



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

## Issued by the Chief Inspector

Name of designated centre:	Bramleigh Lodge Nursing Home
Name of provider:	Derg Healthcare Ltd.
Address of centre:	Cashel Road, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 August 2023
Centre ID:	OSV-0000204
Fieldwork ID:	MON-0040994

## 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 1 August 2023	09:15hrs to 16:30hrs	John Greaney

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

This was an unannounced inspection, focused on the use of restrictive practices in the designated centre. Based on the observations of the inspection and informal chats with residents, it was evident that residents were supported to enjoy a good quality of life in this centre.

The inspector arrived unannounced to the centre shortly at 09:15am and was met by a staff nurse. The person in charge was on an unplanned absence but arrived to the centre shortly afterwards. Most residents were still in their bedrooms having their care needs attended to.

Bramleigh Lodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a residential area of Cahir town, Co. Tipperary. It is a single storey facility and can accommodate twenty six residents in fourteen single and six twin bedrooms. Seven of the single bedrooms are en suite with shower, toilet and wash hand basin. All of the other bedrooms have wash hand basins. There are three communal bathrooms, each with shower, toilet and wash hand basin. There is one additional communal toilet for use by residents and two staff toilets, one of which is reserved for use by kitchen staff. Communal shower and toilet facilities are located proximal to the bedrooms that do not have en suite facilities.

Communal facilities comprise a sitting room, a dining room, a visitors room and a television room. The television room is a small room adjacent to the visitor's room and was being used to store supplies on the day of the inspection and was therefore not available as a communal area to residents. There was a secure outdoor area that was accessible from the sitting room and from one of the corridors. This area had an artificial grass surface and had suitable garden furniture and large potted plants. There were flower pots arranged in groups of three on the walls of the outdoor area, adding colour to the area. Even though it was small, the outdoor area was an inviting place for residents to spend time should the weather permit. The outdoor area was accessible from the sitting room and from a bedroom corridor and both doors were unlocked.

The premises was generally bright with comfortable furnishings and domestic features to support the sense of a homely environment for residents. Many residents had decorated their bedrooms with photos and other items of significance. While all bedrooms did not have ensuite facilities there were a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well-maintained. The building was bright and well ventilated. Corridors were narrow but were sufficiently wide to accommodate residents with mobility aids. There were appropriate handrails available to assist residents to mobilise safely.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were no bedrails in use in the centre. Two residents had lap belts in place while in their wheelchairs. Both had consented and had appropriate risk assessments in place. A number of residents, who were assessed as being at risk

of falling, used low beds. Sensor alarms were also in place for a number of residents that alerted staff so that they could assist residents that were identified as at risk of falling.

Residents had unrestricted access to all areas inside the centre other than staff areas, ancillary rooms and store rooms. Residents were observed mobilising freely throughout the centre during the course of the inspection. The centre had some twin bedrooms, which had adequate privacy screening in place and residents in single room accommodation enjoyed the privacy this afforded.

Residents had a restrictive practice care plan in place which contained very good person-centred 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 also care plans in place for residents that presented with responsive behaviour. There was good detail about known triggers and also guidance for staff on distraction techniques based on residents' interests and capacities.

A large number of residents spent their day in the main sitting room. The inspector spent time here, observing staff and resident interaction. Staff were patient and kind, and it was clear that they knew each resident well. All care was observed to be provided in an unhurried and respectful manner. Residents appeared to be well dressed and it was clear that staff made an effort to maintain residents' appearance to the standard they were accustomed to prior to admission to the centre. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. Some residents told the inspector that they preferred to spend time in their bedroom rather than the sitting room. They said that they would use the call bell if they required assistance and this was usually answered by staff in a timely manner.

Residents were facilitated with a choice of meals and drinks at meal times. Residents spoken with were all complimentary of the food. The inspector observed residents being offered choice of food and drinks at lunch time. Food was attractively presented and residents requiring assistance were assisted in a respectful manner.

The front door to the centre is locked with a keypad controlled lock. The inspector was informed that some residents were given the code but only two residents routinely used the code to come and go. One resident regularly went into town unaccompanied. Another resident used the code to sit at the front of the building to smoke cigarettes. Risk assessments were conducted on those residents that smoked. The person in charge was requested to ensure that adequate arrangements were in place to supervise residents that smoked, even those that were assessed as requiring minimal supervision.

Some residents said that they would not be able to go outside alone and that staff were always available to accompany them when required. Residents were asked about freedom to leave the centre and go into town. A number said that they would prefer to go with family members rather than alone. Friends and families were facilitated to visit residents, and the inspector observed a high level of visitor activity over the course of the inspection.

Formal consultation with management was through residents' meetings and satisfaction surveys. There was, however, only one meeting since October 2022. The result of an audit had identified that there was a person that was not a member of staff available to support residents with a cognitive impairment at these meetings, but this was not reflected in the minutes of the meeting. A resident satisfaction survey had been completed in October 2022. It was clear, however, that residents could approach staff or management at any time and staff were responsive to residents' needs.

Throughout the day, the inspector availed of opportunities to chat with residents in the sitting room, dining room and in residents' bedrooms. Residents were very happy to chat about life in the centre and the feedback was always positive. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents said they were able to get up whenever they preferred and were able to do what they wanted during the day. They described the various activities available to them including bingo, exercise and music, and they said they could choose to participate or not. Residents also had unlimited access to television, radio, newspapers and books. The inspector observed activity staff supporting residents in a range of activities in the day room including the rosary, exercise and hand care.

## Oversight and the Quality Improvement arrangements

There was a positive approach to reducing restrictive practices and promoting a restraint free environment in this centre. The person in charge completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being substantially compliant.

The centre was managed with an emphasis on promoting people's autonomy and independence. The person in charge confirmed that the centre promoted a restraint-free environment, in accordance with national policy and best practice. There were no bedrails in use in the centre on the day of the inspection. Additionally, new residents that may previously had bed rails in place were encouraged to have a trial period without bed rails following admission.

The inspector was satisfied that residents were supported to pursue their own choices and preferences and that their rights were respected. It was clear to the inspector that the person in charge played a leadership role in ensuring the ethos of the centre was focused on promoting residents' rights. This allowed residents to engage in activities of their choosing and pursue interests that involved an element of positive risk-taking. For example, one resident walked into the local town a few days each week. Another resident was accompanied to the local shop regularly by a member of staff. This resident also went into town regularly in the company of a relative. Residents were also free to enjoy the outdoor garden areas on their own, at any time of their choosing, without the need for staff supervision.

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. These were seen to be personalised and included positive behavioural support.

Overall, there were adequate governance structures in place with ongoing auditing and feedback informing quality and safety improvement in the centre. The auditing process, however, required review as there was almost 100% compliance, which did not correlate with the observations of the inspector. For example, some but not all single bedrooms were fitted with individual locks suited to each person's ability; and a nominated person was not available to assist residents with a cognitive behaviour during residents' meetings.

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. There were also appropriate risk assessments for smoking, environmental risks and falls with the

least restrictive controls in place. The procedures in place for the observation of residents that smoke required review to ensure that there was some level of supervision, even for those residents that were assessed as being suitable to smoke independently.

Complaints were recorded separately to the residents' care plans. The complaints notice was on display but the procedure had not been updated in line with recent guidance. There was also a need to ensure that all complaints were recorded and addressed in a timely manner. There was a notice advising residents of the contact details of the patient advocacy service should they require assistance with making a complaint.

Staff were supported and facilitated to attend training relevant to their role. However, not all staff had attended training in the areas of complex behaviour and safeguarding. Staff confirmed that there were adequate staff and a good skill mix in order to meet residents' needs. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint.

The centre 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 low beds, instead of having bed rails raised. The physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails along corridors. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate resources or equipment.

The inspector summarised that, while there are areas for improvement, there was a positive culture supporting the creation of a restraint free environment in Bramleigh Lodge Nursing Home. The centre is small, thus creating its own challenges, however, residents enjoyed a good quality of life 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.

<b>Substantially Compliant</b>	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

<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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