



# 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 Ashborough
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lyre Road, Milltown, Kerry
Type of inspection:	Unannounced
Date of inspection:	14 November 2023
Centre ID:	OSV-0000194
Fieldwork ID:	MON-0041963

## 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
Tuesday 14 November 2023	10:15hrs to 17:40hrs	Ella Ferriter

## 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 designated centre. The feedback from the residents spoken with during this inspection was highly complementary of the staff and the overall running of the centre. From the inspector's observations and what residents told the inspector, it was evident that residents were supported to have a good quality of life in Sonas Nursing Home Ashborough.

Sonas Nursing Home Ashborough is located near the village of Milltown in County Kerry. The designated centre is a purpose-built, single-storey facility that can accommodate 58 residents in 54 single and two twin occupancy bedrooms. The design and layout of the centre promoted a good quality of life for residents, in a homely environment. The inspector saw that bedrooms were decorated in accordance with residents' choice and some residents had brought in personal items from home such as paintings, pictures and small items of furniture.

The centre is divided into four distinct wings, all depicting names of flowers, Daffodil, Heather, Jasmine and Camilla and each wing was a different colour. The inspector observed the centre to be appropriately furnished and decorated with pictures and ornaments throughout. The centre was observed to be clean throughout and a programme of upgrade to flooring was underway, with two of the units completed and two remaining.

The inspector observed there was a range of stimulating and engaging activities throughout the day, which provided opportunities for socialisation and recreation. There were two activities coordinators working on the day of the inspection and they were observed to have had excellent knowledge of each resident that attended. For example, each resident was identified by name and the level of participation was adapted to meet their ability. The inspector saw that there was a flow of conversation between the residents who participated. A physiotherapist was also employed in the centre and they were present on the day of this inspection. Residents spoke positively about this service and stated that they were encouraged and assisted to mobilise around the centre at all times.

There was a choice of large and small communal spaces for residents to use throughout the centre. Each of the units had its own sitting/dining facilities and there was a large hall where activities such as bingo, music and exercise classes took place. The inspector saw that overall the physical environment was set out to maximise resident's independence regarding flooring, lighting and handrails along corridors. However, There was limited directional signage available throughout the home to orientated residents to key locations such as the day room or dining room. There were noticeboards in the foyer area where information pertaining to activities, advocacy was accessible to residents and provided information in a format that was consistent with resident communication needs.

There were a variety of formal and informal methods of communication between the management team and residents, including conversations, meetings and a yearly survey. Residents' told the inspector that their concerns and complaints were taken seriously and acted on in a timely manner. Residents also had access to an advocate. Residents who could not express their own opinions were represented by a family member or a care representative and outcomes reached represented their best interest. Residents were also supported to take weekend leave from the centre and two residents attended the local day care centre. Some residents told the inspector that they would like more days out to be organised as they had not an opportunity to have day trips this year. The inspector was informed that this would be addressed and noted that residents had requested this in residents meetings.

The centre had a record of restrictive practices in use in the centre. This detailed the time and date of use, the resident's unique identifier, the type of restraint and whether or not the person had given their consent. However, the inspector noted one resident had two bedrails in place but did not have an appropriate risk assessment carried out and was not named on the restraint register. This was brought to the attention of the management team and this was addressed.

The inspector observed that there was a keypad locked door to exit the building, and the code was discreetly on display for residents who could use it independently. The daffodil unit also had a key pad lock and all residents living in this unit had a significant cognitive impairment.

Residents told inspectors they liked living in the centre and that staff were always respectful and supportive. Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. It was evident from speaking to staff that they were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences. Staff demonstrated good understanding of safeguarding procedures and responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Restrictive practices were reviewed at least every four months, with the purpose of reducing or eliminating the practice. Staff were aware of the potential negative impact of restrictive practices. As part of this restrictive practice self-assessment the provider had taken effective measures to reduce the use of bed rails from 32% of residents to 20% of residents on the day of inspection. The inspector was informed that the team were striving to reduce this further in the coming months. Consent to use a restrictive device was sought from the resident and when a resident lacked capacity, the multidisciplinary team recommended the restrictive practice and communicated with the family or care representative.

The lunchtime meal service was observed by the inspector on each of the units. The inspector saw that there was a sufficient number of staff available to ensure that residents who required additional support with their meals were attended to. However, the inspector observed that meals were served very early for residents who required assistance and some were brought to the dining room before midday.

There was no evidence that this respected residents' choice and these residents were not afforded a social dining experience. The management team acknowledged that the dining experience for residents was an area identified for improvement. Residents told the inspector that they always had choices with regards to food and the chef often came to meet them to discuss the food and seek suggestions.

The inspector was informed that there was a focus on creating a restraint free environment, while maintaining resident safety. To this end the provider had invested in 30 low low beds and there were plans in place to purchase beds which facilitated half bed rails. There were two residents that had been assessed as being at high risk of falling and they had sensor mats in place to alert staff should the resident leave their chair or bed.

Some residents used tilted chairs that had been prescribed by an occupational therapist. These chairs have the potential to be restrictive as they can inhibit a person from standing up and mobilising independently. However, the residents using these chairs were immobile and the chairs were prescribed for valid clinical reasons and were not restrictive. Care plans clearly outlined the rationale for use of these restrictive devices and the precautions and checks to be maintained.

Residents had access to two secure internal gardens and doors remained unlocked throughout the day. There was a designated outdoor smoking area to which resident had free access. Residents that smoked had a risk assessment conducted that assessed their ability to smoke independently and ascertain the safe level of access they should have to cigarettes and lighter.

The inspector availed of opportunities to sit and talk with residents throughout the day. Residents told the inspector how they liked to spend their day and stated that they always had choice. Residents said they were able to get up whenever they preferred and this was always respected. They talked about the programme of activities and which activity was of particular interest to them. They confirmed that they could choose to participate or not.

## Oversight and the Quality Improvement arrangements

Overall, the inspector was satisfied that there was a positive culture in the centre towards promoting a restraint-free environment and respect for residents' human rights and dignity.

There were adequate governance structures in place with ongoing auditing and feedback informing quality and safety improvement in the centre. The inspector was satisfied that the person in charge had familiarised themselves with the guidance and material published in support of this thematic inspection.

The management team had completed the self-assessment questionnaire. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that each resident had a voice. The person in charge completed the self-assessment questionnaire prior to the inspection and assessed two of the standards relevant to restrictive practices as being substantially compliant and six as complaint. The inspector concurred with this self-assessment.

There were enough staff members in the centre, with a sufficient skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was good oversight of staff training in the centre. Staff had up to date training on safeguarding vulnerable adults, behaviours that challenge and restrictive practices. Staff in the centre also completed training on human rights. The centre's policy on restraint was recently updated and practice in the centre was seen to be consistent with the policy.

Pre-admission assessments were conducted by the person in charge to ensure the service could meet the needs of people. Following admission, care plans were developed to guide staff on the care to be provided. However, further education of residents and their families with regards to the promotion of a restraint free environment, as per the centres policy may reduce bedrail usage in the centre further. From discussion with staff it was evident that residents discharged from the acute sector requested full bedrails to be put in place and did not favour trails of less restrictive or safer alternatives. The management team was also very clear that bedrails would not be used on the request of residents' family or representatives.

Residents had a restrictive practice care plan in place which were person-centred and contained details that clearly outlined the rationale for use of these practices and included any alternatives trialled. Care plans were reviewed at a minimum of every four months. There were detailed behaviour support plans in place to guide staff, if required. This allowed staff to provide person-centred care to the person and avoid an escalation which may require the need for the use of a restrictive intervention management practice.

There was evidence of ongoing auditing and feedback informing quality and safety improvement in the centre. A weekly report was submitted to the senior management team and this provided oversight of restrictive practices at individual and service

level, where information was analysed to enable practice reviews. This formulated part of the centres quality improvement strategy.

Arrangements were in place for the oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. While there were appropriate risk assessments for restrictive practices in place, action was required to ensure that staff did not use bedrails without a comprehensive assessment of risk.

The provider had arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which recorded and monitored the use of each restraint. The identified restrictions were risk assessed and residents had access to a multi-disciplinary team to assist in their assessments.

The inspector saw evidence that when bedrails were in place at the request of the resident that there was evidence of consultation with the resident and a signed consent form. The management team were very clear that bedrails would not be used on the request of residents' family or representative. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment. Where necessary and appropriate, residents had access to low low beds and alarm mats instead of having bed rails raised.

Complaints were recorded separately to the residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process.

The inspector summarised that, while there some areas for improvement, there was a positive culture supporting the creation of a restraint free environment. Residents enjoyed a good quality of life in Sonas Ashborough Nursing Home where they were facilitated to enjoy each day to the maximum of their ability.

## 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.



### 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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