



# Report of a Restrictive Practice Thematic Inspection of a Designated Centre for People with Disabilities

Name of designated centre:	Re Nua
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 November 2019
Centre ID:	OSV-0002440
Fieldwork ID:	MON-0027486

## 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 Services for Children and Adults with Disabilities. 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 Support of Residents in Designated Centres for Persons (Children And Adults) with Disabilities) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental<sup>1</sup> 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

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<sup>1</sup> 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:**

Date	Inspector of Social Services
05 November 2019	Tanya Brady

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

This centre is home to six individuals and is a bright, spacious, purpose built single storied house on the grounds of a Primary Care and Care doc facility. It adjoins a number of self-contained apartments to one end of the building although these are accessed separately. It is home to both male and female residents over the age of 18 years, who present with an intellectual disability and may have a secondary diagnosis of mental health and/or physical disabilities.

Within the centre, five of the residents have lived together since the centre opened having all transitioned from living in an institutional setting previously. The person in charge and staff members who spoke to the inspector over the course of the day, all referred to building 'trust' over time, between residents and the staff team, as the biggest contributing factor to improving quality of life. This is reflected in reduced incidences of behaviours that challenge, significant reduction in the use of chemical restraint and an increase in the engagement of individuals in their community.

The main entry door to the centre is kept locked and care is taken to ensure that it is relocked on entering into the building. The provider was aware that the locked front door was in place particularly for some individuals but not all. This was under ongoing review, in particular as some residents held keys to their personal spaces within the centre. Other doors leading out from the centre open into an enclosed garden and are open to residents. In the garden the provider had a large gazebo which was recently re-orientated to ensure it faced a pathway so that all residents could access it.

The centre has two living rooms and additional spaces dedicated to art or to relaxation. One resident who mobilises in a wheelchair can access one of these rooms independently as the door is open, for the other room they require staff support to enter. A room off the hall is named 'café nua' and some of the residents can prepare something to eat or drink independently here or use it as a quieter space for meals if they wish. The main kitchen for the centre is locked with a keypad on the door and separated from the dining room via a large hatch, which can be closed off with a metal shutter. The shutter is no longer in use or the kitchen visually closed off when staff are present; however residents are still unable to enter the kitchen without staff support. This restriction had always been in place and was reviewed and continued following a significant choking incident for one resident; a number of residents are high choking risks although not all. A resident who offered to make the inspector a coffee, was observed having to knock to gain entry to the kitchen. Another resident who likes to set the tables has to request the items be passed out from the kitchen. It was discussed on the day the possibility of items being moved to a cupboard in the dining room such as cutlery or napkins. Meals are provided from the hospital kitchen and served from the kitchen within the centre, the inspector noted that residents were consulted on their preferences for the week and there were choices available at each mealtime. Residents who required modified texture or consistency were also catered for. A staff member from the catering department attended the centre on a regular basis to ensure resident's needs were met and their preferences known.

Within the centre all residents have individual bedrooms, two are large bedrooms laid out like small studio apartments with laundry and a kitchenette as well as living and sleeping spaces. In one of these a resident used the laundry facilities independently and had double doors leading to the garden where a washing line had been erected for their use. They proudly showed the inspector their personal space with items that had a lot of meaning for them on display and talked through the contents of their cosmetic bag, explaining that staff helped them putting on their makeup. They joked that staff wanted their new bed as it was so comfortable. This resident had a key to their own 'front door' into their apartment from an internal corridor. The other resident in an apartment did not utilise the laundry or the kitchenette. However their space was also personally decorated and contained many photographs and personal items on display. All other residents had their own large individual bedrooms. For one resident whose bedroom had been locked as they previously would turn on taps flooding the bathroom, the provider had fitted sensor taps which shut off after a set period of time, these were also fitted in Café nua and had allowed these two rooms to now remain open. In another bedroom a resident had a collection of animal ornaments which they liked to have on display. A resident who liked to look at them was entering the bedroom to explore the ornaments without permission and there was a risk of them becoming damaged. Rather than request they were put away or the residents room locked, the provider had a secure clear box made to display the ornaments for the owner to enjoy without them being placed at risk.

For one resident who had transitioned from an institutional environment, where they had reported selecting clothing from a central supply the option to have their own clothing in wardrobes and drawers was of particular importance to them. This had initially led to anxiety for the resident who wanted their bedroom locked at all times as if open they felt the need to recheck their wardrobe continuously. The person in charge had implemented a phased plan for the bedroom to be open and available for short periods at set times of the day leading up to the current situation, where the resident can access the key to their room on request throughout the day for a period of time decided by them. This plan remains in place with the view of continually reducing the restriction of staff holding the key in the office.

Residents were observed on the day of inspection engaging with each other and with members of the staff team. One individual liked to observe the comings and goings of others and so an armchair had been placed for them on the corridor near the dining room. Other residents were seen to approach them to interact or staff would stop to chat as they passed by. This spot became a focal point for a number of interactions over the day. One resident enjoyed participating in social groups that were run in conjunction with another provider and had developed a relationship with a peer in another centre. They were supported to meet for a coffee or to attend Boccia together. Residents gathered in the morning to participate in a chair exercise and activation session supported by an external facilitator where staff also actively participated. Staff were also observed over the day, supporting some residents in maintaining mobility with gentle walks within the centre along the corridors and the person in charge had ensured there was interesting art work most done by the residents and clear bright spaces to enjoy. One resident on their walk stopped to speak with the inspector and to introduce themselves, and to explain they were going to collect their favourite item from their room which they called a 'dibbie'. For another

resident who was non-verbal the staff clearly demonstrated great skill in interpreting communication cues such as directed eye gaze to select an item when making a choice or in engaging attention from another person to request they stop and chat.

All residents in the centre meet together as a group on a Sunday and are supported to discuss relevant items that impact on the running of their home. Certain items are discussed at each meeting such as the rights of individuals who live in the centre; a specific 'right' only is identified for discussion at individual meetings. The inspector viewed minutes that related to conversations on the right to privacy, this had led to discussion on individuals having the right to lock their personal spaces or to display 'private' notices if they requested. It was also noted that residents' completed questionnaires with staff support, specifically on areas they like or don't like or feel should improve in their home. The most recent in June 2019 identified that some residents would like more opportunities to engage in their community and this had led to engagement with another provider as well as increased activities for others either outside of the house or via external facilitators coming in.

There were a number of restrictive practices in place that had been prescribed by the appropriate health and social care professional such as the use of a bed rail, a sensor alerting mat and the use of lap belts on wheelchairs. For one resident who used a particular security buckle on their wheelchair lap belt there was a protocol in place for opening this every two hours for ten minutes allowing for a change in position. This was carefully monitored, recorded and reviewed. One resident who uses a specialist tricycle, prescribed for their use requires the use of a lap, chest and hip belt in addition to foot straps for their safety. The provider is committed to ensuring that residents and their representatives have sufficient information to support decision making for individuals which keeps their rights at the forefront of all decision makers and subsequent decisions, for example, in areas such as managing their finances. A recent meeting was facilitated by the provider with families and representatives by an external advocacy service to discuss capacity and the financial rights of individuals.

## Oversight and the Quality Improvement arrangements

The provider and person in charge demonstrated a positive and open approach to the use of restrictive practices within this centre. It was apparent from discussion, and reviewing documentation, that some processes were still evolving and others had only recently been put in place. However it was clear that the aim of the service was to reduce and/or eliminate restrictive practices where possible.

The provider had a restrictive procedures and restraint policy which had recently been revised, this guided staff practice at a local level. The service overall is currently undergoing revision, with oversight transitioning to shared responsibility with another geographic area. The provider was clear that the current policies, procedures and protocols remain in place until new revised documents are completed. The provider and person in charge were scheduled to attend a new combined restrictive practice committee with the other region, where they would be bringing referrals regarding restrictions in place for this centre for discussion. A rights review committee had been in place locally with membership both external and internal to the provider and they had commenced 'rights review training' in order to better support residents.

The person in charge had engaged in a substantive piece of work over this year in reviewing the restrictive practices within the physical environment of the centre. This was displayed in the office and for each locked door or practice recorded there was a rationale outlined, with suggestions for change in line with specific risk assessments. This clearly demonstrated change as since January 2019, eleven internal doors were locked and audio monitors in use in resident bedrooms to on the day of inspection seven doors locked and no audio monitors in use.

The person in charge had also developed the restrictive practice register held in this centre and it was initially established in January 2019. It was seen to vary month to month with some restrictions previously in place now no longer in use and others reducing in frequency or duration. However there were a number of restrictive practices not identified or recorded such as the locking away of residents shaving and/or hygiene products in locked boxes within their en-suite bathrooms or the keeping of individuals DVDs locked in the staff office. The person in charge had additionally recently audited restrictive practices.

Following completion of the self-assessment questionnaire in advance of this inspection the person in charge had also begun to develop a quality improvement plan. This was seen to have identified a number of actions which were currently being reviewed or considered. One such was a review of staffing as residents had reported they would like to increase their opportunities to engage in their community and it was noted that in particular at weekends staffing levels were lower. The person in

charge and the provider were looking at both the designation of staff in the centre and were currently actively recruiting staff.

Staff that were in the centre were committed to ensuring the residents had a good quality of life and sought the inspector out to discuss their understanding of restrictive practices and areas where they could make changes. They were up to date with their training requirements and were well supported by the person in charge and the provider.

Overall the inspector found that the ethos and culture in this centre was positive when it came to reviewing restrictive practices in place within the centre. Residents' wellbeing and lives were central to the quality of care offered. The oversight and processes in place are new, still developing and continuously being revised within this centre and when the new management structures are in place, then more consistent oversight at a provider level should allow for a more formalised approach to managing restrictive practice.

## 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.

<b>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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### The National Standards

This inspection is based on the *National Standards for Residential Services for Children and Adults with Disabilities (2013)*. 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 adults and children 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 of adults and children with disabilities 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:

- **Individualised Supports and Care** — how residential services place children and adults at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for children and adults , using best available evidence and information.
- **Safe Services** — how residential services protect children and adults 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 development for children and adults.

List of National Standards used for this thematic inspection (standards that only apply to children's services are marked in italics):

## 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 person 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.

Theme: Use of Resources	
6.1	The use of available resources is planned and managed to provide person-centred, effective and safe services and supports to people living in the residential service.
6.1 (Child Services)	<i>The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.</i>

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service.
7.2 (Child Services)	<i>Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.</i>
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of people living in the residential service.
7.3 (Child Services)	<i>Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.</i>
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	<i>Training is provided to staff to improve outcomes for children.</i>

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred/child-centred, safe and effective residential services and supports.

## Quality and safety

Theme: Individualised supports and care	
1.1	The rights and diversity of each person/child are respected and promoted.
1.2	The privacy and dignity of each person/child are respected.
1.3	Each person exercises choice and control in their daily life in accordance with their preferences.
1.3 (Child Services)	<i>Each child exercises choice and experiences care and support in everyday life.</i>
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	<i>Each child develops and maintains relationships and links with family and the community.</i>
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	<i>Each child has access to information, provided in an accessible format that takes account of their communication needs.</i>
1.6	Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.
1.6 (Child Services)	<i>Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.</i>
1.7	Each person's/child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services	
2.1	Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.
2.1 (Child Services)	<i>Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.</i>
2.2	The residential service is homely and accessible and promotes the privacy, dignity and welfare of each person/child.

Theme: Safe Services	
3.1	Each person/child is protected from abuse and neglect and their safety and welfare is promoted.
3.2	Each person/child experiences care that supports positive behaviour and emotional wellbeing.
3.3	People living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being

	required due to a serious risk to their safety and welfare.
3.3 (Child Services)	<i>Children are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.</i>

<b>Theme: Health and Wellbeing</b>	
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4.3	The health and development of each person/child is promoted.
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