



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

## Issued by the Chief Inspector

Name of designated centre:	Millbrae Lodge Nursing Home
Name of provider:	Millbrae Lodge Nursing Home Limited
Address of centre:	Newport, Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 June 2024
Centre ID:	OSV-0000419
Fieldwork ID:	MON-0043966

## 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 13 June 2024	10:00hrs to 17:30hrs	John Greaney

## 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 centre. Residents spoken with and their relatives told the inspector that their rights were upheld. Restrictive practices in use had been identified, risk assessed and only used to promote the wellbeing, independence and safety of individual residents. There was a person-centred culture of care in the service and the use of restrictive practices has steadily reduced over the past number of years.

Millbrae Lodge Nursing Home is registered for 81 beds, 20 of which are reserved for use by the HSE on a contract basis for short term care needs. On the day of inspection there were 73 residents living in the centre. It is a modern purpose built facility comprising 59 single bedrooms and 11 twin bedrooms, all of which have en suite facilities. It is a two storey building with bedroom accommodation and communal space on both floors. Accommodation in the main section of the ground floor comprises thirty single and four twin rooms. There is also a dementia specific wing on the ground floor, called the Special Care Unit, that has eleven single and two twin rooms. Bedroom accommodation on the first floor comprises eighteen single and five twin rooms.

Communal space in the main ground floor wing comprises a large open plan sitting and dining room. There is also a separate visitors' room and a quiet room for residents to meet with visitors in private or to spend time alone, away from the main sitting area. There is a large secure outdoor area with multiple access points from the main part of the centre. The outdoor area had suitable garden furniture to allow residents spend time outside when the weather was suitable. The area was landscaped with large potted shrubs and plants.

Bedroom' doors in the dementia unit have a brightly coloured veneer simulating a front door design, uniquely identifying each bedroom with a variety of colours. This supports residents to more readily identify their individual bedrooms. There were also murals on the walls of the corridors simulating a village scenario with pictures of shopfronts and a post office. There was dementia friendly signage throughout the unit to support residents to navigate to places such as the sitting room. Communal space in the dementia specific wing comprised a combined sitting and dining area. There is also a small secure outdoor area, however, this is currently inaccessible for residents due to ongoing maintenance works. The inspector was informed that this area has not been available to residents for a number of months due to a delay in renovation works. Therefore, residents in this area do not have ready access to the outdoors unless they are accompanied by staff to the main outdoor area.

Access to the first floor is through both stairs and lift. Residents on the first floor are free to access the ground floor communal areas and outdoor space. There is a large open plan sitting and dining room here for residents that wish to remain in this area. There is also a family room on the first floor to allow residents meet visitors in private away from their bedrooms.

On arrival to the centre, the inspector observed that there was adequate parking for visitors to the centre. The front door is secured by an electronic key coded lock. The inspector was informed that three residents have knowledge of the code and this is determined by individual risk assessments.

The inspector saw that there were a number of visitors in the centre during the day of inspection and residents confirmed that they had unrestricted visiting. Visitors that spoke with the inspector were complimentary regarding the care their relatives received.

The inspector spent time in the various communal areas of the centre observing staff and resident interaction. Staff were patient and kind, and while they were busy assisting residents with their needs, care delivery was observed to be unhurried and respectful. The inspector observed that personal care and grooming was attended to a high standard. It was evident that residents' choices and preferences in their daily routines were respected. Staff that spoke with the inspector were knowledgeable about residents and their individual needs.

Residents confirmed to the inspector that they felt safe in the centre and their privacy and dignity was respected. Staff were observed providing assistance in a manner that enabled residents to maintain their independence and dignity. 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).

The inspector observed the dining experience. On arrival, the inspector noted that a small number of residents were having their breakfast in the dining room. The inspector spoke with some of these residents and they stated that they could have their breakfast in their bedrooms or in the dining room. The inspector also observed the lunchtime experience. Residents spoken with were complimentary of the food and the choice of food available. One resident said that the food "couldn't be better" while another said that the "food is perfect". Food appeared appetising, was well presented and residents were allowed ample time to have their meal in a relaxed and unrushed manner. Mealtimes were seen to be a sociable occasion with residents interacting with staff and fellow residents throughout the mealtime experience.

Throughout the day, residents were very happy to chat about life in the centre and the feedback was generally positive. Residents talked about how they like to spend

their day and told the inspector that they were happy with the care and support provided to them. Residents said they were able to get up whenever they preferred and were able to do what they wanted during the day.

Activities provided were varied, interesting and informed by residents' interests, preferences and capabilities. One resident talked to the inspector about participating in yoga and physical exercises. The centre had two activities staff providing activities in the centre over seven days of the week. The inspector observed group activities taking place in the morning and afternoon on the day of inspection. Residents enjoyed group exercises, bingo, baking, yoga and card games. One of the residents plays an instrument and provides musical entertainment on a number of days each week. An external musician visits twice a month to play the cello for residents. While the inspector was informed that there are outings to the community facilitated twice yearly, this had not taken place yet this year. The inspector was informed that this was due to inclement weather. Residents' access to the community was predominantly facilitated by family members.

## Oversight and the Quality Improvement arrangements

The inspector found that there was effective governance and leadership in the centre that supported a commitment to quality improvement with respect to restrictive practices, person-centred care, and promoting residents' rights. There was a positive approach to reducing restrictive practices and promoting a restraint free environment in this service. The person in charge had completed the self-assessment questionnaire prior to the inspection and had assessed the standards relevant to restrictive practices as being compliant in seven themes and substantially compliant in one theme. The findings of this one day inspection are that the service was substantially compliant.

Millbrae Lodge Nursing Home is a privately owned nursing home. The registered provider is Millbrae Lodge Nursing Home Limited, a company comprising four directors. The centre is part of a large group of nursing homes, known as Emeis Ireland. There are centralised support structures across the organisation to support the centres with issues such as human resources, training, finance and quality. The senior management team include a Chief Executive Officer, a Chief Operating Officer, a Regional Director, Associate Regional Director and the person in charge. The person in charge works full-time in the centre and reports directly to the regional director. She is supported in her role by an assistant director of nursing (ADON), two clinical nurse managers (CNMs) and a team of nurses, health care assistants (HCAs), activity, catering, household, administrative, and maintenance staff.

The centre's statement of purpose clearly outlined the services available and the specific care needs of residents that the centre could provide. Staff confirmed that there was an adequate number of 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. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practices through both online and face-to-face training in the centre.

The provider ensured that arrangements were in place to monitor and continuously evaluate the quality of the service. There was a restrictive practice committee that met monthly. The committee who held responsibility for oversight and monitoring of the use of all restrictive practices in the centre. A review of the minutes of these minutes indicated that further detail was required in the meeting records as it was not clear how the committee influenced restrictive practice in the centre.

The inspector found that the majority of restrictive practices in use were assessed, and had safety checks were in place. These practices were reassessed and reviewed at regular intervals. Care plans reflected the care given and staff were familiar with safety aspects and with individual's preferences and wishes. Care plans were reviewed at a minimum of every four months. A register of restrictive practices was maintained in the centre and was updated weekly by the person in charge. However, further review of the register of restrictive practices and care plans in use in the centre was required. Records indicated that bed wedges were sometimes used and these were not included in the register. Bed wedges have the potential to restrict residents' movement and should be included in the register.

Residents spoken with stated that they felt safe in the centre. Interactions by staff with residents observed by the inspector were respectful and kind. The provider was pension agent for six residents and adequate banking arrangements were in place for the management of these finances. The system for recording transactions made on behalf of residents required review. While records were available identifying each transaction, the system could be enhanced by ensuring there were two signatures to verify all transactions and to obtain the residents' signatures where feasible.

Arrangements were in place for residents to feedback and contribute to the organisation of the service. Residents told the inspector that staff were always available to them and were always responsive to their needs and requests. In addition to this informal feedback, there were regular residents' meetings, where issues such as meals and mealtimes, activities, resident care and staffing were discussed. A satisfaction survey had been completed in 2023 and 58 questionnaires were returned. The feedback was overwhelmingly positive and there was an associated action plan to address any suggestions for improvements identified through the survey.

Overall, the inspector identified that management and staff were working towards providing a restraint free environment for residents living in the centre, however, some improvements were required to further enhance the quality of life for residents.



## 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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