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Brampton Care Home, OSV-0005812, 22 November 2019

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

Issued by the Chief Inspector

Name of designated centre:	Brampton Care Home
Name of provider:	Brampton Care Ltd
Address of centre:	Main Street, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	22 November 2019
Centre ID:	OSV-0005812
Fieldwork ID:	MON-0028157

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	Inspector of Social Services
22 November 2019	Una Fitzgerald

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

This was an unannounced focused inspection on the use of restrictive practices. Residents were supported to live a good quality of life in this centre. Overall, restrictive practices in use had been identified and used to promote the wellbeing, independence and safety of individuals.

On arrival at the centre the inspector was welcomed by the person in charge. A small number of residents were in the day room and some were mobilizing around the various parts of the centre. There was a relaxed atmosphere with staff observed assisting residents in a respectful and unhurried manner.

Residents had the choice of locations where to have their breakfast -their bedroom, a large dining area or a smaller kitchenette style room. The kitchenette room was cosy and inviting. A member of staff was present to take breakfast requests. The inspector sat in this room chatting to residents. Residents told the inspector that there was no restriction on their movement within the centre. The feedback on the management and the staff was highly complimentary. When asked about the daily lived experience one resident replied "like being in paradise".

There was sufficient accessible space for residents to access or walk or move around within and outside of the centre. The doors leading out into the internal courtyard and enclosed smoking area were open. The centre operated over two floors with two passenger lifts for access. There was no restriction to the use of the lift and residents were able to use it independently.

The centre was suitably and comfortably decorated with many homely features. The communal rooms were furnished to a very high standard. There were comfortable armchairs, side tables, and framed art work on display. Each resident had access to locked storage in their bedroom. The inspector spoke with multiple residents in their own bedrooms. The bedrooms were personalised with items such as family photos, books, and belongings that were important to the resident. For example, lamps, pieces of art and in some cases furniture brought in from home. Residents spoken with were very happy with their bedroom size and confirmed that they were free to move items around to a layout that most suited their individual needs.

There was one main access and egress point in the building at the main reception. The front door was locked. The management team advised that residents could come and go at any time and that a member of staff was always available to open the door. The code to the door was not available to residents. This was discussed with the management team during the inspection. The management team committed to review this practice and were in agreement that free access for the door could be given to any resident who wished to go outside, subject to them having sufficient awareness and capacity to be safe while doing so.

The inspector observed that staff chatted freely with residents on topics of interest to them. The inspector observed there was a range of stimulating and engaging activities that provided opportunities for socialisation and recreation. The centre had

staff appointed for activities. In addition, all staff had a good understanding in their role and responsibility regarding normal socialisation and engagement with residents. Staff considered activities an important part of their role to ensure residents were comfortable and at ease in the environment.

Residents were supported to participate in the organisation of the centre by resident meetings. The minutes of the August 2019 minutes were reviewed. Resident's feedback was taken seriously with evidence of quality improvement from suggestions made. For example; introduction of movie night two days a week.

The centre has placed a high value on ensuring that the centre becomes imbedded into the community. The management team had invited local community representatives to meet with residents to discuss a variety of topics. On the morning of the inspection a local school class arrived to meet with the residents. This community initiative occurs every Friday. The inspector observed that the residents enjoyed the interaction. In addition, advocacy services were also available from the national agency for advocacy and this was advertised in the centre.

Oversight and the Quality Improvement arrangements

There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this centre. The person in charge had completed the self-assessment questionnaire. The inspector found clear evidence that the management team have made significant progress to ensure that the centre is promoting a restrictive free environment that will enhance the daily lived experience of the residents. The person in charge had a restrictive practice register that was comprehensive and detailed. All requests for information specific to restrictive practices was made available in a timely manner.

Staff had undergone training in restrictive practices and were aware of practices that may be restrictive, for example; removing mobility aids during meals. There was adequate supervision of residents with current staffing levels suitable to the assessed needs of the residents. There were appropriate risk assessments for responsive behaviours, smoking, environmental risks and falls with the least restrictive controls in place. Falls management was good in the centre. All incidents were recorded and investigated. Reassessment of the resident's needs following a fall included a review by the physiotherapist and a full review of their risk for falling again, with their care plan changed accordingly.

Complaints were recorded separately to the residents' care plans and were robustly investigated. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. The inspector reviewed the complaints log in the centre. There was one complaint logged relating to restricted practice. The detail was clearly documented and demonstrated that the person in charge was receptive and responsive to complaints from residents.

Care plans were comprehensive and detailed to guide staff to provide the person-centred, individualised and respectful care which the inspector observed being delivered to residents. On the day of inspection there was one resident with bedrails in place. A safety risk assessment was completed and there was a signed consent form. In addition there was clear evidence that the multi disciplinary team inclusive of a GP, occupational therapist, a physiotherapist and the nursing staff were involved and consulted with.

The person in charge advised that there was a small number of residents that had behavioural support needs. On review of one file the care plan in place was detailed and comprehensive. Triggers were identified that may result in the resident becoming anxious. In addition de-escalation techniques were also identified. This allowed staff to provide person-centred care to the person and avoid an escalation which may require the need for the use of a restrictive intervention management practice.

The centre had access to equipment and resources that ensured care could be provided in the least restrictive manner to all residents. Where necessary and appropriate, residents had access to low low beds and alarm mats instead of having bed rails raised. The physical environment was set out to maximise resident's independence regarding flooring, lighting and handrails along corridors. The inspector was satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment.

The inspector was satisfied that the person in charge had identified all restrictive practices and had effective oversight of its use in the centre. In addition, the inspector judged that the management team were committed to ensure that the centre was actively promoting a restraint free environment.

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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