



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 Melview
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Prior Park, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 October 2024
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0045080

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
Thursday 10 October 2024	09:00hrs to 16:30hrs	John Greaney

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

This was an unannounced focussed inspection on the use of restrictive practices. The inspector found that residents living in Sonas Nursing Home Melview had a good quality of life and were supported by staff to maintain their independence. There was a person-centred culture of care in the centre and the use of restrictive practices had reduced incrementally over the past number of years. The inspector spoke with a large number of residents and the feedback on all aspects of the service delivered was overwhelmingly positive.

Sonas Nursing Home Melview is located in the town of Clonmel in close proximity to shops, restaurants and other amenities. The premises comprises three distinct wings, New Extension, Orchard Wing and Melview House. The centre is registered to accommodate 93 residents in eighty three single and five twin bedrooms, all with en suite facilities. There were 80 residents living in the centre on the day of the inspection. Bedroom accommodation is in the New Extension and Orchard Wing with communal space predominantly provided over three floors in Melview House. Orchard Wing has two floors and has bedroom accommodation for 29 residents in nineteen single en-suite bedrooms and five twin en-suite bedrooms. The new extension has three floors and a basement. There are twenty single ensuite bedrooms on the ground floor with twenty two en-suite bedrooms on each of the first and second floors. The basement houses the main kitchen and staff facilities. There are no residents at basement level.

There was ample parking space at the front of the centre. Entry to the centre is controlled by a keypad controlled lock that leads to a lobby area. The inspector was informed that no residents have been risk assessed as being suitable to have the code to the lock and leave the centre independently. This was not recognised by management as being restrictive and was not included on the centre's restrictive practice register, nor was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. There is a person at reception desk to allow visitors in to the centre.

Following an opening meeting, the inspection commenced with a walk around the centre, with the person in charge. Most residents were in their bedrooms on the morning of the inspection, either receiving morning care or relaxing. Some residents were being assisted to the various sitting rooms to participate in the programme of activities scheduled for the day. Throughout the day the inspector spoke with residents in their bedrooms, in the various sitting rooms and dining rooms.

The inspector observed improvements in the number of resident that had their meals in the dining room from previous inspections. Residents said they enjoyed the

camaraderie of having their meals with other residents. Residents were seen to chat and joke with each other throughout lunch and it was obvious that they enjoyed each other's company. Meals were observed to be attractively presented. Cottage pie and bacon and cabbage were the main lunch options on the day, but residents that requested a main course that was not on the menu were provided with this. For example, one resident requested chicken and stuffing and this was provided. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times.

The inspector observed residents in various areas throughout the centre. The atmosphere was generally relaxed and calm. Many residents had their bedroom doors closed and staff were observed discreetly assisting residents and knocking on doors before entering bedrooms.

Residents' bedrooms were clean, tidy and had adequate personal storage space. Bedrooms were personalised to varying degrees, depending on residents' preferences. On the day of inspection some refurbishment works were underway in communal rooms on the upper floors due to problems with the floor covering. This was an ongoing problem for which the provider was seeking a permanent solution but was also noted to be an issue on previous inspections.

The design and layout of the centre supported the free movement of residents. Corridors were wide and had hand rails on either side of the corridor to support residents with a mobility impairment move around the centre. Residents' had access to a large enclosed garden area to the rear of the building that was readily accessible from the ground floor. There is an external balcony on the first floor that is keypad controlled and is predominantly used by residents that smoke. It is suitably equipped as a smoking area. The inspector spoke with a resident who used the smoking area' who said that they could have a cigarette at any time of their choosing and their cigarettes and lighter were kept in a secure area for their safety.

Residents told the inspector that they were consulted with about their care and about the day to day operation of the centre, also that they felt safe in the centre and their privacy and dignity was respected. Residents told the inspector they liked living in the centre and that staff were always respectful and supportive. Residents told the inspector that their call-bells were answered promptly whenever they called for assistance.

Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences.

There was adequate supervision of residents and staffing levels on the day of the inspection were tailored to meet assessed needs of the residents. Staff were supported to perform their respective roles with ongoing mandatory and additional training. Staff whom the inspector spoke with were aware of practices that may be restrictive, for example, low beds, lap belts and bedrails. Staff were knowledgeable of the preferences and individual needs of each resident.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. The inspector observed a 'sketch and draw' group activity in the morning. Residents participated in pot planting in the afternoon. There was also tea and cake to celebrate one of the resident's birthdays. There was a high level of visitor activity and visitors were observed coming and going throughout the day. Visitors that spoke with the inspector were complimentary of the care provided to their relative.

Oversight and the Quality Improvement arrangements

The provider had a clearly defined governance and management structure in place to support the provision of a quality service. The person in charge and the other staff members spoken with on the day of inspection were committed to ensuring restrictive practices were kept to a minimum and, when in use, their use was for the shortest amount of time. Eleven residents had bedrails at the time of inspection.

The person in charge in conjunction with the quality and governance team had completed the self-assessment questionnaire in July 2024 and had assessed the standards relevant to restrictive practices as being compliant against the eight themes in the *National Standards for Residential Care Settings for Older People in Ireland (2016)*. The findings of this one day inspection are that the service was Substantially Compliant.

The registered provider of Sonas Nursing Home Melview is Sonas Asset Holdings Limited, a company comprising four directors. The management structure was clear with the management team consisting of a person-in-charge, an assistant director of nursing, and three clinical nurse managers. In addition, there were four registered nurses on duty during the day and three at night. Nursing staff were supported by health care assistants, activities staff, cleaning, catering, maintenance, and administration staff. The management team had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care.

Adequate arrangements were in place to monitor and continuously evaluate the quality of the service. There were arrangements in place for the oversight of risk through a live risk register. In addition to the risk register that identified general risks, there were individual risk assessments for bed rails, responsive behaviours, and falls with the least restrictive controls in place. There was good oversight of falls and all falls were recorded in the accident and incident log. These were investigated and where identified additional measures put in place to mitigate further falls. The centre had access to a full time physiotherapist and all residents were reassessed following a fall.

A review of care plans for residents that had restrictive measures in place confirmed that there had been communication with the resident and their family member if appropriate about their introduction. In most instances where bedrails were in use, an appropriate risk assessment was carried out beforehand. There was a regular review process in place to ensure that restrictive practices were proportionate and were in place for the least amount of time needed. The inspector did find that one resident

had bedrails in place, however, had not been risk assessed for the use of bedrails for them.

The inspector found that residents' choices were supported and facilitated insofar as possible. For example, arrangements had been put in place for the safe discharge of a resident that wished to go home. Relevant health and social care services were involved in the discharge process so that the resident could live as independently as possible in their home environment.

The provider had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low beds to support freedom of movement. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were appropriately supervised. The centre employed activity staff who provided both group and one-to-one activities for residents.

Residents are consulted formally through residents' meetings that are held approximately every three months. A sample of residents' meeting records viewed by the inspector indicated a high level of satisfaction with the service provided.

Overall, the inspector found that there was a positive culture in Sonas Nursing Home Melview where staff and management recognised 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.

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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