



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

## Issued by the Chief Inspector

Name of designated centre:	Brooklodge Nursing Home
Name of provider:	Brooklodge Nursing Home Limited
Address of centre:	Ballyglunin, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	20 June 2024
Centre ID:	OSV-0005164
Fieldwork ID:	MON-0043891

## 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
Thursday 20 June 2024	09:45hrs to 17:15hrs	Rachel Seoighthe

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

This was an unannounced inspection to review the use of restrictive practices in Brooklodge Nursing Home. Overall, the inspector found that residents living in the centre were supported to have a good quality of life, and they were included in decisions about their care. Resident feedback was very positive overall. The inspector was informed by one resident that the centre was 'the best one in it' while another resident informed the inspector that they 'could not thank the staff enough'.

The inspector arrived to the centre on the morning of the inspection and noted that there was controlled access to the front door. A member of staff opened the door to allow the inspector to gain entry. Following an introductory meeting with the person in charge, the inspector spent time walking through the centre, giving the opportunity to meet with residents and staff.

Brooklodge Nursing Home is a purpose built single-storey facility situated in the rural village of Ballyglunin, Co Galway. The centre is registered to provide accommodation for 44 residents who require long term and respite care. There were 43 residents living in the centre on the day of inspection and one resident was in hospital.

The designated centre was accessible and homely. Resident bedroom accommodation consisted of single and twin bedrooms with en-suite facilities. Many resident bedrooms were personalised with items of significance such as ornaments, soft furnishings and photographs. Some bedrooms were decorated with resident artwork. Call bells and televisions were provided in each room.

There were a variety of communal rooms available for resident use, including a sitting room, a dining room, a chapel and an activity room. There was comfortable seating arranged within the main reception and several residents were seen relaxing with visitors here during the inspection. Information regarding external advocacy services and the complaints procedure was displayed for resident information.

The inspector met with many residents as they walked around the centre. The atmosphere was relaxed and residents were observed spending time in the communal area and in their bedrooms. Staff were observed engaging with residents in kind and respectful manner. Several residents who spoke with the inspector described their understanding of restrictive practices. Residents informed the inspector that they were supported to make choices in relation to their care needs. The inspector spoke with one resident who explained their preference for using a grab rail to enable their bed mobility, as opposed to a bed rail and it was evident that this choice was respected. The inspector also spoke with a resident whose preference was to have bedrails in place and this decision was supported.

There was a requirement to enter a key code to open the front door of the centre, however, the inspector noted the code number was displayed, and residents who could go outside independently were supported to do so. Several residents informed the inspector that they were encouraged to go on outings with families, friends and staff. Residents also told the inspector they were supported to keep their own routine

and one resident described the importance of not losing their 'sense of self' because they were a resident in a nursing home.

There was a schedule of activities in place, which included spa days, musical events, seasonal parties, exercises and outings to locations such as Knock Basilica. A group of residents had recently attended a screening of the 'Quiet Man' in the local village and one resident described a recent group trip to their local pub, organised by the staff, which they thoroughly enjoyed.

There was a dining room available for resident use and the inspector noted daily menus displayed on each table. There was a choice of meals and residents were observed enjoying food and refreshments throughout the inspection. There was a visitor's kitchen, for residents and families to prepare beverages independently. The inspector observed that residents could eat their meals in their preferred location. Several residents had small refrigerators in their bedroom, which enabled them to access snacks and cold drinks at their leisure. Resident feedback was that meals provided were 'very good.'

Residents were supplied with national newspapers and wifi was provided throughout the home. The inspector noted that there was a laptop in the activity room, which was designated for resident use. There was a selection of books available and the inspector was informed that the centre had engaged the service of a mobile library. Residents were also supported to attend the local library, if this was their preference. There was a chapel in the centre and a mass service took place on alternative weeks.

Staff were seen to interact with residents in kind and respectful manner and it was evident that the management team were well known to the residents. Residents told the inspector they felt comfortable that they could raise a concern and they were assured they would be listened to. One resident described getting assistance to put their earrings in on the morning of the inspection. They informed that the inspector that all staff were obliging to their needs, regardless of what department they worked in. Staff spoken with were aware of why restrictions were in place for some residents and of the importance of communication within the management team before applying any restrictive practices.

The inspector observed that the majority of residents were up and about, and following their usual routines. Some residents were seen mobilising freely around the home using mobility aids, whilst others were observed mobilising independently. The physical environment was designed to maximise resident's independence and the inspector noted that the centre was well-lit and safety floors were provided. Handrails were fitted along corridors to support resident mobility and there was directional signage in place. There was a spacious, well-maintained secure garden, which residents could access without restriction. The garden contained a variety of shrubs and plants, a grotto and sheltered seating area. Additional outdoor space was provided on the grounds of the centre, which contained an enclosure of hens, llamas and peacocks, for resident interest.

There were no restrictions on residents visitors' and visitors were seen calling during the day. Feedback from visitors in relation to the quality of the service provided was positive.

## Oversight and the Quality Improvement arrangements

Overall, the provider was working towards achieving a restraint free environment for residents living in the designated centre. There was a focus on the reduction of restraints and an emphasis on the importance of respecting resident choice.

The person in charge completed the self-assessment questionnaire prior to the inspection and submitted it to the Office of the Chief Inspector for review. The person in charge had assessed the standards relevant to restrictive practices as being compliant.

The registered provider of Brooklodge Nursing Home was Brooklodge Nursing Home Limited. There was an established governance structure in place and oversight systems, to ensure the quality of the service was monitored. The person in charge, who facilitated this inspection, demonstrated good knowledge of residents care needs. The person in charge was supported by an assistant director of nursing (ADON), who deputised in their absence.

There were sufficient resources in place to enable staff to respond in an unhurried, person-centre way manner and to ensure that resident's individual needs were met. There was good oversight of staff training in the centre and training records demonstrated that the majority of staff had completed restrictive practice training. Staff had up-to-date mandatory training in relation to safe-guarding vulnerable adults and staff spoken with were able to discuss issues around restrictive practices and resident safe-guarding. The assistant director of nursing chaired a restrictive practice committee, who met regularly review the use of restrictive practices in the centre.

There were management systems in place to ensure effective monitoring of the service. Clinical and environmental audits were completed, to ensure that quality of care and experience of residents were monitored, reviewed and improved on an ongoing basis. The use of restrictive practice was audited on a monthly basis.

There was a suite of up-to-date policies and procedures, which included a restraint policy. This document guided on the use of environmental, physical, mechanical and chemical restraints, and supported staff decision-making around the use of restrictive practices. The management team were aware that alternatives such as low profiling beds, could restrict resident movements and that they required ongoing review. Restrictive practice usage was recorded in a restrictive practice register, which was kept under monthly review by the management team.

On the day of inspection, there were nine residents who had bedrails in place. Four residents had requested the use of bedrails. Each resident had a risk assessment in place and there was evidence that trials of alternatives were undertaken before restraints were applied. Records viewed by the inspector demonstrated that there was a multi-disciplinary involvement in decision making around the use of restrictive practice. A review of daily electronic records demonstrated that the application of restraints were recorded at the outset, and checked every two hours, in line with national policy.

There were two sensor mats in use in the centre, and records demonstrated that this equipment was implemented as a falls prevention strategy. The sensor mats alarmed to alert staff to resident movement should the resident leave their bed or chair unsupervised. The sensor alarm was not audible to the resident, however the resident was aware of the rationale for its use and consent documentation was in place.

Care plans contained person-centred details regarding the support for the resident when restrictive practices were implemented. For example, care plans detailed where residents had communication deficits.

The inspector noted there were a number of residents who smoked. Records demonstrated that risk assessments were completed, to assess each residents' ability to smoke independently. Care plans detailed the level of access residents should have to cigarettes and lighters. The inspector noted that the arrangement for access to lighters required further review, to ensure that care plans were implemented effectively.

There were sufficient resources and equipment available to ensure that care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low low beds and crash mattresses, instead of having bedrails raised.

There was a policy and procedure in place to support the management of resident complaints. Records reviewed by the inspector demonstrated that resident's complaints and concerns were listened to and acted upon in a timely manner. A written response to each complaint was sent to every complainant. Resident committee meetings were held regularly, and attended by a local advocate. This offered residents the opportunity express their views about the quality of the service. Records of resident meetings demonstrated that there was discussion around areas such as activities, food and staffing. Meeting minutes showed there was also conversation around topics of importance and interest in the wider community.

Information gathered from resident and relative questionnaires was used to improve the quality of the service and results of a recent resident survey were positive overall. Feedback from residents and relatives in relation to individual requests was analysed by the management team, and used to improve the resident experience.

In summary, the inspector found that the staff and management in Brooklodge Nursing Home were working hard to reduce the use of restrictive practices in the centre and to support residents living in the centre to have a good quality of life that supported their wellbeing and independence.





## 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

<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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