



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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven Nursing Home
Name of provider:	Brookhaven Nursing Home Limited
Address of centre:	Donoughmore, Ballyraggett, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	20 March 2025
Centre ID:	OSV-0000207
Fieldwork ID:	MON-0046367

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 20 March 2025	09:30hrs to 17:00hrs	Mary Veale
Thursday 20 March 2025	09:30hrs to 17:00hrs	Aoife Byrne

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

This was an unannounced focussed inspection on the use of restrictive practices. 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 had reduced over the past number of years.

Brookhaven Nursing Home is a two storey building situated near the village of Ballyragget in Co. Kilkenny. The centre is registered for 71 beds. There were 60 residents living in the centre on the day of inspection. The centre provides long-term, convalescence, palliative and respite care. On the day of inspection the inspectors did not visit the Kilminan wing as this part of the centre was experiencing an outbreak of an infection.

The inspectors observed residents in various areas throughout the centre, for example, some residents were having their breakfast in their bedrooms in the morning, and some residents were walking in corridors. The atmosphere was relaxed and calm. The inspectors observed that a small number of residents were in their rooms on the day of inspection. Some residents had their bedroom doors closed and privacy screens were in use in the shared rooms. Staff were observed discreetly assisting residents and knocking on doors before entering bedrooms.

Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the residents containing family photographs, and personal belongings. The centre was homely, clean and comfortably decorated with many homely features.

The design and layout of the centre did not restrict the residents' movement. The inspectors observed residents in the centre's communal areas. There was a choice of communal spaces. For example; two large dining rooms, sitting rooms, an oratory, visitor's rooms, and an aromatherapy room. Residents also had access to a large reception area and hair salon.

Residents had access to enclosed courtyard garden areas from all wings and an outdoor space to the front of the building. Doors leading out to the courtyard garden areas were observed not locked on the day of inspection. The courtyards had level paving, comfortable seating, tables, and flower beds. The inspectors were informed that residents were encouraged to use the garden spaces.

Residents who smoked had access to an indoor smoking room which was freely accessible. The inspectors spoke with a person who used the smoking area who confirmed that they could use this facility at any time of their choosing. The resident confirmed that they had access to their own cigarettes and an electronic safety lighter was available in the smoking room. This resident said that they were never prevented from doing anything that they wanted to do in the centre.

An electronic locking system was observed in place on the front door into the main reception area. The risk of having the door electronically locked was regularly assessed and reviewed in the centre's restrictive practice register, and it was included as part of the quarterly notifications submitted to the Office of the Chief Inspector. The inspectors were informed that residents who were able to use the key-code pad could do so if they wished. The inspectors observed that the physical environment allowed for care to be provided in a non-restrictive manner. Residents were seen mobilising independently and with the use of mobility aids around the centre throughout the day.

Residents told the inspectors that they were consulted about their care and about the organisation of the service. Residents said that they felt safe in the centre and their privacy and dignity was respected. Residents told the inspectors they liked living in the centre and that staff were always respectful and supportive. Residents told the inspectors that their call-bells were answered promptly and they were content and well looked after in this centre.

Staff were observed providing timely and discreet assistance, thus enabling residents to maintain their independence and dignity. Staff were familiar with residents' individual needs and provided person-centred care, in accordance with individual resident's choices and preferences.

There was adequate supervision of residents with staffing levels on the day of inspection suitable to the assessed needs of the residents. Staff were supported to perform their respective roles with ongoing mandatory and additional training. Staff whom the inspectors spoke with were aware of practices that may be restrictive, for example, low beds, lap belts and bedrails. Staff were very knowledgeable of the individual and person-centred needs of each resident.

Residents were very complimentary of the home-cooked food and the dining experience in the centre. Residents stated that the quality of the food was very good. Residents told the inspectors that they could have their meals in their bedrooms if they wished. The inspectors observed the dining experience at lunch-time. The lunch-time meal was appetising, well presented and the residents were not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times. Residents were observed chatting and laughing with staff and fellow residents throughout the meal-time experience.

Arrangements were in place for residents to feedback and contribute to the organisation of the service. Residents told the inspectors that the person in charge and staff were available to them and were responsive to their needs and requests. In addition to this informal feedback, there were regular residents' meetings. Residents whom the inspectors spoke with said that their family and friends could attend the centre at any time. Residents were supported to access the SAGE advocacy and the national advocacy agency if required or requested.

Improvements were required in the provision of activities for residents. At the time of inspection, the centres activity co-ordinator role was vacant and was in the process of being recruited. A resident told the inspectors that they missed planned activities such as bingo. Another resident who was mostly confined to their bedroom told inspectors that they did not have one-to-one recreational engagement. The inspectors observed residents attending a live-streamed Mass in the morning and a therapeutic activity in the afternoon on the day of inspection. The inspectors observed a number of residents leaving the centre to go for a walk around the centre. Visitors were observed coming in and out of the centre throughout the day and told the inspectors that they were always welcome and were assured of the care provided.

Oversight and the Quality Improvement arrangements

There was a positive approach to reducing restrictive practices and promoting a restraint-free environment in this centre. A register of restrictive practices in use was maintained in the centre. The centre had reduced its use of bedrails from 19 in 2023 to 10 bedrails in use on the day of inspection.

The person in charge was familiar with the guidance and had been working with the nursing and care team to reduce and eliminate where possible restrictive practices. The centre had completed the self-assessment questionnaire and had developed a targeted improvement plan. Resources were made available for staff training and for equipment such as low to floor beds.

Staff had undertaken mandatory training in dementia awareness and most staff were up-to-date with training in restrictive practice. The inspectors observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspectors observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

A register of restrictive practices in use was maintained on each unit in the centre. 10 of the 60 residents had a bedrail in use.

The centre had a service specific policy on the management of restrictive practices which was written in plain English and promoted the rights of residents. The consent form for residents that had a physical restriction were signed by the resident in conjunction with nursing and medical staff, and in consultation with the resident's family if appropriate. Restrictive devices were discussed at the centres meetings and formally reassessed at a minimum of every four months or sooner if indicated. Restrictive practices were audited regularly.

Overall there were good governance structures in place with ongoing auditing and feedback informing quality and safety improvement in the centre. There was good oversight of safety and risk with active risks around restrictions identified and controls in place to mitigate these risks. Falls management was good in the centre. All incidents were recorded and investigated. Post falls protocol included immediate and appropriate management of the resident with neurological observations monitored for all unwitnessed falls.

Complaints were recorded on an electronic system and were investigated. The registered provider had integrated the update to the regulations (S.I 628 of 2022) into the centre's complaints policy and procedure. The complaints procedure was clearly displayed in the centre and residents were aware of the process. Complaints received since the previous inspection in September 2024 had been dealt with appropriately. Complaints and incidents were audited and trends identified and learning informed safety improvements in the centre.

Care plans viewed detailed person-centred interventions and staff were very familiar with residents' needs and social histories. Validated assessment tools were used to risk-assess residents' needs and to ensure that each resident was supported in positive risk-taking through an informed decision, with the information on the rationale and possible risks associated clearly documented. An associate care plan was in place, and the inspectors saw that it detailed specific information on each resident's care needs and what or who was important to them. The care plans described the alternatives tried and instructed staff members to perform regular safety checks and instructions on restrictive practice use and release. There was also evidence in residents' notes that all residents where some form of restrictive physical practice was used were reviewed by multi-disciplinary teams such as residents' general practitioner (GP), physiotherapist or occupational therapist.

Notwithstanding the good practice observed in the documentation of restrictive practices. Further improvement was required to ensure documents such as writing instructions and photographs for the use of specialist equipment for specific residents was stored appropriately to ensure resident's dignity was maintained.

Overall, the inspectors identified that management and staff in Brookhaven Nursing Home were committed to promoting a restraint-free environment for residents. While opportunities for improvement were identified during the inspection, it was clear that residents enjoyed a good quality of life to the best of their abilities.

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.

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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