



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

## Issued by the Chief Inspector

Name of designated centre:	The Marlay Nursing Home
Name of provider:	Brehon Care
Address of centre:	Kellystown Road, Rathfarnham, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	10 July 2024
Centre ID:	OSV-0000108
Fieldwork ID:	MON-0043741

## 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
Wednesday 10 July 2024	08:15hrs to 14:30hrs	Helena Budzicz
Wednesday 10 July 2024	08:15hrs to 14:30hrs	Niamh Moore

## 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 designated centre. During the inspection, residents expressed high levels of satisfaction regarding the staff caring for them, the care and support they received, and their living environment. The residents voiced that they feel like at home and that they are generally supported to make choices about their lives.

The inspectors observed that many residents were getting up and dressed on the morning of the inspection. They appeared well-groomed and had their hair and clothing done in accordance with their preference. Residents sat together in the communal areas watching TV, reading newspapers and chatting with one another and staff. Residents reported that they felt well cared for by staff and management, who, they said, were committed to their care.

Staff were seen to be supportive of residents' communication needs. They were observed patiently listening to residents and following up on their requests. Residents who spoke with inspectors said they could voice their issues and concerns to the staff and were confident that the staff would come back to them with a positive solution.

Inspectors observed visitors coming and going throughout the inspection. Arrangements were in place to support residents to meet visitors in their bedrooms or in a variety of communal rooms. Residents and their visitors had access to the centre's courtyards and gardens, the doors of which were unlocked, making them accessible at all times. Seating was available in these areas for residents to use.

Inspectors were informed that residents who could use the key-pad code could do so if they wished. The key-pad code was displayed in the colourful butterfly sticker beside each door. Inspectors observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents were seen to have unrestricted access to the communal areas around the centre and were observed mobilising either independently or using mobility aids, others with the help of staff members.

Residents told inspectors that they were offered a choice at mealtimes and were very complimentary regarding the quality of food provided. Meals that were served to residents appeared to be appetising and well-presented. Residents had a choice of meals, and each dining room table had a menu displaying the choices available for each meal. Some residents were observed eating independently; however, where help was needed, inspectors observed that assistance was offered, and there were kind and thoughtful interactions between staff and residents.

The inspectors observed that the residents were supervised in all communal rooms, and they were encouraged to engage in meaningful activities throughout the day of the inspection. Staff who spoke with inspectors were knowledgeable about residents' individual care needs, life stories, and preferences regarding their days spent. Residents were happy with the choice and frequency of activities and told inspectors

they were looking forward to their outings. They said that they could choose where they wanted to go, and the staff went out of their way to facilitate their requests and needs.

Residents were also supported with regular access to religious activities. For example, the priest hosted the Catholic Mass three times a week in the centre, and the reverend from the Church of Ireland attended the centre twice a month, ensuring consistent spiritual support for residents of different faiths.

The inspectors saw examples of positive risk-taking, where residents' life choices were accepted by all staff members. For example, inspectors observed residents who preferred to walk barefoot, and the family confirmed that this was their habit. Another example was that residents were using a taxi on their own, walking every day in the community area outside the centre or attending hospital appointments on their own. From the documentation reviewed, residents' care plans, and from speaking with staff and residents, inspectors were assured that residents were supported in maintaining control of their own lives.

## Oversight and the Quality Improvement arrangements

Overall, the management systems in place ensured that the management of the centre had good oversight of the restrictive practices.

The person in charge had completed the self-assessment questionnaire prior to the inspection. A quality improvement plan was developed following the completion of the self-assessment.

There was a policy on restrictive practices, which included emergency and unplanned use of restrictive practices to guide staff in safe care delivery.

There was good oversight of staff training in the centre. Staff achieved good compliance in responsive behaviour, MAPA and dementia training, safeguarding of vulnerable adults, responsive behaviour management, human rights and advocacy code and restrictive practices. Staff demonstrated a 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). Inspectors saw that relevant behavioural care plans were in place for residents who required additional support.

The management team established links with health and social care professionals such as general practitioners (GPs), geriatricians, and psychiatrists of old age, ensuring that residents were facilitated to be regularly reviewed to ensure that they can live the best life possible.

Pre-admission assessments were conducted by senior management and included information on restrictive practices and responsive behaviour to ensure that the centre was equipped to meet the needs of those being assessed.

The restraint register was maintained in the centre and reviewed on a monthly basis or when needed. Risk assessments were completed and updated regularly to ensure that the use of restrictive practices remained proportionate and deemed to be the least restrictive option. There was a well-established restrictive practice committee that met on a monthly basis to discuss the use of restraint in the centre. The inspectors reviewed the minutes of these meetings, and it was evident that their focus was reducing its use.

There was evidence that residents were consulted, and when they were unable to express their opinions, their care representatives were involved in decision-making. Residents were also supported in accessing national advocacy agencies if required or requested.

Overall, the residents of The Marlay Nursing Home were empowered and encouraged to participate in the centre's life. The management and staff worked hard to nourish a culture of positive risk-taking based on residents' informed decisions while considering

residents' safety. Residents enjoyed a good quality of life, and 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.

### **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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