Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Dearglishe Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	26 September 2019
Centre ID:	OSV-0002610
Fieldwork ID:	MON-0027432

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[1] 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

[1] 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
26 September 2019	Ivan Cormican

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

The designated centre is registered to provide a residential service for up-to-eight residents who have a disability. Some residents who were using the service on the day of inspection had high physical needs and also required assistance with their health care. Each resident lived in the centre on a full-time basis and residents attended two separate day services on days of their choosing throughout the week.

The centre was part of a large congregated setting and it was located in one aspect of a large two-storey building. Even though the centre was part of a congregated setting, the provider and staff team had made notable efforts to ensure the general environment was homely. The centre had its own front door and residents' bedrooms were cosy and decorated with personal effects and memories of family, friends and events in their lives. There was also a large spacious sitting room area and music which was playing in the background throughout the inspection gave the centre a pleasant feel. There was also a large kitchen which residents could access freely and the layout of the building promoted accessibility for those with reduced mobility. As mentioned above, the provider had made good efforts to make the centre homely, but further improvements could also be made, for example, there was a large nurses' station located in the main sitting area which detracted from the overall home-like qualities of the sitting area.

The inspector conducted the majority of the inspection from the communal living area which gave a good opportunity to observe what life was like for residents and also to observe work practices. Residents were finishing their breakfast when the inspection commenced and staff were observed to interact in a familiar and pleasant manner with residents. There were no formal arrangements in place to assess if the rights of residents were promoted, but throughout the inspection the inspector observed that residents were actively consulted and engaged with. For example, staff who engaged with residents with reduced mobility ensured that they spoke with the resident at their own eye level and they were observed to fully explain what they were doing such as assisting with meals, administering medications and assisting with activities. A nurse who met with the inspector also had a good knowledge of a resident's individual communication needs and was observed to respond to vocalisations which indicated the resident was seeking assistance. A communication profile was in place was which recently updated and also reflected staff knowledge.

The inspector met with five residents and some residents were unable to fully verbalise their thoughts and feelings but they did appear to enjoy living in the centre. They were very relaxed and were happy to interact with the inspector for a short period of time. One resident did speak with the inspector, but they did not indicate if they liked or disliked their home. Again this resident was generally relaxed and staff were observed to interact with them in-line with guidance in their personal plan. As mentioned earlier, the centre was part of a congregated setting and some practices were institutionalised such as central laundry and meal services; although the provider had made some inroads in enhancing the lived experience of residents such as menu choice and preparing small meals and snacks, being part of a congregated setting did impact on everyday experiences such cooking. In saying this, the provider

was actively engaging in moving residents from all designated centres to the community which indicated that the provider was aware of these issues and taking steps to address them. The residents who lived in this centre had not been identified to move in the near future, but the person in charge had engaged the use of advocacy to assist one of the residents to move to the community. A review of records for this resident also indicated that they had a good social life and they regularly attended their local community to get their hair done, have meals out and to go shopping. On the day of inspection, this resident also indicated that they would like to go bowling and staff on duty were assisting with this request as the inspection was concluding. However, a review of further records also indicated that another resident did not have consistent access to their local community and staff indicated that this resident really enjoyed having coffee and cake, but this activity had not recently occurred. A full discussion with the person in charge indicated that the resident was unable to fully access their community in the past due to issues with their mobility; however, a new wheelchair had been acquired which indicated that the provider was aware and responsive to the social needs of residents. Although, this equipment had been acquired, it appeared that the resident had personal difficulty in travelling to their local community and the person in charge had completed some work in the recent past to support the resident with these issues; however, the inspector found that further reviews of these issues were required to further promote access to the community for this resident.

There were several identified restrictive practices in place on the day of inspection which had been reported to the office of the chief inspector as required. These included the use of bed rails, bed bumpers and lap belts. A review of supporting documentation indicated that these practices had been prescribed by relevant professionals in response to safety concerns. An appropriate risk assessment was devised for each practice and logs for their use was recorded on a daily basis. Staff also had a good understanding of the rationale for their use on the person in charge ensured that these were regularly reviewed. A walk around of the centre with the person in charge also highlighted several other restrictive practices such as locked doors which had been risk assessed and maintained on the centre's restrictive practice register. Following in depth discussion with the person in charge, it was identified that some alternatives to locking these doors could be considered and the person in charge indicated that these practices would be reviewed subsequent to the inspection.

Some residents required assistance with how they managed their behaviour and detailed support plans were in place to ensure that these residents had a consistent approach to their care. Staff who met with the inspector had a good understanding of these plans and examples of recommended interventions such as distraction techniques were observed during the inspection. A resident was also assessed as requiring assistance in regards to managing their smoking habits and detailed protocols and support plans were in place which aimed to both support the resident's choice to smoke and to assist them in making positive decisions in regards to their health. Although the resident did not keep their cigarettes in their possession they did have full access to cigarettes at all times. It was apparent that the person in charge and the staff team had taken careful consideration in implementing these protocols and overall it was apparent that the intentions of the person in charge and the staff

team was to promote the resident's rights; however, these practices had not formally been identified as a rights restriction. As mentioned above, it was clear that residents were consulted when staff members were tending to their need and regular residents' meeting were occurring which discussed matters such as safeguarding, rights, advocacy and menu choices. However, there were no formal arrangements in place to support residents in regards to offering or refusing their consent for the use of restrictive practices which directly affected them.

Overall, the inspector found that the residents were supported to live a good quality of life and staff who supported them on the day of inspection offered a person centred approach to care. However, the inspector found that some adjustments in regards to community access, the review of locked doors, the assessment of rights and commencing a discussion in regards to consent would assist to further enhance many of the positive care practices which were found on inspection.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that the person in charge had a very positive and open approach to the use of restrictive practices and it was apparent that the aim of the service was to reduce and/or eliminate these practices where possible.

The provider had a policy in place on the oversight arrangements for the use of restrictive practices. It was clear that there were suitable governance and management practices at a local level which ensured that implemented restrictive practices had a clear rationale for their use, were regularly reviewed and risk assessed. However, some improvements were required to this policy as it focused mainly on the use of restrictive practices in the response to behaviours of concern and did not clearly account for the oversight arrangements for the use of either environmental or physical restrictive practices. Furthermore, this document stated that some restrictive practices were not supported by the policy; however, one of these practices was present in the centre and was prescribed by an allied health professional in response to a resident's care needs. Overall, the inspector found that there was good oversight of the use of restrictive practices by the person in charge and by the staff team, but improvements were required in regards to the provider's policy on the use of restrictive practices to ensure that prescribed care practices were supported by this policy. The inspector did note that this policy was under review at the time of inspection and adjustments to this policy would further assist in driving improvements and building on the good level of care and oversight which was found at a local level.

Staff who met with the inspector had a good understanding of residents' care needs and many of the documented care requirements such as communication and behavioural support were observed in practice. Staff were up-to-date with their training needs and a review of the rota indicated that residents were supported by

staff who were familiar to them. It appeared that the centre was well resourced and there were three staff members, which included a nurse, to support residents during the day. There was also a nurse and a care assistant on duty at night-time. Residents also had the use of wheelchair accessible transport which assisted them in accessing the community. One the day of inspection, the inspector found that the centre was well resourced and that the use and implementation of restrictive practices was not influenced by a lack of resources.

Overall, the inspector found that residents lived a good quality of life and that the person in charge and staff team were cognisant of how restrictive practices were used in the centre. Recently, the use of some restrictive practices such as a locked wardrobe and a locked kitchen door had been removed which indicated that staff were committed to reducing the use of restrictive practices. However, some adjustments in regards to the provider's policy would further enhance the delivery of care and assist in driving improvements in the centre.

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.

Appendix 1

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)	*The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.*

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)	*Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.*
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)	*Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.*
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	*Training is provided to staff to improve outcomes for children.*

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)	*Each child exercises choice and experiences care and support in everyday life.*
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	*Each child develops and maintains relationships and links with family and the community.*
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	*Each child has access to information, provided in an accessible format that takes account of their communication needs.*
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)	*Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.*
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)	*Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.*
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)	*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.*

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