

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

Issued by the Chief Inspector

Name of designated centre:	Mill Lane Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Sallins Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	20 March 2025
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0045582

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	08:20hrs to 14:30hrs	Sinead Lynch
Thursday 20 March 2025	08:20hrs to 14:30hrs	Maureen Kennedy

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

Overall, the inspectors found that the management of the centre promoted a culture of respect and a person-centred approach to ensure that residents living in the centre had a good quality of life, were encouraged to exercise their choices and had their rights respected.

This was an unannounced inspection to monitor the use of restrictive practices in the designated centre.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of Mill Lane Manor Private Nursing Home. The senior management team included the provider representative, regional director, associate regional director, the person in charge and a team of nursing and healthcare staff.

The centre was home to 63 residents with bedrooms over two floors. The ground floor contained bedrooms, all communal spaces, the kitchen and dining spaces, the reception, day spaces, an oratory and staff areas. The first floor contained bedrooms and bathrooms. There are nine twin-occupancy rooms and 52 single occupancy rooms. All rooms at the centre are en-suite with shower facilities. Additional assisted bathrooms are also available on both floors for residents who need them.

The inspectors saw that the centre was bright and clean. The atmosphere was relaxed, and care was observed to be delivered in an unhurried manner. The staff knocked on the door before entering residents' bedrooms and discreetly offered assistance to residents.

The daily food menu was clearly displayed and included a choice at each mealtime. The inspectors observed the lunch-time dining experience. The inspectors observed that staff were available to assist residents.

The visiting was not restricted, and the inspectors observed visitors coming and going in the centre throughout the day.

Residents were observed mobilising independently around the centre and going from the day room to the dining room and their bedrooms. There were no restrictions on how residents spent their days. One resident who was in their bedroom informed the inspector that this was their wish, and staff supported their choice.

There was an appropriate level of staffing on the day of the inspection. Staff were allocated to different areas depending on the dependency of the residents. Residents were assessed using an evidence-based dependency scale every four months, or

more frequently if changes occurred. Residents that required supervision or supports were observed to have the appropriate resources in place.

There was an activities team allocated to cover seven days a week. They were well known to residents. They provided the residents with an array of activities. Residents spoke very highly about this team and how they made every effort to keep them well entertained. One resident said they are 'kept busy and alive' while another resident said 'there is no time to sleep here, there is always something going on'.

Staff had completed restrictive practice training and in their conversations with the inspectors they demonstrated awareness of what restrictive practice was and the negative impact on the residents. Staff had also been provided with training on the practice of taking the 'Human rights-based approach'.

Oversight and the Quality Improvement arrangements

The governance and management structure in Mill Lane Manor Nursing Home was well-established and worked effectively, promoting a restraint-free environment. On the day of the inspection the inspectors were met by the assistant director of nursing and a member of the senior management team. Both team members knew the centre, the residents and the background to the supports required in order to meet their care needs. The person in charge was on leave on the day of inspection, however, there was a competent person deputising in their absence.

The person in charge had completed the self-assessment questionnaire prior to the inspection and identified a quality improvement plan for the restrictive practices. They had judged the centre and its practices compliant in most areas but had developed improvement plans where necessary.

There was a restraint policy in place that guided staff regarding the use of restrictive practices. Staff members were trained in up-to-date evidence-based practices for caring for vulnerable adults and understanding responsive behaviours. The training records reviewed also included training in restrictive practices.

The centre maintained a restraint register to document any use of restrictive practices, with monthly audits conducted for oversight. The annual review showed multi-disciplinary involvement and that all restraints were reviewed by the general practitioner and physiotherapist.

There was a resident ambassador appointed by fellow residents living in the centre. This nominated person arranged the meetings to include an agenda. They also represented residents who were unable to put forward their point of view. Minutes of these meetings were made available to the inspectors. There were quality improvement plans implemented and learning identified to assist the team in driving improvements for residents.

There were posters displayed around the centre indicating the advocacy supports available to residents. These included contact details and what they could assist residents with.

The inspectors observed that there were six bed rails in use in the centre. However, three of these bed rails were only in use on one side. There were restraint and release logs in place while the restraints were in use. Other restrictive practices in use were seven sensor alarms and one resident using bed wedges. There were key pads in place on some exit doors. However, there was a butterfly system in place to offer minimum restrictions to those residents who had capacity to enter and exit independently.

Each resident had an assessment completed prior to any restraint being utilised. Following this risk assessment in conjunction with the multi-disciplinary team (MDT) a comprehensive care plan was initiated. These assessments and care plans were reviewed every four months, or sooner if there was a change in the resident's condition. There was evidence that residents were involved in the decision process where possible.

Pre-admission assessments including communication needs were assessed by the person in charge to ensure the service was able to meet the needs of the residents. Residents who were admitted to the centre and may have used restrictive practice methods such as bed rails prior to admission had a thorough assessment completed. The least restrictive approach was initially tried, and subsequent assessments resulted in a decision made by a multi-disciplinary team, which included the resident's involvement.

Overall, the inspectors found that there was a positive culture of encouraging residents to pursue their own choices and to enjoy a good quality of life with the support of the staff working in the centre and their loved ones.

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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