



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

Name of designated centre:	Summerville Healthcare
Name of provider:	Summerville Healthcare Limited
Address of centre:	Strandhill, Sligo
Type of inspection:	Unannounced
Date of inspection:	26 June 2024
Centre ID:	OSV-0000397
Fieldwork ID:	MON-0043012

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
26 June 2024	Start 10:00	End 17:00	Nikhil Suresh Kumar

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

Overall, the residents' feedback was that they received the necessary care and supports to enjoy a good quality of life while living in this centre.

Some residents' comments were that " this is a great place and there's lots of music", "this place is always very clean", "staff are exceptional, and they know my routines", "staff are very helpful and very good", "there is always a great choice of food available here".

The centre is located in Strandhill village and is close to a number of local amenities. The centre has ample car parking spaces at the front of the building, and an enclosed, safe outdoor garden overlooks the surrounding countryside and the Knocknarea mountains.

Upon arrival, the inspector met with the person in charge of the centre and following a brief introductory meeting, the person in charge accompanied the inspector on a walk around the centre. This allowed the inspector to gain insight into residents' experiences of living in the centre and to introduce themselves to many of the residents as they prepared for the day.

The inspector observed that the centre was warm, bright and clean on the day of the inspection and had a welcoming ambience. The centre had large communal areas located near the reception area with sufficient comfortable seating arrangements to support residents to spend time together. Residents were observed relaxing or socialising with each other in these areas throughout the day. The centre also had a large and well-maintained aquarium in one of the communal rooms. This was enjoyed by a number of residents who liked to watch the colourful aquatic life in the aquarium.

The inspector observed that the centre's corridors were spacious and were free of obstacles, which supported residents to move around the centre safely and without any restrictions. Patient moving and handling equipment and residents' unused assistive devices were found to be securely stored in this centre, which was an improvement from the previous inspections.

A schedule of the social activities available taking place on the day was displayed on a noticeboard in the reception area for residents' information and the inspector observed that residents' social activities were facilitated as scheduled. A team of activity staff facilitated meaningful social activities for residents, which also included going out for walks, chair yoga, and a music session. One-to-one sessions were also held to meet the needs and preferences of residents who did not attend the larger group activities in the sitting room.

The residents' bedrooms were well-maintained, and were personalised to reflect each resident's individual preferences. Residents' rooms were personalised with photographs of friends and family and other personal belongings such as ornaments and soft furnishings. Some bedrooms had items of residents' favourite furniture from their home in the community, such as their armchairs. Each resident had ample storage space for their belongings. Residents' clothing was laundered in this centre, and a reliable system was in place to ensure that it was promptly returned to them.

Staff were seen supporting residents as they got ready for the day and with making their way to the centre's communal areas. Call bells were answered in a timely manner, and staff attended to residents' needs in a kind and respectful way. Staff who spoke with the inspector were knowledgeable about residents' life histories and their individual needs, preferences and usual routines.

Residents were offered a variety of food options, snacks, and refreshments in the communal rooms and in their bedrooms as they wished. The inspector observed the residents' lunchtime meal and it was a social occasion, with residents chatting with one another as they enjoyed their meals. The food was well presented and served promptly to residents. Residents who required assistance during their meals were supported in a respectful and unhurried manner.

Residents had access to the centre's outdoor areas and there were no restrictions in place. The rear side of the nursing home overlooks the Strandhill beaches and a Golf club, and the residents were able to enjoy views of the nearby beaches. However, the area surrounding the rear side of the nursing home was not secure and posed a risk of fall to residents. This area features steep slopes and escarpments that lead down to the nearby golf club. This was brought to the attention of the provider, and the provider committed to put appropriate measures to mitigate risks posed to residents' safety.

There were no restrictions in place for residents to receive their visitors. A number of visitors who spoke with the inspector described interactions with the management and staff as supportive and they were satisfied with the visiting arrangements in place.

Oversight and the Quality Improvement arrangements

The provider of Summerville Healthcare is Summerville Healthcare Limited and a representative of the provider supported the person in charge in their role. The provider representative attended the centre regularly. A clinical nurse manager deputised for the person in charge during their absence and provided management support for staff. Staff were familiar with the governance arrangements and reporting structures in place. There were a sufficient number of nurses and care staff available to meet the needs of the residents.

The inspector reviewed a sample of staff files and found that staff were appropriately vetted before they commenced their employment in the centre. The provider had established comprehensive systems for staff induction, appraisal, and performance improvement in the centre. Staff were provided with mandatory training, such as safeguarding vulnerable adults and fire safety training. Staff were also provided with additional professional development training including on restrictive practices, managing responsive behaviours, human rights-based approach in health and social care and fundamentals of advocacy in health and social care.

The provider had developed policies that outlined the procedures that staff should complete to ensure appropriate and safe use of restrictive practices in the centre. The provider had also developed policies and procedures to support staff with 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).

The provider had systems in place to ensure that all restrictive practices were accurately recorded, monitored and regularly reviewed with the aim of reducing or eliminating them. Residents were central in a multi-disciplinary team approach to use of restrictive practices to ensure restrictions were appropriate and in place for minimum amounts of time. The provider had oversight systems in place to regularly monitor and evaluate the care and services provided in this centre. These included daily walkarounds, incident and risk management review systems, safety pauses, and an audit framework for monitoring restrictive practices, managing responsive behaviours, and other key areas of residents' care.

The inspector reviewed a sample of assessments and care plans and found that all residents with restrictive equipment in place, such as full-length bedrails had a comprehensive assessment and a care plan in place. Care plans were reviewed at appropriate intervals, and each resident was consulted with at all stages of their care planning process.

The person in charge demonstrated good leadership and had ensured that scheduled audits took place and any deficits identified were addressed. The person in charge had established clear communication strategies to ensure effective communication among all grades of staff and the management team.

Regular management and staff meetings occurred in this centre and restrictive practices were a discussed at these forums. The provider had developed a quality improvement plan to minimise the use of restrictive practices in the centre.

The inspector reviewed the record of the social activities that each resident participated in. These records and residents' feedback gave assurances that residents were well supported to enjoy meaningful social activities in the centre that met their interests and capacities. Residents were also supported to integrate into the local community with outings to a local ice cream shop and a coffee shop. In addition, residents were supported to visit Knock Shrine and local places of interest. Suitable transportation and staff assistance were arranged for residents to support them with going on these outings.

Furthermore, the person in charge and the staff had established strong connections with the local communities to ensure that the residents could develop and maintains link within it. For example, residents attended a vintage car show sponsored by a local vintage car club and had opportunity to interact with members of a local drama society who held poetry readings for them. . Additionally, the residents were supported by staff who accompanied residents on walks regularly in the local area.

Residents' meetings were held regularly, and the minutes of these meetings gave assurances that the residents were provided with opportunities to regularly participate in the organisation of this centre.

The residents' suggestions and recommendations regarding the running of the centre were taken into consideration by the provider and were implemented in this centre. Overall, the residents enjoyed a good quality of life and this centre had a resident-centred culture.

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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