



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

Issued by the Chief Inspector

Name of designated centre:	Brentwood 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:	26 April 2024
Centre ID:	OSV-0000322
Fieldwork ID:	MON-0040246

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
Friday 26 April 2024	09:30hrs to 16:30hrs	Catherine Rose 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 Brentwood Manor Nursing Home. Prior to this inspection, the provider had completed a self-assessment questionnaire which reviewed the practices and the management of restrictions on residents living in the centre. There was a lively and happy atmosphere in the centre. Residents and staff were observed chatting and laughing together and it was evident that residents were central to the service provided. All of the residents in the centre were up and going about their daily routines on the day. While, the majority of residents were diagnosed with dementia, the centre also provides care for a small number of residents with acquired brain injuries and enduring mental health conditions.

This inspection found that management and staff were committed to providing person-centred care to residents and for the most part, to ensuring that residents enjoyed a good quality of life where their fundamental rights and independence was promoted and respected. Painting of the corridors and communal rooms was completed and further works were scheduled to decorate the corridor walls with murals and art work to make the environment accessible for residents and to create points of interest and location signposting for residents who liked to spend time walking along the corridors.

Brentwood Manor Nursing Home is located within walking distance of the small village of Convoy in Co Donegal. The designated centre is registered to accommodate a maximum of 56 residents and on the day of this inspection, there were 55 residents living in the centre.

The premises is purpose built on ground floor level throughout and set out in five interconnecting units known as Oak, Ash, Elm, Birch and Rowan. Each unit had a communal sitting room and there were no restrictions to residents' access between the units and they could choose between the communal sitting rooms in each of these units. However, residents could not access one of their communal sitting rooms located off the reception area, as this was being used on the day for staff fire safety training. Residents dined together in a spacious dining room which was also located off the reception area.

Residents' bedroom accommodation in the centre consisted of 36 single and 10 twin bedrooms with accessible en-suite facilities consisting of a shower, toilet and hand basin. Grab rails were in place on both sides of the toilets and in showers to promote residents independence and safety. However, the inspector observed that the door handles on many of the residents' bedroom doors were stiff which made them difficult to use and there was a risk that the door handles may restrict some residents from independently accessing their bedrooms.

The layout and design of most residents' bedrooms promoted their accessibility. However, the inspector observed that the layout of a small number of the twin bedrooms posed restrictions on resident's choice and access to the window and

natural light. For example, when the resident closest to the window had their bed screens closed, the other resident had significantly reduced natural light and could not access the window without entering this resident's bed space. This restrictive arrangement was not risk assessed and did not support the resident's right of choice or ensure that the other resident's privacy rights were respected in these bedrooms.

Two internal garden/courtyards were available and accessible for residents from the adjacent corridors. In addition there are four sitting rooms provided for residents who wished to spend time in a quieter area. The courtyards had raised flower beds so residents who had an interest in gardening could continue to enjoy this interest. Residents in Brentwood Manor shared access to a polytunnel and chickens with another designated centre located close by and operated by the same provider. The inspector observed and was told by residents that they enjoyed seeing the chickens and liked feeding them.

The polytunnel and the chickens were located on the other side of a car parking area, on a grassy bank between the two designated centres. Although, the provider had made efforts to stop car parking in this area, the arrangements were not effective as cars were parked in this area on the day of the inspection. This posed a risk to residents and consequently, residents could not access the polytunnel whenever they wanted to without staff being available to provide assistance. If the area was a traffic free zone, residents would be able to access the area in safety and without restrictions.

The inspector observed that all the communal sitting rooms were well used by residents during the day and staff were available with the residents at all times in the communal rooms so that they could respond to residents' needs for assistance. Staff were observed chatting, joking and interacting well with residents, about activities that they liked and their past lives. Staff were very knowledgeable about residents' needs and wishes and provided the inspector with a holistic picture of individual residents. Residents told the inspector that staff never hurried them and were always kind and patient. Many of the staff were from the local areas and they told the inspector that they loved working with the residents in the centre.

The provider had recently recruited a second activity coordinator so that a member of staff was available to provide activities over seven days each week. This ensured residents were provided with opportunities to participate in meaningful social activities that interested them and were in line with their capacities. As most of the residents in this centre had dementia or other health conditions that impaired their cognition, the inspector observed that residents' social activities were appropriately facilitated by staff within small groups or on a one-to-one basis. Some staff had attended additional training in social activity provision to increase their skills. A variety of social activities were taking place in each of the four sitting rooms and this provided residents with choices regarding the activities they wanted to participate in each day.

Residents enjoyed a bus trip to local amenities every two weeks and in response to their expressed wish to go to the cinema at a recent residents' committee meeting, a trip was being organised to a local cinema in consultation with residents.

The inspector read the records of the residents' committee meetings which were generally well attended by the residents. The residents made suggestions about menu choices, outings they wanted to go on and their social activities.

Five residents had one-to-one staff supports and these supports were utilised to support some of these residents to access their local community. Some of these residents liked to spend time walking around the grounds and the inspector observed the staff members assigned to support them accompanying them. The person in charge maintained oversight of these additional resources to ensure they were effectively utilised to optimise residents' quality of life.

The inspector observed residents' lunchtime meal on the day and observed that this was a social occasion for many of the residents. The room was bright, colourful and spacious and there was adequate space between the tables for residents to sit comfortably or to move around the room. Staff were attentive to residents' needs for assistance and they discretely supported individual residents as needed.

Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector conversed with a number of residents throughout the day and they confirmed that they felt safe in the centre and that staff respected their wishes and preferences. Residents' comments included that staff were 'very kind', 'it's nice here', 'this is my house', 'I have friends here that I talk to' and 'staff always help me'.

The inspector observed that the complaints policy was displayed and the complaints process was discussed at the monthly residents' committee meetings. A member of staff from an advocacy service was supporting three residents at the time of this inspection. This advocate also attended a recent residents' meeting and discussed their role and how they could support residents if needed. The person in charge told the inspector that the advocate was attending another meeting in May 2024 to ensure residents knew who they were and about the service they provided.

Oversight and the Quality Improvement arrangements

This inspection found that the management team were for the most part promoting a restraint-free environment through effective leadership. There was a clear governance structure and the management team maintained good oversight of the service provided to residents to ensure it was effective and residents' needs were met in a restraint-free way. The centre's management team and staff demonstrated commitment to quality improvement and were clearly working towards a restraint free environment. The number of restrictions on residents in their environment had reduced, however, further actions were needed to ensure that some current practices that posed restrictions on residents were identified and managed in line with the National Restraint policy

An audit of restrictive practices was completed twice each year and the most recent audit was completed in March 2024. The centre's restrictive practices were regularly discussed and reviewed by the person in charge and assistant director of nursing. Although the inspection found clear evidence that actions were being progressed, the notes of these weekly meetings did not clearly set out and record how these actions were implemented and therefore tracking of progress to completion was not effective.

In addition There was opportunity for improving the process of reviewing restrictive practices by opening the discussion to other staff grades involved in providing direct care to residents. Restrictive practices were discussed at the monthly management meetings and in recent staff nurse meetings. However, there was limited information that restrictive practices were discussed at carer or residents' meetings.

Although auditing of restrictive practices were done, the audit tool needed further development to ensure restrictions in the residents' environment were identified and addressed through development and implementation of a quality improvement plan. For example, restrictions posed by the car parking arrangement and the layout of some twin bedrooms as found on this inspection had not been identified and addressed.

Staff were familiar with the relevant policies and guidance available to support their knowledge and practice restrictive practices. Staff training was being well monitored by the person in charge and all staff were facilitated to attend training on restrictive practices, safeguarding residents from abuse, supporting and caring for residents with responsive behaviours and dementia. This training supported staff with providing person centred care to residents that maximised their potential, independence and ensuring residents had choice and autonomy.

Residents' pre-admission assessments were completed by the person in charge or the assistant director of nursing to ensure the service was able to effectively meet the each resident's needs. The inspector reviewed a sample of residents' care plan documentation and the person-centered information to clearly directed staff on each residents' care in line with their usual routines and preferences. All residents and their families or representatives were advised from the outset that the centre had a policy

of being restraint-free. This meant that the use of bedrails was discouraged and less restrictive or safer alternatives were encouraged.

A 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 no full-length bedrails were in use. Sensor mats were in use for four residents' safety and their use was informed by risk assessments for each resident and trialling of alternatives as appropriate.

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 rights, dignity and autonomy. There was no evidence of restrictive practices being used as a result of a lack of staffing resources.

There was a restraint policy available to staff and current practices reflected the content of this policy. Discussion with the management team confirmed that there were processes in place to monitor and reduce the use of restrictive practices currently in use and the register was updated weekly.

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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