



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 Moyridge
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Ridgepool Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	22 May 2024
Centre ID:	OSV-0000364
Fieldwork ID:	MON-0040321

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
Wednesday 22 May 2024	09:15hrs to 16:00hrs	Catherine Rose Connolly Gargan

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

This was an unannounced focused inspection to review use of restrictive practices in Sonas Nursing Home Moyridge. Prior to this inspection, the provider had completed a self-assessment questionnaire which reviewed the practices and the management of restrictions on residents living in the centre. It was evident from the provider's own assessment of restrictive practices in the centre and the inspector's evidence on the day that the provider was working towards a restraint free environment. It was also evident that residents were central to the service provided in Sonas Nursing Home Moyridge and this inspection found that the management and staff were committed to providing residents with care that was person-centred and promoted and respected their rights and independence.

On arrival and through the day, the inspector found that there was a lively and happy atmosphere in the centre that supported residents to lead fulfilling and meaningful lives. Residents and staff spent a lot of time chatting and laughing together as residents went about their daily routines. Residents expressed their high levels of satisfaction with the service to the inspector and some of their comments included 'a great place to live in', 'very happy with my decision to live here', 'the staff are very capable, kind and caring', 'I am free to come and go as I wish' and 'I am never lonely or afraid here'.

Sonas Nursing Home Moyridge is located in a mainly residential area along the river Moy close to Ballina town centre in Co Mayo. The designated centre is registered to accommodate a maximum of 54 residents and on the day of this inspection, there were 53 residents living in the centre.

The centre premises is built on a slightly elevated site over two floors and the front of the building had uninterrupted views of the river Moy. Many of the residents who spoke with the inspector attributed this river view to giving them particular enjoyment. Accommodation for residents is provided in 26 single and 14 twin bedrooms. Access between the floors was facilitated by a spacious passenger lift and residents could choose to spend time as they wished in either of the communal sitting rooms on each floor. There were sufficient bathrooms and toilets in close proximity to residents' bedrooms. Two sets of adjacent twin bedrooms and two sets of adjacent single bedrooms shared bathrooms with toilet, wash basin and shower facilities. The other bedrooms had ensuite toilet and wash basins. Communal showers were located within reasonably close proximity to the bedrooms for residents' ease of access. Grab rails were in place on both sides of the toilets and in showers which promoted residents' independence and safety.

The layout and design of residents' bedrooms promoted their accessibility with the exception of the layout of a small number of the twin bedrooms which the inspector observed did not provide residents with unrestricted access to the window in these bedrooms. Furthermore, the layout of the furniture in these bedrooms did not support residents with maintaining control of their personal belongings and there was not sufficient surface space for the residents to display their photographs and other items. The provider and staff had commenced reconfiguring the layout of these

bedrooms and had completed work on three twin bedrooms at the time of this inspection to ensure they met residents' needs and that residents' choices were respected. Similar works were planned to address the layout of the other twin bedrooms.

The interior of the centre premises was well maintained and the wide corridors with handrails painted in a contrasting colour which supported residents to safely mobilise around their lived environment as they wished. Among the colourful and interesting memorabilia displayed, the corridors were signposted with several points of interest for residents including notice boards, which were updated each month with jokes, interesting facts and inspiring thoughts. A large notice board had information about the social activities and services available. Clear directional signage was in place to support residents with moving around the centre.

Two enclosed garden/courtyards were available which could be easily accessed by residents as they wished. These outdoor areas had raised flower beds, garden ornaments and outdoor seating for residents' enjoyment. One resident with an interest in gardening continued to enjoy this interest and had planted a variety of herbs which they tended with the help of staff.

The inspector observed the residents' lunchtime meal and observed that this was a social occasion for many of the residents who were seated together. Most of the residents dined together in the dining room located on the ground floor. A small number of residents preferred to dine in the sitting room on the first floor. Tables were provided to facilitate these residents to sit together at a table for their meals. Many of the residents in the dining room laughed and chatted together as they dined. The 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 discretely supported individual residents as needed. The menu on offer was discussed with residents to ensure they were still satisfied with the meal choices they made the previous day. Residents told the inspector their food was 'delicious' and that they could have alternatives to the menu offered on the day as they wished.

The inspector observed that residents used the communal sitting rooms on both floors throughout the day. Staff remained with the residents in the communal rooms at all times and were available to respond to residents' needs for assistance if necessary. Staff interacted well with residents and they obviously knew the residents well. The residents and staff were observed chatting, joking and laughing together about activities that they liked and their past. Residents told the inspector that staff never hurried them and that they were always 'considerate', 'exceptionally kind' and patient with them. Many of the staff were from the local area and residents knew them or their families. These staff kept the residents up-to-date with the latest news and happenings in the local community.

While the sitting room on the ground floor was more lively, a variety of meaningful and interesting social activities were taking place in each of the two sitting rooms. This meant that residents were provided with choices regarding the activities they wanted to participate in each day. Overall responsibility for activities was clear with

two staff employed to ensure that social activities were available over seven days each week. Staff who provided activities had appropriate training to provide specific therapies such as doll therapy for a small number of the residents who were living with dementia and for whom this initiative was observed to have a positive impact.. Residents particularly enjoyed an 'armchair travel' activity where the residents travelled remotely to various cities and countries around the world. Travel destinations were planned in consultation with residents. The chef was also involved in optimising this experience for the residents with cooking signature dishes from the various countries. For example, the residents enjoyed chinese and indian dishes while they remotely travelled in India and China. Alcohol free cocktails were offered to them during their travels to Paris. Residents had also enjoyed celebrating 'International Party Day' where staff dressed in the national costumes from various countries. Staff also facilitated the residents and their families with celebrating the 'International Day of the Family' in May this year.

Residents were also supported to access the community on bus trips and outings to local amenities. Residents told the inspector that they recently went on a guided boat trip on the Shannon. This boat trip was booked again for end of June 2024 to ensure other residents who expressed a wish to participate were supported to do so. The inspector read the records of the residents' committee meetings which were well attended by the residents. The residents made suggestions about outings they wanted to go on and their social activities. This forum was also used to introduce residents to the various services available to support including advocacy and pharmacy services.

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 inspector observed that staff were quick to notice residents' cues for additional support and reassurance. The inspector conversed with a number of residents throughout the day and they confirmed 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.

The inspector observed that the complaints policy was recently updated and was 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 supporting two residents at the time of this inspection. The advocacy service was assisting two residents with their decision to continue living in the community. One of these residents was being supported to spend each day in their home in the community and each night in the centre. The other resident's planned discharge was at an advanced stage. As part of their discharge process, the provider was keeping this resident's bed vacant for three weeks so the option of returning to live in the centre was available to them if they wished.

Oversight and the Quality Improvement arrangements

This inspection found that there was a clear governance structure and the management team maintained good oversight of the service provided to residents to ensure effective delivery of their care in a restraint-free way.

Residents' rights were respected through effective leadership by the centre's local management team. The centre's management and staff demonstrated their commitment to quality improvement and had developed effective systems to ensure that any restrictions to residents were identified and managed in line with the National Restraint policy guidelines.

There was a positive and proactive approach to managing restrictive practices and promoting a restriction free environment for residents living in the designated centre. There was evidence of ongoing monitoring of residents' safety and quality of life and a culture of positive risk management ensured that appropriate measures were put in place to mitigate any risks identified without placing unnecessary restrictions on residents in their lived environment.

The results of restrictive practice audits were discussed at a weekly meeting attended by members of the multidisciplinary team including the residents' general practitioner (GP), the physiotherapist, the person in charge and the assistant director of nursing. This inspection found clear evidence that actions were initiated at this committee forum and were progressed to minimise restrictions on residents. However, the records of these weekly meetings did not clearly set out the actions or the timeframes for their implementation. This posed difficulties for tracking of actions to completion. Furthermore, further development of the audit tool to regularly review the centre's environment would be of value with formalising the process of capturing and addressing potential restrictions in the residents' environment.

Relevant up-to-date policies and guidance including the National Restraint policy and centre specific policies on safeguarding residents from abuse, supporting and caring for residents with responsive behaviours and dementia were available to support staff providing person centred care to residents that maximised their potential, independence, choice and autonomy. These policies underpinned training facilitated for all staff. Staff training was being closely monitored by the person in charge to ensure all staff completed their mandatory training requirements including restrictive practices training and that this training was effective in improving staff knowledge and practices.

The person in charge or the assistant director of nursing completed a pre-admission assessment on prospective new residents to ensure that the service could effectively meet their needs. Residents' care plan documentation was completed to a high standard and the person-centered information regarding each resident's individual preferences and usual routines was clearly described to direct staff on how they could best provide care for each resident. The provider employed a physiotherapist to work with residents on two days each week. This optimised residents' good health, wellbeing and continuing independence. A residents' walking club that utilised the

corridors as walking routes was operating in the centre and this also supported residents' mobility. The activity coordinator was observed leading this activity and the residents sang favourite songs together as they walked.

A register of restrictive practices was used to record all restrictive practices currently in use in the centre. There was evidence that the register was reviewed on a regular basis. According to the restraint register there were 15 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 and ensure restraints were used in the least restrictive manner. In addition practices were in place to ensure the length of time these restrictions were in place was minimised. Sensor mats were in use in 16 residents' beds to support their safety. Use of this equipment was informed by each resident's or/and their representative's consent, risk assessments and trialling of alternatives, as appropriate. The person in charge and staff developed an information leaflet for residents to give them reference information about the more commonly used types of restrictive equipment.

There was adequate numbers of staff available with appropriate knowledge and skills to ensure that care was provided to residents in a manner that promoted their rights, dignity and autonomy. There was no evidence of restrictive practices being used as a result of shortages of staffing resources.

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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