



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

Name of designated centre:	The Meadows
Name of provider:	Resilience Healthcare Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	21 August 2019
Centre ID:	OSV-0005734
Fieldwork ID:	MON-0027365

## 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
21 August 2019	Elaine McKeown

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

The Meadows is located in a rural setting in north Cork and provides full-time residential and shared care services for children, both male and female with an intellectual disability and/or autistic spectrum disorder, between the ages of 6 to 18 years. This designated centre is a two-story house with an extensive garden. There were two residents in receipt of full-time residential care at the centre at the time of the inspection. Two other residents have been supported in shared care services since June 2019 and the inspector met with all four residents during this inspection. The provider currently supports a maximum of three residents at any time in the designated centre.

The residents used limited verbal communication; single words, short sentences or vocalisations. The residents were supported by a staff team that knew them and were able to anticipate their needs as some residents had non-verbal communication. The inspector observed individualised care and support provided to the residents throughout the inspection

The inspector was unable to spend much time in the presence of the residents during the inspection as unfamiliar persons in the house can cause distress to some of the individuals. The inspector was introduced to one resident who was returning to their family home on the morning of the inspection. This individual responded to staff questions and appeared relaxed in the car. This resident told the inspector they were going home to their mum. Staff explained this resident did not like loud noises and would remove themselves from any area that was too noisy for them. The inspector was shown a picture schedule that was in the residents bedroom to indicate when they were staying in the designated centre and when they would be at home. They also had an area upstairs near their bedroom where they could relax and complete different activities with staff support.

One resident shook hands with the inspector when they met, while this person did not verbally respond, they did not appear to be distressed with the presence of the inspector in their home. Staff outlined how this resident is very sociable and likes to participate in activities outside of the designated centre. Their bedroom is located on the ground floor and decorated with personal effects. The resident became anxious during the morning and indicated to staff that they wished to go for a spin in the car. Staff were able to facilitate this request and the resident returned later in the morning less anxious after a visit to the local town. Staff also explained that the restrictive practices that had been in place for this resident in the kitchen regarding locked presses when they first came to live in the centre were no longer required and the resident now had full access to their own cupboard in the kitchen.

Staff informed the inspector that another resident did not like physical contact and could become distressed with new persons in their home. The inspector did observe staff offer this resident choice for their mid-morning snack. The resident had their own cupboard in the kitchen and this is where the resident independently decided what they would like to have to eat. The resident was able to choose if they wished to eat with other residents and staff or on their own at a second table in the dining room. Staff supporting the resident were observed to have picture recognition cards which could also be used by the resident to assist them in communicating with staff. The resident enjoys the outdoors and spends a lot of time in the garden to the rear of the house. Staff explained that the resident also uses the garden area to self-regulate if they are anxious. The resident had their own bedroom, bathroom and sitting room area on the ground floor with free access out onto the garden area from the sitting room. The area was decorated to suit the individual needs of the resident. Staff informed the

inspector that visits to the family home were not well tolerated by the resident. The family come to the designated centre to visit the resident regularly and staff support the family to meet the resident in community settings where the resident is happy to visit. The resident was observed to be supported by two staff during the morning and engaged in activities outside in the garden. The inspector was also able to smell the lovely aromas of cooking at lunch time coming from the kitchen where this resident was supported to have their lunch with staff. The resident had a regular schedule of activities and after they had finished their lunch the resident went on a planned spin to a local park where the resident likes to visit. Staff outlined how this resident has made progress regarding accessing local shops and with the support of the community the resident is happy to interact and participate in activities to purchase items such as food or treats. The resident is entering their final year in school and staff are confident that a programme can be supported between the school and the designated centre that will assist the resident to tolerate having their hair cut without becoming anxious, which has been an on-going issue for the resident.

Before leaving the designated centre, the inspector met with the other resident who was being supported with a shared care service by the provider. This resident arrived at the house and went immediately upstairs to their bedroom and relaxation area. The resident responded to staff conversation which was simple and direct to assist in responses being forthcoming from the resident. Staff supported the resident's request to watch a particular movie. When this disc did not work staff explained this to the resident and offered an alternative to the resident. However, the resident was able to get the disc to work using the scene selection that they wished to view. Some additional restrictive practices are implemented when this resident is in the house and the person in charge and social care leader had outlined these to the inspector prior to the arrival of the resident to the house in the early afternoon.

The inspector observed staff implement the agreed restrictive practices on arrival of this resident to the designated centre. The side gate was locked; this had been open when the inspector had arrived in the morning in-line with the restrictive practice protocol in place for the residents. The gate supported the resident to have free access outside in the front garden if they wished and allowed the other two residents to continue to use the back garden. The provider had installed the side gate and fencing within a short period of time of this resident availing of services in the house so the front door could remain unlocked for all residents. Prior to the side fence and gate being installed the staff had to lock the front door at all times to ensure the safety of all residents but this restriction was only in place for three weeks and was removed once the gate was operational. The kitchen door was also locked for the least amount of time so that the resident would not enter the kitchen while another resident was having their lunch. The door was unlocked when the resident had finished their lunch and left the designated centre. The downstairs bedroom doors were also locked to ensure the resident did not enter these rooms. However, the staff team with the support of the behaviour therapist have implemented a colour coding on the downstairs doors. While the doors are still being locked the resident is showing signs of responding to these signs. These signs were introduced to the resident in the previous weeks. Staff are confident that the requirement to lock the doors can be eliminated and the use of the colour coding will inform the resident when they can enter the kitchen. The codes currently are colour block signs of green for go and red for stop.

Staff explained to the inspector that these specific restrictions for one resident are only used when the three residents are in the house together. Staff schedule activities to reduce this time to a minimum and when this resident is not in the house the other residents have full access to all communal areas in the house. Also, when this resident is in the house on their own they too have free access to all of the communal areas and the garden back and front of the house. The staff are confident that they can continue to progress with this resident's transition into the

house so that they can be supported with minimal restrictions in the coming months. The provider has ensured resources are available for all residents to be supported by staff at all times by day and night.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that the residents lived in a welcoming and relaxed home which used minimal and proportionate restrictive practices to keep the residents safe both in their home and in the community.

The person in charge and team leader spoke in detail about each restrictive practice that was in place in the centre and practices that were specific to each resident. The inspector was satisfied that these were in place for a legitimate reason and subject to regular and on-going review.

During the inspection through observations and in speaking with the person in charge and social care leader; the inspector was satisfied that there was a positive culture in the centre which was focused on maximising residents' choices and autonomy. Staff were familiar with the service provider's policy on restrictive practices and this was implemented in practice. The policy had been reviewed in February 2019. The provider is currently reviewing the restrictive practice policy and the specific training required for induction and refresher training for staff. Staff informed the inspector that the recent introduction of new restrictive practices in the designated centre had been implemented with consideration given to national policy and the guidance provided by the Health Information and Quality Authority in conjunction with the self-assessment questionnaire that had been completed by the staff team in advance of this inspection.

The behaviour support plans that the inspector reviewed were comprehensive and detailed to guide staff in supporting each resident. The staff team were proactively supporting all the residents while adhering to individual personal plans that have been developed with input from the staff, multidisciplinary team and residents' next-of-kin. Three staff members transitioned with one resident to the designated centre to assist the individual to successfully be supported in the designated centre. The person in charge also outlined how the use of restrictive practices is discussed at monthly team meetings. During the immediate period of transition for the new residents in June 2019, the staff team met every two weeks to share information and ensure there was a consistent approach from all staff providing support to the residents. This has resulted in an on-going review of restrictive practices for all residents in the designated centre.

The person in charge outlined how the provider has been supportive of reducing restrictive practices where possible. Following a recent review the use of covert medication administration has been closed and is no longer required in the designated centre. The provider had also ensured there were sufficient resources available including staff numbers to support the residents at all times. An additional waking staff had been provided at night time to meet the assessed needs of the residents. The provider had also ensured that there were two vehicles available for use in the designated centre and is currently reviewing the benefits of providing an additional vehicle. The provider had also facilitated staff with on-site input from a behaviour therapist for a two week period following the initial admission of the new residents into the house in June. This facilitated the staff to review the support and restrictions in place. They are currently working with the resident to support them to progress to having minimal restrictions within the house.

The provider has good oversight of all restrictive practices in the designated centre. The designated centre logs the use of restrictive practices on an electronic database as an incident to ensure there is on-going monitoring and learning outcomes for staff. If there is a request for

a new restrictive practice or there are any changes/updates made to a restrictive practice in the designated centre an email alert is automatically generated to the clinical risk manager and behaviour support specialist for their review. The system is continuously updated to reflect the current status of each reflective practice for each resident and designated centre. The provider has full over view of the data submitted from all designated centres in the organisation and this is subject to review. The person in charge and social care leader also have bi-monthly meetings with the clinical risk manager to discuss the specific restrictive practices in place in the designated centre, with on-going support available at all times if required by the staff team.

The restrictive practice log for each restrictive practice used at any time in the designated centre was comprehensive. It contained details of the restrictive practice, the date of initial request, the date of review, the date of next review and where applicable the date the practice was closed. Some reviews took place at intervals more frequent than what was stated in the provider's policy to ensure the minimal restrictive practices where in place for the minimal length of time.

The person in charge informed the inspector that the provider is currently seeking to secure external advocacy services to support one resident. The provider has had consultations with other state agencies but had not had an adequate response at the time of this inspection. The person in charge advised the inspector that this matter will continue to be pursued for this child to ensure their rights are supported in line with current regulations.

The staff outlined how there had been an increase in the number of restrictive practices in the designated centre since the completion of the self-assessment questionnaire in June 2019. However, the staff found the questions contained within this document to be helpful in guiding their implementation of new restrictive practices and the review of existing ones. The provider was reviewing strategies required to support residents understand why there are restrictive practices 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.

<b>Compliant</b>	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.
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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

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.
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## 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>

#### Theme: Health and Wellbeing

4.3	The health and development of each person/child is promoted.
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