



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Brookfield Care Centre
Name of provider:	Brookfield Care Centre Limited
Address of centre:	Leamlara, Cork
Type of inspection:	Unannounced
Date of inspection:	01 February 2024
Centre ID:	OSV-0000206
Fieldwork ID:	MON-0042678

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
Thursday 1 February 2024	09:30hrs to 16:45hrs	Mary O'Mahony
Thursday 1 February 2024	09:30hrs to 16:45hrs	Robert Hennessy

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

The inspection of Brookfield Care Centre was unannounced and carried out as part of the thematic inspection programme, focusing on the use of restrictive practices. Thematic inspections assess compliance against the *National Standards for Residential Care Settings for Older People in Ireland*. From observations made by inspectors, it was evident that there was an ethos of respect for residents promoted in the centre, and person-centred care approaches were in evidence. Overall, inspectors found that residents had a good quality of life and were supported by staff to have their rights respected and to be included in decisions about their care. The impact of this on residents meant that they said they felt safe and that their opinions mattered.

Brookfield Care Centre provided residents' accommodation and sufficient communal areas on the ground floor level, with 63 single bedrooms for residents' use. There were three vacancies on the day of inspection. In relation to the bedroom accommodation, 36 bedrooms had en-suite toilet and shower facilities, 11 had en-suite toilets and the remaining bedrooms had a hand-wash basin facility. The centre was divided into three units; namely the Glenaboy Unit, the Blackwater Unit and Owenacurra Unit, with accommodation for 21 residents in each unit. The Owenacurra Unit was designated as a dementia specific unit, for residents living with dementia. Inspectors observed that there was an adequate number of shared shower and toilet facilities for residents whose rooms did not have full ensuites. In this unit bedroom doors were painted different colours and looked like front doors. These were personalised with residents'; choice of picture or photograph.

On arrival to the centre, inspectors observed there was adequate parking and the grounds were well maintained, with nice pathways to encourage external activity. The front door was accessed by keypad. For exiting the centre, inspectors observed that there was a key code available to residents, who wished to go out independently. In the entrance hallway, signage was displayed about access to advocacy and the complaints procedure. A wide range of information leaflets, developed on a company wide basis, for example, on restrictive practice and on the flu vaccine, were readily available to residents and visitors. Other literature available encouraged residents or their families to seek assistance in the centre, on all aspects of care and any required support.

Inspectors spoke with residents in their bedrooms, the sitting room, in the foyer and in the dining room, throughout the day. The inspection started with a walk around the centre. In general, staff were observed to engage well with residents and there were many individual, warm interactions seen during the day. Residents were seen to be involved in a games session in the morning and a large group were seen to participate, with enthusiasm. There was a notice board in the hallway where the schedule of activities for the day was displayed. An outing to a garden centre was planned for the afternoon, to stock up on items for spring planting. Inspectors saw six residents going out in the bus and returning in the late afternoon, with staff members, laden with their purchases and delighted with the outing. In the afternoon, for those residents that did not go on the outing, there was a lively music session

with an external musician. Traditional songs really engaged the group, who sang along and said they enjoyed the session enormously.

One resident who liked to sit in their bedroom had a particular interest in bird watching and feeding birds. They were facilitated to access the outdoors, where a bird table was provided and a supply of seeds was available for the birds. Inspectors also observed that the resident had a bookshelf in the bedroom, with relevant interesting books to support their interest. A walking group had been set up in the centre: a group of residents took daily walks outside with a staff member. The person in charge explained that she was often asked along on the daily 'constitutional' with residents. One resident, who formally worked as a chef, was involved in baking for residents. They were very proud of their baking creations and spoke with inspectors about the positive benefits they felt from being appreciated for their skill. They said it made them feel that they "mattered" and were "appreciated".

All the bedrooms were equipped with large, smart televisions and residents had access to WIFI and individual remote controls. Inspectors observed that there were subtle, signs on relevant doors, to remind staff of residents' particular needs e.g. if they were at risk of falls or had an element of cognitive impairment. This meant that staff were aware of these specific requirements and could take these into account when supporting them with care needs.

Residents were accommodated to have their breakfast at different times throughout the morning, in a nice leisurely manner. They spoke with inspectors and said they enjoyed the relaxed and calm approach to mealtimes. Inspectors saw that the lunch time meal was a busy, social experience and residents spoken with really enjoyed the choice of food on offer. One person was having a 'pint' with their dinner while another resident stated that they had a 'hot toddy' every night. This had a very positive effect on the quality of life and feeling of homeliness, which residents spoke about. A lovely comment was seen on a letter of thanks, received at Christmas time: the person spoke about how well their loved one was treated and said "they were all embraced with a warmth and affection, mirroring the care provided by staff" to their relative. Another resident told inspectors that "staff know their name, make their tea and made them feel welcome".

Some residents in the centre did not speak English as their first language. Communication approaches were demonstrated to inspectors for how this was managed, and care plans had been developed to inform staff of residents' preferred communication method. Some staff spoke the languages involved, such as French and Italian, and staff also used a picture recognition system. Residents were seen to be comfortable with staff, nevertheless, they would have benefitted if all staff wore name badges, as due to their cognitive challenges they had difficulty recalling names without prompts, such as name badges.

Overall, inspectors found that there was a positive, enabling culture in Brookfield Care Centre, which promoted the wellbeing of residents, while aiming to promote a person-centred, collaborative, supportive environment.

Oversight and the Quality Improvement arrangements

The governance and management arrangements in Brookfield Care Centre were comprehensive and well organised on a local level. On the day of inspection the person in charge and staff spoken with, stated that they were committed to ensuring that restrictive practices, such as the use of bedrails were minimised and reviewed, and that the rights of residents were respected and facilitated.

The person in charge had completed the self-assessment questionnaire prior to the inspection and assessed the standards relevant to restrictive practices as being, compliant. This had been submitted to the Chief Inspector prior to the inspection. Their self-assessment of relevant standards had been assessed as 'compliant'. Inspectors concurred with this assessment outcome.

Inspectors reviewed a sample of care plans, for the six residents who had bedrails in use, and found that detailed, personalised care plans had been developed. Inspectors also viewed care plans for residents, who experienced the behaviour and psychological effects of dementia (BPSD). It was evident that every effort was made to ensure residents rights were respected including access to a psychiatric consultant and the mental health team, where additional support was required. A member of this team was seen to be visiting one resident on the day of inspection.

Centre-specific policies were in place on the management of restrictive practices, responding to behaviours that challenge, and risk management. These guided staff in the appropriate use of restraint in the centre, in line with national policies and best practice guidance. Personalised strategies and interventions were outlined for staff, and these were seen to coincide with the guidance provided in the centre's policy. By way of example, 20 residents had access to low-low beds, instead of having bed rails raised and the physical environment was set out to maximise resident's independence with regards to flooring, lighting and handrails in each corridor. Inspectors were satisfied that residents were not unduly restricted in their movement around the centre. This finding was confirmed by residents and their relatives. One outdoor access door was seen to be locked but residents were able to access the outdoor area from an open door on another corridor. In addition, there was a lovely 'garden room' used for family visits, quiet times or parties, where a double door opened out to an internal courtyard. Afternoon tea could be booked for specific celebrations and the person in charge stated that booking was brisk for Valentine's day.

Inspectors saw that regular management, staff and residents' meetings were held in the centre. Minutes seen detailed a number of relevant issues and outlined the actions to be taken to address any area requiring improvement, in particular following audit findings. Advocacy services had been accessed for staff and the patient advocacy service had attended the centre to speak with residents and explain their remit. Staff confirmed that there were adequate staff and a good skill mix on duty in

order to meet residents' needs. The roster seen on the day reflected this and staff were seen to have been replaced, when absent for any reason. This meant that other staff were not unduly burdened when delivering care and that residents were not left unattended, due to insufficient staff in the centre. Inspectors spoke with staff about restrictive practices and management of restraint. They were knowledgeable and displayed a good understanding of residents' needs and rights. Staff were appropriately trained in safeguarding vulnerable adults, behaviours that challenge and restrictive practice with both, online and in-person training, provided for staff. Staff explained that this training gave them confidence and knowledge to provide best practice care approaches. A copy of the training matrix correlated with staff comments.

Complaints were recorded in a complaints log as required by regulation. These were addressed to the satisfaction of complainants with no active complaints in the centre at the time of inspection. Residents and relatives had been made aware of the complaints process and were confident that their issues would be addressed in a professional manner.

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

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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