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

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<tr>
<th>Name of designated centre:</th>
<th>Newbrook Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Newbrook Nursing Home Unlimited Company</td>
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<tr>
<td>Address of centre:</td>
<td>Ballymahon Road, Grange South, Mullingar, Westmeath</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>25 June 2019</td>
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<td>Centre ID:</td>
<td>OSV-0005702</td>
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<td>Fieldwork ID:</td>
<td>MON-0027158</td>
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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 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

1 Chemical restraint does not form part of this thematic inspection programme.
limiting a person’s access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

**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:**

<table>
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<tr>
<th>Date</th>
<th>Inspector of Social Services</th>
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<tr>
<td>25 June 2019</td>
<td>Siobhan Kennedy</td>
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**What the inspector observed and residents said on the day of inspection**

Residents willingly communicated their views to the inspector, individually and in group situations. They described their routines and talked about the things that they liked to do. Residents told the inspector that they did not feel restricted. They considered that they had a great quality of life and were facilitated to enjoy each day to their maximum capacity, while at the same time feeling safe and protected. The inspector observed their lived experience was of a high quality, and that person centred care was promoted which respected their privacy and dignity, and upheld their rights to independence and fulfilment.

The designated centre consists of two separate buildings, a single storey and a two story building. Both residential homes provided therapeutic and comfortable living areas for residents and the inspector saw that there were no restrictions regarding residents’ movements with in the centre or accessing safe external outdoor areas. Management, nursing and care staff informed the inspector that three residents were wearing a personal sound alert (wandering bracelet) to keep them safe from exiting the keypad secured front door without staff assistance. The inspector met and talked to the residents, individually. They did not consider this an unnecessary restriction. The inspector saw that some independent residents and some residents who were assisted by staff exited the front door freely. Also, receptionists were available to welcome visitors and/or assist residents if necessary.

Residents were keen to make sure that the inspector visited all of the gardens. The inspector saw that the internal and external grounds were landscaped to a high standard and included small shrubs and trees, colourful flower-beds, planters and garden ornaments such as bird feeders. One of the courtyards was set out in a traditional shopping streetscape design. Residents particularly wanted the inspector to see the garden decorations that they had created during their arts and crafts sessions. These included planters made from milk cartons and streamers made from a variety of soft drink bottles. The inspector saw that some residents liked to take a stroll around the garden, while others just wanted to sit in it looking at the plants and flowers enjoying the sunshine. Staff had made sure to protect residents from any excessive heat.

The inspector talked to a group of residents who preferred to view the outdoors from the large glass fronted sitting room and open plan hallway. They did not see that their lives were restricted in any way and they expressed clearly that if they wished to go out staff were always available to provide any assistance necessary, including escorting them. Throughout the day, the inspector saw residents independently or being escorted by staff enjoying the outdoors. A resident told the inspector that the day passed quickly because the resident loved looking out just watching the activity on a walkway along the river canal which the centre overlooks.

Primarily, the inspector observed that residents were accommodated in mostly single and some twin bedrooms. Most bedrooms had full en-suite facilities. Bedrooms varied in their layout and design and, in particular, an extension and the more recently built
centre provided spacious accommodation for residents. Some residents invited the inspector to see their bedrooms which they were totally satisfied with. Residents explained to the inspector how they were able to access all their clothing and personal items, either independently or with the assistance of staff. A resident pointed out the locked facilities where medicines were stored in the bedroom and told the inspector that this was just like being at home. Everything was close to hand.

The inspector saw that there were lots of photographs and ornaments in the bedrooms. One resident showed the inspector her favourite chair which was brought in from the family home. Another resident who was in bed was delighted to show the inspector a cosy bedspread with family photos printed on the fabric and a wall hanging of photographs which was strategically positioned for the resident to see. The resident nonverbally communicated to the inspector the significance of this conveying the comfort that it provided. The inspector saw no restrictions in relation to residents going to their bedrooms or other parts of the centre at any time throughout the inspection.

The inspector remarked that residents' bedroom doors were identified by their name and a picture cue of their particular profession or interests. Residents explained that this was done in consultation with staff and family in order to help them to easily locate their bedroom. Also the corridors were identified by a decorative name plaque and some residents identified the name of the area where they lived.

The inspector saw that the centre was homely and the décor and traditional pieces of furniture and soft furnishings were in keeping with residents’ previous lifestyles. The centre was spotlessly clean.

During the day residents were seen to be relaxing in the many communal sitting rooms and alcoves with seating which were located throughout the centre. A resident commented that it was great to have communal toilet facilities in close proximity to the sitting and dining rooms.

There was a central kitchen in each of the two buildings preparing separate menu choices for residents. Residents told the inspector that they loved the food as it was always tasty, great variety, hot and delicious. One resident said that no matter what you wanted the staff would go out of their way to make sure it was available. The evening meal observed by the inspector was a relaxed social occasion that provided opportunities for residents to interact with each other. Staff were seen assisting and supporting residents in a discrete and respectful manner. Snacks and drinks were available throughout the day. The residents highlighted that food and menu choices are always an agenda item at the residents’ meetings.

Residents described the varied and comprehensive programme of activities which was offered to them. This included bingo sessions, outings, arts and crafts, reminiscence and storytelling. They were delighted with the weekly music events. A resident reading the local newspaper introduced the inspector to the household budgie. This bird was to be distinguished from another budgie which was requested by and specifically obtained for the resident. It was explained that the resident’s life has been transformed since acquiring the new pet.
The inspector heard about the recent themed art exhibition in respect of global warming/recycling which was held in the centre. Both staff and residents were able to display their works which were made from recycled items. This provided huge excitement for all as it was open to the community and provided a forum whereby residents' work was recognised and provided great opportunities for socialisation. The art pieces included model making.

Residents were supported and facilitated to maintain personal relationships in the community. A resident who had just returned from dining out with her family in a local hotel informed the inspector that the centre met all her needs and expectations.

A hairdresser provided a wonderful service in the centre as she shared her joy of living with the residents. She was singing while creating different hair styles. This really enthused all of her customers who really valued the service. It was noted that residents could also choose to go to the community hairdressing service if they wished.

Groups of residents had gone on outings which could be organised quickly as the centre has its own wheelchair accessible transport.

The inspector heard that residents were facilitated to exercise their civil, political and religious rights. They had access to an oratory in both buildings. The inspector observed friends and relatives visiting throughout the inspection and there were a variety of areas in both buildings where residents could meet their visitors in private, including smaller sitting areas and a coffee/tea room. A resident communicated to the inspector that there were no restrictions in obtaining access to finances, which were being managed on the resident's behalf.

Positive meaningful interactions were observed between staff and residents throughout the inspection. Staff demonstrated good interpersonal and listening skills. Communication aids, signage, picture aids, telephones, radios, newspapers, magazines and computers were available to assist residents. A staff member informed the inspector that when a resident has difficulty in communicating their wishes they are supported through non-verbal means to convey their wishes. Advocates were available to try and ascertain residents’ wishes if necessary. The resident’s guide and statement of purpose were updated in large print to make it more accessible to residents.

Some residents described their medical care. Residents confirmed that their general practitioner and other allied health professionals such as speech and language therapists, dietician, optician and a physiotherapist, employed by the provider would all visit to make sure that they were healthy and received the services they required. These residents also knew that information in relation to their medicines and care was recorded by staff. They felt reassured by this process. The person in charge described the service as a multidisciplinary partnership between all those involved in the delivery of care and support. She further explained that residents have a right to refuse a service and treatment or to be transferred to another service.
Residents who were predisposed to experiencing episodes of behaviours and psychological symptoms of their dementia (BPSD) had a behaviour support care plan in place to inform their individual care and support needs. Staff were familiar with triggers to behaviours and the most appropriate person centred interventions to be adopted to engage or redirect residents experiencing such behaviours. All information in relation to responsive behaviours were recorded electronically on the XYEA system.

Residents and relatives were aware of the complaints process. There were no concerns highlighted during the inspection and there were no complaints in respect of restrictive practices.
Oversight and the Quality Improvement arrangements

There was a clear governance structure to manage the service which was familiar to the staff working in the centre and staff worked well together in their various roles and responsibilities. Staff demonstrated a commitment to quality improvement in respect of restrictive practices and had achieved a good standard. All the members of the management team made themselves available for the inspection.

There were a variety of formal and informal methods of communication between the registered provider representative, the person in charge, the practice development coordinator and the assistant director of nursing. These included weekly monitoring of restrictive practices which were submitted to the restraint committee to be kept under review. This was then reported to the provider as part of the monthly governance report and meeting.

Management described the procedures and practices for recruiting, selecting and vetting staff, the induction programme, probation reviews, supervision arrangements, staff meetings and annual appraisals with all staff. These were effective.

Staff confirmed that there were adequate staff and a good skill mix in order to meet residents’ needs without resorting to restrictive practices. They confirmed that if there was an emergency, the person in charge and provider would immediately authorise additional staff. The staff team were flexible and could respond to an emergency. Residents were highly complementary of the support and assistance they received from the staff team.

The inspector saw that staff were able to quickly respond to call bells and attend to residents’ needs in a person-centred manner. Residents were closely supervised by staff throughout the inspection.

The inspector watched staff provide care to residents in a calm and unhurried manner. Staff were very knowledgeable about residents’ needs and wishes and provided the inspector with a holistic picture of individual residents. The comment was made that if staff know the residents well, they can provide good quality care.

A catering staff member enthusiastically talked about the need to create a happy environment for residents and this was achieved by the catering team knowing residents’ individual preferences and providing what they wanted.

The inspector noted that management and staff were familiar with the definition of restrictive practice and were working well to achieve the underlying principles of working to reduce and/or eliminate any restrictive practices. Where restrictive practices were operating records showed that they were the least restrictive and for the shortest duration. For example none of the residents were using wheelchairs with lap belts and residents were assessed for maintaining their own cigarettes and lighters.
Management and staff had worked hard to reduce the need for using full length bedrails and currently only 15 out of the 109 residents being accommodated had bedrails in place. This was achieved by adopting alternative less restrictive measures, for example; the use of low low beds, foam floor mats, sensor mats and half bedrails. Other initiatives included monitoring systems, providing comprehensive individual and group activity programmes, supervision of residents and ensuring sufficient numbers of staff which included periodic use of one-to-one staff. Managers regularly reviewed staff numbers and skill mix and rostered additional staff when necessary. The provider had also arranged; additional seating areas for residents, assessments of mobility aids and provision of sound monitors.

Good practices were found when audits were undertaken to ensure the correct procedures had been followed and all the necessary documentation was completed that supported the use of full-length bedrails as a restrictive practice. This included risk assessments to ensure residents’ safety, consenting practices, the alternative least restrictive measures that had been trialled, a review of restrictive practices and documenting the times when the restrictive practice was not in use.

It was more difficult for the inspector to see the above good practices in relation to the three residents who were wearing a personal sound alert (wandering bracelet). The inspector was informed that it is not possible to remove the wandering bracelet and put it back on. Therefore the residents were subjected to wearing these even at times when they were fully supervised including the provision of personal care and attending activities. Alternative least restrictive measures had not been researched. Also it was difficult to track the above good practices regarding the use of Posey alarms which alerts staff when residents, assessed as having a high risk of falls attempt to move. The outcome of the over use of this type of equipment resulted in a noisy environment for the majority of residents. However, residents were proactive and informed management of the intolerable noise levels and requested that this restrictive practice be reduced and/or eliminated in their home. During a residents’ meeting dated 29 May 2019 the person in charge was able to feedback to residents that management were currently looking into a new pager system that staff would carry which would vibrate to alert staff thus eliminating the noise level.

A restrictive practice register was in place and was comprehensively up dated with regard to the use of full length bedrails but did not contain the same level of detail for other restrictive practices. For example, in respect of sound monitors it was not clear what alternatives were trialled and the duration/timeframe the restrictive measure would be in place so that they were not being monitored to the same extent and subject to on-going review.

The policy was up to date and guidance documents such as the national policy and the Health Information and Quality Authority standards were available. The inspector was informed that restrictive practices forms part of the annual review.
The person in charge had shared the completed self-assessment questionnaire on the day of the inspection with the inspector and assessed the standards relevant to restrictive practices as being compliant. The inspector concurred with this viewpoint judging that residents enjoyed a good quality of life where the focus was on continuing to reduce or eliminate the use of restrictive practices.
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. |
Appendix 1

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.