



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

## Issued by the Chief Inspector

Name of designated centre:	Suncroft Lodge Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Suncroft, The Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	07 November 2024
Centre ID:	OSV-0000106
Fieldwork ID:	MON-0045362

## 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
Thursday 7 November 2024	08:55hrs to 16:50hrs	Aislinn Kenny

## 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 centre. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*.

The inspector found that residents living in this centre were well cared for and supported to live a good quality of life by a dedicated team of staff that knew them well. Feedback from residents was that staff were kind, caring and attentive to their needs.

The inspector observed that there was a person-centred culture of care in the centre and the use of restrictive practices had been kept to a minimum. The centre was seen to be bright and well decorated. The atmosphere was relaxed and calm. Communal areas were well-used by residents throughout the day. Large print directional signage was in place to orientate and direct residents throughout the centre.

Suncroft Lodge Nursing Home provides accommodation and nursing care for 60 residents. The home is situated in the village of Suncroft and is located within walking distance to the village shop and church. Enclosed gardens in the centre were accessible to all residents via doors from the ground floor dining room. This included a newly extended patio area, various benches that were located in the grounds and decorative garden features for residents to enjoy. There was also a designated smoking area here. On the first floor there was a balcony area which was clean, nicely decorated and available for residents' use via a ramp from the first floor. This area also included a smoking area.

Residents were accommodated on the ground and first floors in single and twin bedrooms, all bedrooms were en-suite with shower, toilet and wash hand basin. The communal areas in the centre were well used by residents such as the large dining room, and various sitting rooms where residents could sit and relax. Most residents on the day of inspection were gathered in the ground floor dining room and lounge where activities such as karaoke and a lively music session took place.

Residents were seen to be engaged in activities over the course of the inspection. On the morning of the inspection residents were singing karaoke. A designated activity staff member was seen supporting residents with activities. A live music session took place in the afternoon and a number of residents were assisted to the main sitting room and the inspector observed residents participating in the music singing along and playing musical instruments.

In general, there was a relaxed atmosphere and some residents were seen to interact with each other in a jovial manner.

Residents spoken with were generally positive about the programme of activities. The inspector saw evidence of residents going out into the community independently and with support from family and friends.

The inspector observed the dining experience at dinner time. The dinner time meal was appetising, well-presented and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The topic of the month in the centre was restraints and the inspector observed there was a noticeboard on display in a prominent area with information for residents and their families on restraints and restrictive practices. This information included a leaflet on bedrails, a copy of the national consent policy as well the FREDA principles (Fairness, Respect, Equality, Dignity, and Autonomy) on display. Staff were seen to engage with residents in a kind and respectful manner and a positive human-rights based approach was evident throughout the inspection. The staff spoken with were aware of the reason for restrictions in place for some residents and the arrangements for checking and review at regular intervals.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with regard to restrictive practices, person-centred care, and promoting residents' rights.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being compliant. This had been submitted to the Chief Inspector prior to the inspection.

The registered provider of the centre is Costern Unlimited Company, which comprises of two directors. There was a clearly defined management structure in place, which identified the lines of authority and accountability. The person in charge, assistant director of nursing and clinical operations manager were present in the centre on the day of inspection.

There were door locks in place in the centre and residents' areas were accessible by keypads, with the access code displayed discreetly above the keypad in most areas. The access code was not available above the keypad beside the lift on both floors, and this practice could be further reviewed to enhance residents' freedom. Twelve residents had specialised chairs, there were also eleven residents assessed at high risk of falling using bed sensor alarms and four residents using chair sensor alarms to alert staff when residents got up from their bed or chair. Use of restraints in the designated centre was audited monthly by the person in charge.

Residents had access to a multi-disciplinary team (MDT) to help in their assessments including assessments of restrictive practices. The MDT included the physiotherapist, occupational therapist (OT) and general practitioner (GP) who were regularly available to residents.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Residents had the correct assistive equipment such as walking aids and wheelchairs to enable them to be as independent as possible. Where necessary and appropriate, residents had access to low beds and sensor mats to support freedom of movement. Residents who smoked had access to a smoking facility and residents spoken with confirmed to the inspector that they could access this area freely.

Staff were appropriately trained in 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), restrictive practice and ongoing training was scheduled to ensure all staff training remained current. Training was also provided on a rights-based approach to care. Staff displayed good knowledge of restrictive practices and of the individual and person-centred needs of each resident.

The centre had relevant policies in place to protect residents' rights such as a restraints policy, safeguarding policy, caring for adults with responsive behaviour policy, positive risk-taking policy. The restraints policy had not been reviewed within the last three years and required attention.

Residents had access to advocacy services and were supported to participate in residents committee meetings.

Overall, the inspector found that staff and management recognised and promoted the rights of residents to live in an environment which was restraint-free.

## 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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