



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

Issued by the Chief Inspector

Name of designated centre:	Brindley Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Letterkenny Road, Convoy, Donegal
Type of inspection:	Unannounced
Date of inspection:	18 December 2023
Centre ID:	OSV-0000323
Fieldwork ID:	MON-0040319

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
Monday 18 December 2023	09:30hrs to 15:15hrs	Catherine 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 Brindley Manor Nursing Home. Prior to this inspection, the centre's management completed a self-assessment questionnaire which reviewed their practices and their management of restrictions on residents living in the centre. Overall, the inspection found that residents were supported and encouraged to enjoy a fulfilling and meaningful life that considered and respected their individual choices, capacities and safety.

There was a relaxed and happy atmosphere in the centre. Many of the residents told the inspector that they previously lived in the local community and were happy that they could continue to live among people and in an area that they knew well.

Most of the residents choose to spend their day in one of the sitting rooms located off the main reception area. The inspector met with many of the residents throughout the day and they all expressed their contentment with living in the centre. Residents said they 'come and go' as they wanted' and that staff were always respectful regarding their individual choices and preferred routines. This concurred with the inspector's observations of staff interactions with residents. It was obvious that staff knew residents' needs and they responded to them without delay, in person-centred and supportive ways. This ensured that each resident's individual needs were met as they preferred. It was also clear that residents trusted the staff caring for them and that residents and staff were comfortable in each other's company.

The inspector observed that the front door access into and out of the centre was electronically controlled and accessed by entering a code into a nearby keypad. The code for this keypad to exit the door was displayed for residents' information, if they needed to refer to it to exit the centre. However, the inspector was not assured that the restriction had been adequately risk assessed for those residents who had levels of cognitive impairment and reduced vision and dexterity to ensure this door did not pose restrictions to them. The person in charge informed the inspector that bedrails were in use for one resident to support their safety needs. While a safety assessment and a removal schedules was completed, alternatives tried did not include a half-length bedrail which would not restrict this resident's independent access in and out of their bed as they wished. Sensor mats were placed in the entrance door of two residents' bedroom doors at night to alert staff when they exited their bedrooms. An alarm was activated when the resident stepped onto the sensor mats and alerted staff to their need for assistance or supervision. However, they potentially impacted on the free movement of these residents, as the alarm noise and or subsequent attention from staff could deter residents from leaving their bedroom as they wished. Furthermore, the inspector was not assured that the provider had explored other strategies to manage these resident's wandering behaviours such as additional staff on duty at night which would be a less restrictive and more appropriate alternative.

Brindley Manor Nursing Home is purpose-built and is operated by The Brindley Manor Federation of Nursing Homes Limited. This centre is located within walking distance of the shops, cafes, church and other amenities available in the town of Convoy in Co

Donegal. Bedroom accommodation is provided for 42 residents in 34 single and four twin bedrooms. Some of the bedrooms did not have en-suite toilet/shower facilities, however, there were sufficient communal toilets and showers conveniently located for these residents to use. A variety of communal accommodation was also available for residents' use including the dining room. The dining room did not have sufficient space for all residents to dine together at the same time. This was being managed with two meal-time settings and this arrangement had been put into place following consultation with the residents who confirmed with the inspector that this arrangement was working well and that they were satisfied with it.

There was a variety of menu options offered and even though residents had expressed their menu choices on the previous day, the inspector heard staff reoffering the menu choices available in case the residents wished to change their menu choices. Residents' consent was also sought prior to putting on clothes protectors for them. Residents told the inspector that their food was 'lovely', better than I could cook myself' and 'top standard'. They said could have alternatives to the menu on offer if they wished.

A safe outdoor courtyard area, was accessible from a small sitting area. This facility had been developed for residents in recent years. This outdoor area was well sheltered by colourfully painted wooden fencing and had outdoor seating for residents to use. There were also a variety of raised flower beds for residents to continue to pursue their interest in gardening. The doors to this outdoor area were unlocked and residents could access the area as they wished to.

The inspector visited most of the residents' bedroom and communal areas and observed that their living environment was bright, spacious, well maintained and accessible to them. Good directional signage was available in the centre to orientate residents to key locations such as the dining room, sitting rooms, communal toilets and other facilities within the centre. Residents' bedroom doors were in different colours and their first name was on a name plate on the wall outside their door to help them with way finding. These design elements were well thought out and helped residents to maintain their independence.

Noticeboards were placed in strategic locations so that residents could have easy access to information. For example, the noticeboard outside the sitting room included information on advocacy services. Photographs of the centre's complaints officer and of the resident ambassador who was a resident in the centre were also displayed for residents' information.

The layout of residents' bedrooms provided them with adequate circulation space to meet their needs and unobstructed access. The inspector observed that there was an improvement opportunity to fit white toilet seats and grab rails in contrasting colours to assist residents' with vision or cognition problems to easily identify these facilities and to promote their independence. Residents were positive in their comments regarding their bedrooms and they told the inspector that they were very comfortable in their bedrooms.

Tables and chairs were arranged in the communal sitting and dining rooms to facilitate residents using assistive equipment to move easily around these communal rooms and to sit comfortably at the tables. Residents' bedroom furniture was also designed to suit their height and ensure ease of access. Assistive equipment needs were reviewed for individual residents to promote their independence, for example, residents' walking frames were regularly assessed to comfortably meet their individual postures and height. Alternative hip protection equipment was sourced for a resident with a high risk of falling as the equipment they had been using was restricting their mobility.

There was no restrictions on residents' visitors and while some residents' visitors called to see them during the day, others were joining them the day following the inspection to attend the centre's Christmas party with their loved ones.

Residents told inspector that they were regularly consulted with about their care and about the organisation of the service. There was a variety of opportunities for residents to engage in a meaningful social activities programme in accordance with residents' interests and capacities. Residents had televisions and radios in their bedrooms and in the communal rooms. During the morning, some residents were observed reading the local and national newspapers. For those residents who could not read the newspapers independently, the activity coordinator was reading the local newspaper with them and using the topics to stimulate conversation with these residents.

The person in charge told the inspector that the provider made an additional budget available to her to use for residents' quality of life initiatives. For example, some of this budget was used for an interactive table top activity programme to provide stimulation and activities for residents living with dementia and to aid a communication programme for these residents. Planning and tailoring the social activities programme was done in consultation with residents to ensure the programme suited their choices and preferred routines. For example, the centre had access to a wheelchair accessible bus and residents decided on where the bus trips would take them. This amenity was well used by residents to access local events and locations of interest in the local community. Residents said they preferred to 'stay local' on their excursions.

The centre had well established links with the local schools. Students from the local secondary school regularly visited the residents and shared their musical talents with them. On the afternoon of this inspection, students from the local secondary school visited the residents to sing Christmas carols and other songs for them. The inspector observed that this was a highlight for many of the residents who joined in with the singing and were clearly enjoying themselves. The person in charge had also developed links with some of the local businesses and shops. For example, the local footwear shop transported a shoe stock into the centre to facilitate residents to fit on, select and buy shoes without having to leave their own home.

Without exception residents told the inspector that they were satisfied with the care and support provided to them by the staff. Residents said that there was good access

to the local doctor, and they were facilitated to attend hospital services and appointments as they needed to.

Oversight and the Quality Improvement arrangements

This inspection found that the provider had made good progress towards achieving a restraint free environment for residents in the centre. However, further improvements in oversight were needed to ensure that any potentially restrictive practices were identified and managed in line with the National Restraint policy.

Training records showed that the provider had facilitated all staff to attend training on restrictive practices. Staff were familiar with the relevant policies and guidance developed and available to them in the centre to support their knowledge and practices and had taken steps to implement a number of the measures recommended in the guidance. For example, the centre had a restrictive practice committee, which was established to monitor and review all restrictive practices in the centre.

The centre's restrictive practice committee members included the assistant director of nursing, three staff nurses and three healthcare assistants and met on a monthly basis. While, the person in charge received feedback from the assistant director of nursing on these meetings, they did not attend them. Restrictive practices were intermittently discussed at the centre's monthly governance and management meetings attended by the regional director. However, the provider's oversight could be enhanced with having restrictive practices as a standing agenda item at each of these meetings.

The inspector reviewed the quality improvement plan on restrictive practices that had been developed by the restrictive practice committee members. This plan identified a number of improvements which had been completed at the time of this inspection. For example, the pre-admission assessment was now identifying any restraint use prior to new residents' admission and an emergency restraint log was developed to document any emergency restraint use.

There was clear evidence that the provider and staff team were working towards a restraint free environment. The centre's restraint register 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 one full-length bedrail was in use and reflected a sustained reduction in the number of full-length bedrails used in 2023. The use of sensor mats in two residents' bedroom doors to alert staff when these residents' exit from their bedrooms at night is a new practice in the centre since June 2023. Although consent was obtained, there was a risk that this measure posed restrictions on residents and impacted on their rights.

Bedrails in use were being used on the request of residents, however practices in this area could be improved with the introduction and trialling of alternative equipment such as half-length bedrails.

The inspector was satisfied that there were enough staff with appropriate knowledge and skills to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources. There was a positive and supportive

approach taken by staff towards residents with a risk of experiencing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and as a result residents' responsive behaviours were well managed.

The inspector reviewed residents' care plan documentation and while, this information clearly directed good standards of care, the information did not clearly direct staff on frequent removal of the bedrail in use to ensure the length of time the restriction is in place is minimised. Furthermore whilst the inspector was told that residents were always involved in their end of life care plans and advanced decisions in line with their preferences, their involvement was not always detailed in this decision making documentation.

Residents with assessed needs for support with their communication had care plans developed that clearly detailed the care and supports staff must provide for them to ensure their needs were met.

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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