



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

Name of designated centre:	Beach Hill Manor Private Nursing Home
Name of provider:	Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	25 January 2024
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0040638

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 25 January 2024	09:55- 16:15	Nikhil Sureshkumar	Lead

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

Overall, the feedback from the residents was highly positive about the care and service they received in the centre. The inspector observed that the person in charge, together with the staff, were working towards ensuring a good quality of life for the residents in which their rights are upheld and their independence is promoted.

This was an unannounced, focused inspection on the use of restrictive practices. The inspector spoke with five residents during the inspection, and some residents commented that "I like this place, and the food is great", "the staff are excellent, and they are very supportive", "I love the outings, and we went to a hotel recently".

The centre is located near Lisfannon and Buncrana Beach and is close to local amenities. The centre has a reception area to welcome the residents and visitors arriving at the centre. Residents are accommodated in single and twin bedrooms located in one of the centre's three units, namely Camlen, Foyle, and Swilly.

Upon arrival, the inspector met with the person in charge of the centre. Following a brief introductory meeting, the inspector went for a walk around the centre to observe residents in their lived environment and to meet with residents. The centre had a calm and relaxing ambience, and residents had access to all communal areas and were seen moving freely around the centre, including the safe outdoor garden areas.

The centre appeared generally clean, and the provider had carried out repair and painting works to address the non-compliant findings of the previous inspection. The inspector went to view some residents' bedrooms and found them nicely decorated and well-presented. However, the floor coverings of two twin bedrooms were visibly damaged, which was a repeated finding of the previous inspection.

Residents had access to their wardrobes, and their clothes were found to be nicely folded and neatly hung in their wardrobes so that residents could manage their personal clothes. Residents' personal belongings, such as photo albums and jewellery, were securely stored in bedside cabinets, and the bedside storage cabinets were tidy, which again helped to ensure that residents could manage their personal belongings more easily.

The inspector observed that each twin-bedded room had sufficient privacy curtains to ensure the privacy of residents staying in these rooms. However, the current layout of two twin-bedrooms would not allow residents to have a comfort chair and a bedside cabinet within their bed spaces as required by the regulations. The inspector was informed that the layout of these two rooms had been recently changed to ensure residents could see out of a window from the room and to have access to natural lighting. In addition, these residents' beds were placed close to the walls of these rooms, which restricted residents' ability to move around their beds when they were in their bedspace. Furthermore, the position of the privacy curtains in these twin-

bedrooms was too close to each bed, making it difficult for staff to manoeuvre a full-body hoist within the bed space of the two residents without restricting the safety, privacy, and dignity of both residents. The current residents accommodated in these rooms were independent to move around the centre.

The inspector also noted that there was only one television for two residents in these bedrooms, which may potentially restrict the residents' preferences and choices to watch their favourite programme in private without interrupting the other resident in the room.

There were a sufficient number of communal toilets available in the centre, and they were equipped with fully functional door locks to ensure residents' privacy when using the facilities.

Staff interactions with residents were friendly and respectful. The call bells were answered without any delay. The inspector observed that residents appeared to be well cared for, well-groomed, and dressed in their preferred clothing. Staff attended to residents' care needs in a respectful and dignified manner and demonstrated appropriate manual handling techniques while assisting residents in moving around the centre.

Residents had easy access to televisions, newspapers, and radios to stay informed and entertained in the centre. Additionally, the centre had notice boards containing information on upcoming events, activities, and menus, which helped to promote a sense of community and engagement among the residents.

The centre had a full-time activities coordinator to support residents in engaging in meaningful activities. An activity schedule was available in this centre, and residents were encouraged to participate in various activities such as chair exercises, board games and puzzles. An external musician performed a live music session on the day of the inspection, and several residents who spoke with the inspector said they enjoyed the music sessions. There were no restrictions on attending activities if residents wanted to participate.

A range of social outings were arranged for residents to attend outdoor events held in local hotels and a theatre. Some residents told the inspector that the staff arranged transport facilities for them to attend events at a hotel.

The provider had made close links with communities, such as a local school, to facilitate children visiting the residents. These visits were facilitated so that residents could maintain links with the local community in order to promote on their well-being.

Additionally, the inspector was informed that a number of residents had been able to access a nearby day centre in the past, which provided opportunities for these residents to maintain close links with their communities. However, since the start of the COVID-19 pandemic, residents' access to the day centre has been restricted, causing limitations for those residents who used to benefit from it. The provider had engaged with an advocacy service aimed at restoring residents' access to these services. Despite

their efforts, the residents still were not been able to access the day centre, and the issue remains unresolved.

The centre had a low incidence of responsive behaviours, and the staff who spoke with the inspector were knowledgeable about the needs of individual residents and evidence-based best practices on the use of restraints.

The inspector spent time in the dining areas to observe residents' dining experiences. There was an adequate number of staff available to assist the residents during their meal times. A menu choice was available for residents, and the inspector was informed that the provider was updating the centre's weekly menu in consultation with the residents. The food served to residents appeared to be wholesome and nutritious, and the residents who spoke with the inspector said that their choices and preferences about their food were respected. Some residents said that they had sufficient quantities of food, that their meals were not rushed, and that they enjoyed the company of other residents during meal time.

The inspector observed that the residents had no restrictions in place to receive visitors, and residents were happy with the current arrangements to meet with their family and friends. Visitors who spoke with the inspector confirmed that they were able to meet with their loved ones without restrictions. The inspector observed visitors spending time in communal areas with the residents during the live music sessions.

Oversight and the Quality Improvement arrangements

Overall, the residents were supported to be active participants in the running of the centre. The provider had developed a targeted quality improvement plan to manage and reduce restrictive practices in line with the national policy on restraints.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider for the designated centre. The provider had a clearly defined management structure in place, with clear lines of authority and accountability, and the staff who spoke with the inspector were knowledgeable about the centre's reporting structure. The person in charge worked full-time and is a designated safeguarding officer in the centre.

There were adequate numbers of staff with appropriate skill mix to meet the needs of residents on the day of the inspection. However, the provider's contingency arrangements that were in place to replace the unplanned absence of staff nurses during several weekends were insufficient. The inspector was not assured that the staffing levels of nurses during weekends were sufficient to manage any potential responsive behaviour incidents and meet the

residents' needs. This was brought to the provider's attention, and this issue was addressed on the inspection day.

The inspector reviewed a sample of the staff file and the schedule of training records maintained at the centre. The records indicated that staff were up-to-date with mandatory training appropriate to their roles, such as safeguarding, restrictive practices, managing responsive behaviours, fundamentals of advocacy services and human rights-based approach in care.

The person in charge held regular safety pause meetings for clinical and non-clinical staff to ensure that the staff were regularly appraised regarding the various safety issues occurring in the centre and to reinforce the training staff received to ensure a restraint-free environment. The provider also had a national-level monthly quality improvement reporting system to drive quality improvement in the centre.

The centre had developed policies for managing responsive behaviour and for reducing restrictive practices. The provider kept a restraint register to record any restraints used in the centre in line with the centre's policy. The provider had identified that the use of low-entry beds or low-low beds, high-density floor mats or crash mats, sensor mats and bed sensors were considered restrictive practices. A review of the restraints records showed that where restraints were used, these were implemented following risk assessments and consent from residents and following consultation with a multidisciplinary team.

In addition, a restrictive practice committee had been established to review the centre's use of restraint and work towards a restraint-free environment. The committee structure consisted of a multidisciplinary healthcare team, which met at regular intervals. The centre had eliminated the use of bedrails in this centre by upholding the principles of fairness and was found to be promoting a human rights-based approach in decision-making on the use of restrictive practices.

Regular management and staff meetings were held in the centre, and the provider had good communication systems in place to ensure service improvement.

Residents' meetings were held regularly in the centre, and the meeting minutes indicated that residents were consulted with and supported to participate in the organisation of the centre.

Residents' satisfaction surveys had been carried out recently, and the inspector was informed that the survey outcome was being analysed at the time of this inspection. However, the completed satisfaction survey questionnaires were unavailable to the person in charge and the inspector on the day of the inspection. As a result, the inspector was not assured that the person in charge could appropriately respond to any potential concerns or feedback that would be raised in the questionnaire, which required immediate attention. Nevertheless, the provider assured on the day of inspection that once the

residents complete the satisfaction surveys, a copy of it will be made immediately accessible to the person in charge.

The inspector reviewed a sample of care files and found that appropriate assessments were carried out to review residents' care needs following episodes of responsive behaviours. In addition, appropriate care plans were developed for the residents to provide sufficient information for staff in relation to the use of restrictive practices and managing responsive behaviours.

Residents' choices to retain their general practitioners (GPs) of choice were respected, and they had timely access to their general practitioners (GPs), allied health professionals, and specialist medical and nursing services. Residents were supported in attending outpatients and other appointments, such as national screening programmes.

The provider was a pension agent for some residents, and the provider's arrangements to manage the pension monies of residents were not restrictive. For example, the residents had access to their monthly invoices regarding nursing home charges, which clearly identified the flow of pension monies from the residents' pension account.

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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