilities to uphold residents' rights and promote residents' independence. There was good knowledge among the management team surrounding residents' care needs and daily operational issues.

A review of training records found that staff had completed training in the management of restrictive practices, however, the majority of staff who spoke with the inspector demonstrated poor knowledge of restrictive practices or what was considered a restraint.

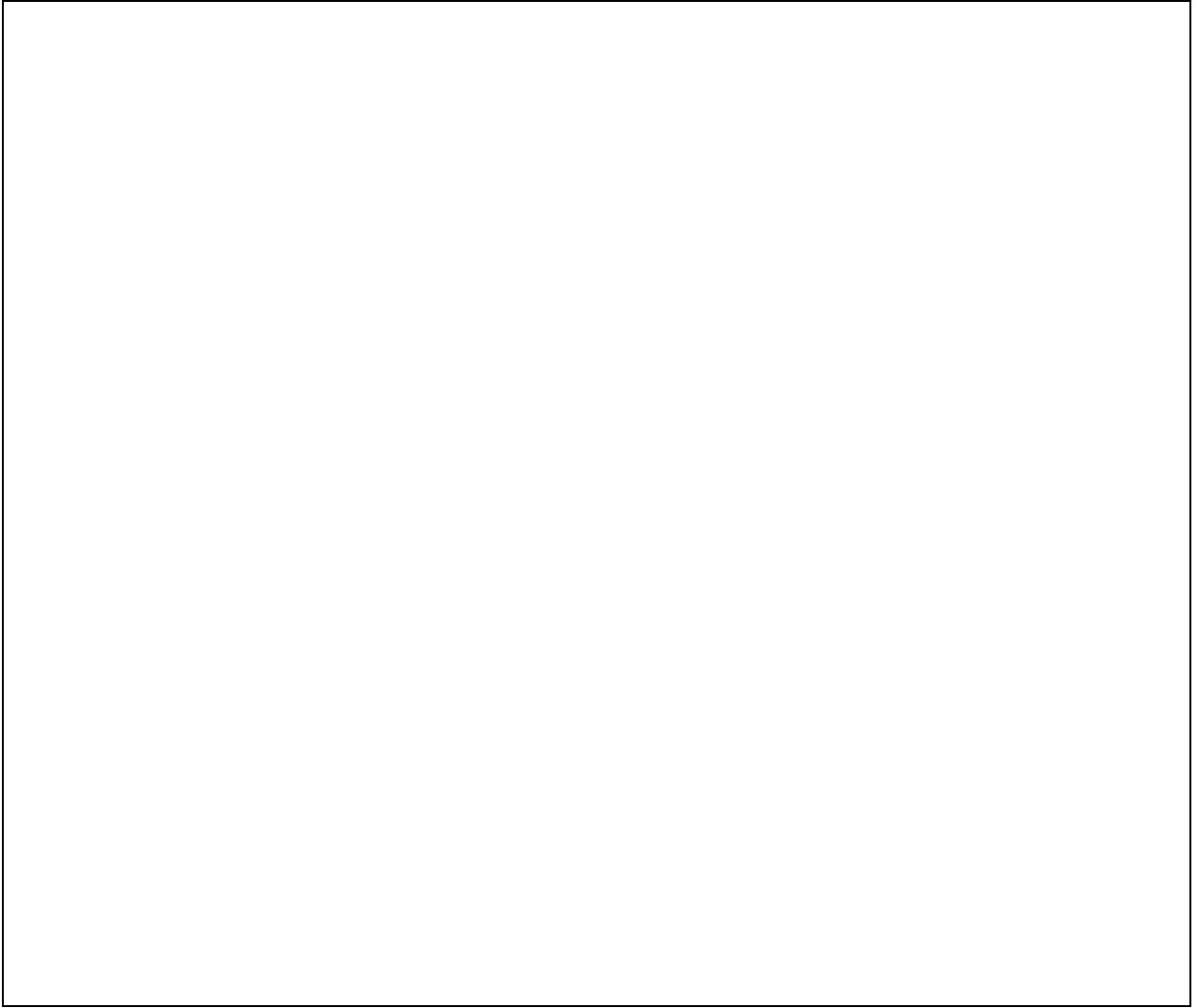
The provider had a policy on restrictive practice which guided staff regarding the use of restraints. In instances where it was deemed necessary for restrictive measures to be introduced such as bedrails, an appropriate risk assessment was carried out beforehand and consent was obtained from the resident or the resident's nominated next of kin before any restrictive practice was introduced.

In general, restrictive practice care plans were clear and well written giving sufficient information as to how restrictive practices were to be managed and reviewed. There was evidence that less restrictive measures were considered before implementing any restrictive practice. Currently there were 21 residents who had bed rails in place at night time while

there were three chair sensors in place. A high proportion of these bedrails were the residents' choice as they felt more protected from the risk of falling out of bed.

Regular oversight of restrictive practices was maintained through the updating of the restrictive practice register and through management audits. A review of the audit records showed that restrictive practices were monitored, however a more in depth audit which reviewed the rationale for the restraint and whether there had been any changes in the resident's need for the introduction of a restraint, would be beneficial in order to promote quality improvement. Further training and supervision of staff knowledge regarding what constituted a restrictive practice and the provider's policy of working towards reducing restrictive practices in the centre was also required.

The inspector observed that responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well managed. The centre was calm and most residents were engaged in meaningful occupation or social interactions throughout the day. Some residents were observed walking with purpose around the centre and staff were seen to discreetly monitor these residents to ensure their safety whilst they mobilised around the unit. One resident who displayed signs of agitation was supported in a calm and caring manner by a member of staff.



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.
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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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