



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

Issued by the Chief Inspector

Name of designated centre:	Sunhill Nursing Home
Name of provider:	LSJ Care Ltd
Address of centre:	Blackhall Road, Termonfeckin, Louth
Type of inspection:	Unannounced
Date of inspection:	05 November 2024
Centre ID:	OSV-0004450
Fieldwork ID:	MON-0043822

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
Tuesday 5 November 2024	09:30hrs to 15:00hrs	Sheila McKevitt

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. Management and staff were found to have a positive approach towards a human rights based-approach to care. The inspector observed residents' rights to be upheld. Residents who spoke with the inspector said they could live their life as they wished and they were 'empowered' to make their own decisions.

The inspector spoke with a number of residents in their bedrooms, day rooms and dining rooms. The atmosphere was relaxed and care was delivered in an unhurried and unobtrusive manner. Staff actively engaged with residents, asking them their preferences and engaging in a kind manner. Bedrooms were decorated in accordance with people's choice.

Residents spoken with said they felt safe living there and they assured the inspector that their right to privacy was upheld by staff. Residents in twin bedrooms had privacy screening in place. Each bedroom, ensuite and communal toilet had a lock inside the door. This facilitated residents to maintain their own privacy and residents told the inspector they could request a key to lock the bedroom door from the outside, if they wanted to do so.

The nursing home was accessed by calling a front door bell which a receptionist manned during the day and staff at night. Visitors came and went via the front door. The inspector observed visitors sign the visitors' book situated at reception and both visitors and residents spoken with confirmed that there were no visiting restrictions.

There was a varied menu made available to residents for each meal. Residents were observed to choose as they wished from the menu. The inspector observed one dining room table, where seven residents were each enjoying lunch. Residents told the inspector that the food was 'excellent' and 'always served hot'. Residents had access to fresh drinking water which was replenished in their bedroom daily.

Residents had access to activities in the centre. A weekly activity schedule was delivered to each resident's bedroom to ensure they knew what was going on in the centre for the week. These activities were changed or amended following residents' requests at the monthly resident meetings. Residents also had a copy of the resident's guide in their bedroom. Some residents made the choice to remain in their bedrooms during the day and this decision was respected by staff. Staff were observed to regularly check on these residents and ensure they were safe and comfortable.

Residents who smoked had their right to smoke upheld. One smoker spoken with said they walked out to the covered smoking area positioned in the courtyard which was always freely accessible. The resident said that staff held their cigarettes as per their request, otherwise the resident said they would smoke too many each day.

Residents were encouraged and facilitated to mobilise independently throughout the centre and in the courtyards. The activities schedule included a daily morning walk

whereby a number of residents went for a walk together. The centre had its own bus and residents planned their outings each week which they said they always enjoyed.

The centre was embedded in the local community. Primary school children from the local national school came in to participate in arts and crafts with the residents on Fridays; the local youth club also visited and played board games with residents and some of the gentlemen attended the local men's shed.

All residents had access to a television in their bedroom. Residents told the inspector that they had the option to go out to Mass in the local church each Sunday and that Mass was celebrated in the centre on alternative Sundays. In addition, a Eucharistic minister visits residents every Sunday and offers them Holy Communion.

Residents told the inspector that their right to vote was upheld and the person in charge said they would ensure that all current residents were registered to vote prior to the upcoming election.

The centre's complaints policy was made available. This guided staff on how to deal with any complaints both verbal and written. The process on how to make a complaint was displayed around the centre. The residents that spoke with the inspector said they would talk to any staff member if they had a concern or complaint. Advocacy services and their contact details were made available to residents.

Oversight and the Quality Improvement arrangements

This was a good service that promoted a restraint-free environment through effective leadership. The provider had a governance structure in place to promote and enable a quality service which included the registered provider representative, director of nursing, assistant director of nursing, clinical nurse managers and a team of nurses and healthcare support staff.

There were several policies in place including one to promote a restraint-free environment together with supporting policies for emergency or unplanned use of restrictive practice to guide practice. However, the restrictive practice policy did not state how frequently bed rails should be checked when in use.

A risk register was maintained and staff spoken with were familiar with it and had good oversight of the restrictive practices in place for residents. Information relating to restrictive practice was compiled on a monthly basis and a report was submitted to the regional manager and registered provider for discussion at the monthly governance and risk meetings. A representative from each department attended these meetings. This report provided oversight of restrictive practices, where information was analysed to enable practice reviews accordingly. These meetings with senior management provided additional opportunities to discuss restrictive practices and share ideas regarding promoting a restraint-free environment. The centre had a small number of restrictive practices in place on the day of the inspection. There were 11 residents using bed-rails, four using lap belts, six using recliner chairs and three with sensor mats in use. The centre were progressing towards a restraint-free environment.

Staff had up-to-date training on safeguarding vulnerable adults, behaviours that challenge, restrictive practice, advocacy services and a human rights-based approach to care. The training included face-to-face training on site and online theoretical training.

The use of bedrails and any other restrictive practices were discussed with the incoming resident, and alternatives were tried which were evident on resident's risk assessments and care plans.

A sample of assessments and care plans were reviewed and these detailed person-centred information to direct individualised care. A baseline of the resident's care needs was established including communication, routines and behaviours through assessment. The restraint risk assessments reviewed clearly identified the alternatives which had been trialled, tested and failed prior to restraint been used. Each resident with restraint in use had a corresponding care plan in place, although in some incidences the care plan was not reflective of the restraint risk assessment. Residents' records reviewed did not reflect how frequently bedrails were checked by staff when in use.

Restraint related documents were audited on a monthly and three monthly basis by the management team. The audits completed to date in 2024 showed 100%

compliance for each audit conducted. However, the inspector's findings were not reflective of the audit findings and the inspector found that the audit tool used would benefit from a comprehensive review.

Residents spoken with stated they were involved in the decision-making process and that there was on-going discussions regarding their care. Following assessments and care planning, the MDT (multi-disciplinary team) input was sought to support the assessments and decision-making process to enable the best outcomes for residents. Written consent was sought from residents and the MDT for care and interventions when required.

Overall, the inspector found that there was a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre and their loved ones.

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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