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:	Ballina Cheshire Service
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	05 September 2019
Centre ID:	OSV-0003451
Fieldwork ID:	MON-0027434

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
05 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-five residents who have a disability. 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 some residents attended various social clubs throughout the week.

The centre comprised two dormer style houses. There was a pleasant atmosphere in the residents' home and on the morning of inspection, residents were being assisted with their personal and physical needs by the care support workers who were on duty. The properties were spacious in nature and initial impressions of the centre were; first and foremost, that this was a home. Photographs of residents from when they were young-to-the present day were placed throughout the centre and items of personal interest such as compact discs and music equipment were available in the communal areas. The inspector met with one resident in their bedroom which again was personalised with photographs of celebrities which they had met, and key milestones in their life such as attending a second level education graduation ball. The resident had specific communication needs, but through the use of no-verbal communication and the assistance of staff, it was apparent that the resident was proud of these events, especially attending their graduation ball.

Both houses had been adapted to meet the needs of wheelchair users. Kitchen counter tops had been lowered and there was free space underneath these counters to allow access for wheelchairs. Kitchen tables had also been lowered and there was equipment in place such as hoists and adapted bathrooms to ensure that residents support needs were met. Two wheelchair accessible vehicles were also readily available to assist residents in accessing local amenities. These arrangements meant that the physical environment of the buildings, provided equipment and vehicles did not restrict the residents' movements, but promoted their rights, independence and community involvement.

Staff who met with the inspector had a good understanding of residents' care needs and they could clearly account for the use of prescribed restrictive practices which were in use at the centre. There were no behavioural support plans in place and all identified restrictive practices had been prescribed by allied health professionals in response to each resident's individual care needs. Examples of practices which were in place included lap belts, bed bumpers, individualised sleep systems, chest harness and leg splints. Each restrictive practice was implemented with the informed consent of the residents and there was evidence of individualised documented consents in a sample of residents' personal plans which were examined.

A resident who was unable to physically sign their consent had been supported by their family representative and the person in charge had completed a separate information session in regards to consent which was based on their individual communication needs. The inspector found that these arrangements meant that the resident and the representatives were kept well informed of care practices within the

centre.

Staff members were able to describe in good detail the communication needs of a resident and how the use of eye and body movements, as well as vocalisations could be used to interpret the resident's wishes and thoughts. A clear communication profile was also in place which corresponded with staff knowledge. These communication methods were also observed in practice and the inspector found that both staff knowledge and supporting documentation supported the resident to have freedom in exercising both choice and control of their daily lives.

A resident who met with the inspector spoke at length in regards to their satisfaction with the service. They also discussed their love of dancing and how they loved to attend various dances and discos. In discussing this hobby, the resident described how their personal assistants would contact them during the week and they would decide which dances and events which they would attend. The resident indicated that she had two personal assistants who supported her each week and she liked the informal manner in which she could decide where and when she would like to go. A review of documentation also indicated that residents had good access to the local community and amenities. The inspector observed that the arrangements which were in place such as transport and the allocation of staffing; which included personal assistants, actively supported community involvement and ensured that residents were living a good quality of life.

Although there was no formal generic assessment of residents' rights, it was apparent residents were to the forefront of care and that localised practices supported their rights. The person in charge met with each resident on an individual basis to discuss topics such as safeguarding, health, personal development, staffing arrangements, complaints and family life. There were also arrangements which supported residents to complain about the service which they were receiving and advocacy had also been recently utilised to support a resident in gaining full access to their finances. At the time of inspection additional advocacy services were also engaging with another resident and supporting them to also gain full access to their finances.

Overall, the inspector found that residents were living a good quality of life in which their rights and wishes were actively promoted. Although, there were restrictive practices in place, these were implemented through the prescribed recommendations of allied health professionals and were subject to regular review to ensure that the safety of the service provided was maintained to a good standard.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that the oversight arrangements which were in place at a local level ensured that the use of restrictive practices was effectively monitored and careful consideration was given in regards to the use of these practices in the centre.

The person in charge had a good understanding of resident's individual care needs and could account for the rationale for the use of individual restrictive practices. As mentioned earlier in the report, implemented restrictive practices were in direct response to the prescribed care needs of residents and were used primary to support body position and to also ensure the safety of residents when they were resting in bed. The inspector found that there were detailed oversight arrangements in place for the use of these practices. For example, staff were completing detailed records of practices which supported body position which logged:

- when these practices were utilised
- how long they were in place for
- when they were removed
- was the resident's skin integrity comprised

The inspector found that these records ensured that all restricted practices were implemented as prescribed and that any negative impacts would be carefully monitored. The person in charge was conducting regular audits of the use of restrictive practices and she had also completed detailed risk assessments in regards to each restrictive practice to ensure that any identified safety concerns were actively addressed. Overall, the inspector found that at a local level, the use of the prescribed practices supported the safety of residents whilst in the centre and also ensured that residents would be able to access their local community in a safe manner.

The provider had produced a policy on the use of restraints within the designated centre. From the outset, the policy stated that the provider was "committed to a restraint free environment for its service users", which was underpinned by a rights based approach to care. The policy also detailed how a device may restrict movement, but enable function and the intent behind using the device determined whether it was a restraint or an enabler. This policy was discussed with the person in charge and although there were detailed assessments in place to determine if the application of the practice enabled or restricted the resident, ultimately all practices in the centre were treated as restrictive to ensure that oversight arrangements remained in place.

As mentioned above, an initial statement in the policy stated that the use of restrictive practices was underpinned by a rights based approach to care; however, the policy made no further reference as to how residents' rights were to be promoted. Although, the inspector found that day-to-day practices in the centre supported the rights of residents, there was no further guidance available in the policy to inform staff on supporting the rights of residents, whilst implementing the use of restrictive practices.

Furthermore, the policy stated that some restrictive practices were not supported by the policy; however, two of these practices were present in the centre, one of which was prescribed by an allied health professional in response to a resident's care needs. The other practice was observed by the inspector and the person in charge indicated that it was in place to facilitate a resident to use their laptop. 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 and that sufficient guidance was in place to assist staff in supporting the rights of residents.

Staff who met with the inspector had a good understanding of the resident's care needs and could clearly account for the use of restrictive practices. As mentioned earlier, interactions between residents and staff were very warm. The inspector sat with a resident with physical and communication needs while a staff member was helping them with a snack. Throughout this time, the resident smiled and appeared to enjoy the interactions. The staff member was very patient and assisted the resident with eating their snack at a pace which met their needs and facilitated the resident to enjoy both the flavour and texture of the food. On the morning of inspection, staffing was in-line with the rota and a review of records, and meetings with residents, indicated that staff numbers supported residents to have a good quality of life. Training was also scheduled to occur in the days following the inspection to provide further guidance in the use of prescribed restrictive practices such as lap belts, bed rails and harnesses.

Overall, the inspector found that oversight arrangements ensured that the use of restrictive practices was safe and effectively monitored. The resources and care practices which were in place also supported the rights of residents and promoted residents' ability to remain in control of their daily lives; however, as mentioned earlier, improvements were required to ensure that prescribed care was supported by the provider's restrictive practice policy and that further guidance on promoting the rights of residents was available.

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.