



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

## Issued by the Chief Inspector

Name of designated centre:	Curraghboy and West Waterford
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	27 February 2020
Centre ID:	OSV-0005773
Fieldwork ID:	MON-0027376

## 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
Thursday 27 February 2020	Elaine McKeown
Thursday 27 February 2020	Lisa Redmond

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

This designated centre, which is comprised of four houses, is home to 13 residents who moved from a congregated setting to live in the community. The houses are situated in rural locations in East Cork, West Waterford. The inspectors visited all four houses that are part of this designated centre during the inspection. They were able to meet 12 of the current residents, who are supported to experience and partake in community and social activities. This was reinforced by the observations made by the inspectors and in discussions during the day of the inspection. Each house was decorated to reflect the individual preferences and interests of the residents. All of the houses were surrounded with ample outdoor space and lovely views of the country side which residents appeared to enjoy.

All four houses are suited to meet the assessed needs of the residents who reside in them. Two of the houses are bungalows. One of the bungalows supported four residents who require the use of wheelchairs to mobilise. The entire layout of this house facilitated ease of access for the residents. The communal spaces in this bungalow were large which included a sitting room, conservatory area & large kitchen –dining area. The design of the bedrooms ensured that all of the residents had ease of access to their own wardrobes. The other bungalow which was located on an elevated site provided support to two residents at the time of the inspection. Both residents were supported to access all areas of the house and were seen to enjoy activities of their choosing which included a sorting game with bricks. Staff in this house spoke of the supports each individual required and how the layout of the house assisted the residents to mobilise independently.

The remaining two houses are two-storey buildings. One of these houses had all the bedrooms located on the ground floor where three residents currently live. The residents were seen to enjoy spending time in the bright sitting room space and the kitchen – dining area. One resident had just completed their lunch when the inspectors arrived and commented on the many different types of vehicles they could see passing in the distance from the window in the dining room. This resident was supported by staff to tell the inspectors about the new job they had started the previous week in the local country store. The staff showed the inspectors a picture of the resident in their new role selling products in which they appeared very happy. Another resident had assisted staff to wash the transport vehicle before they headed out to a planned music session in one of the other houses for the afternoon.

The fourth house in this designated centre was a large four bedroomed house. Three bedrooms were located on the first floor and one bedroom located downstairs. This house had two sitting rooms and a kitchen-dining area. Inspectors met with all four residents living in this house at the start of the inspection. One resident was supported by staff while they listened to some of their favourite music on an electronic tablet device in the dining room. Another resident invited an inspector into their bedroom to show them their awards for horse riding, their artwork and many photographs of friends and family. They explained to the inspector that the horse riding school had closed and that they would like to find another location to keep this activity going. The resident spoke of how much they enjoyed attending regular hair and nail appointments in the local town and was looking forward to a visit from a sibling the following weekend. They happily named three different music events they had attended in recent months and spoke of their friends and staff who went with them. Another resident spoke with an inspector in one of the sitting rooms and told the inspector that they did not like living in the designated centre as they were afraid of another resident. This was discussed with the person in charge, who advised that they would talk to the resident about this. The resident spoke about

being supported to attend a variety of activities in the local community, and how they had their artwork displayed in a public building in Cork. The resident spoke about the next art competition they were planning on entering. The resident said that they would like the opportunity to attend mass at the weekend.

Staff explained to the inspectors the plans to further enhance activities for the residents in the houses. In the coming months, residents will be supported by staff to keep chickens and there are also plans for further development of the garden area with raised flower beds to be created. The person in charge outlined that one of the other houses may also be suitable for such activities in the future.

Staff outlined the positive outcomes for the residents re-connecting with family members since they have moved into the houses. Some residents have enjoyed regular visits from siblings and extended family members who would have previously only visited the congregated setting on a seldom basis. Representatives of other residents that had expressed concerns about the residents moving into a new setting have reported to staff that they are very happy with the benefits and improved quality of life they see their relative enjoying. Staff have also supported residents to visit their family homes and re-connect with extended family members in different parts of the country. Staff explained how they facilitated a large number of family members for one resident to come together to celebrate a milestone birthday. It was evident from the many different photographs in each of the houses that staff had supported residents to participate in activities which they enjoyed. One house had put some photographs into a book format and had an album where residents were seen to be smiling and participating in activities such as visiting farm machinery, which they had a great interest in, art activities, social events and grocery shopping.

The inspectors met with the person in charge and a clinical nurse manager for two of the houses during the inspection. They outlined the restrictive practices that were currently in place in the houses and updated the inspectors on changes since the self-assessment questionnaire was completed in 2019. Inspectors were informed some restrictive practices were either reducing in frequency or had been eliminated as residents were continuing to enjoy their new lives in their homes. The number of times the front door required to be locked in one house had reduced steadily since August 2019. In addition, three residents in another house now have unrestricted access to leave their home if they choose to, where previously they were living in a setting that was locked 24 hours every day. The requirement of one resident to have their hands held during nail care had been removed, the resident now engages with staff during this activity. There are no bed rails in use in the designated centre, previously two residents would have required these safety measures. The provider had ensured crash mats were available where required and residents were supported in low-low beds to ensure their safety. Residents enjoyed access to kitchen facilities in all of the houses. The provider had a protocol in place for two residents in one house for the kitchen to be locked for the shortest time possible, if these residents required additional support during periods of increased anxiety. To date this protocol had not been required. The person in charge outlined to the inspectors the rationale for leaving this protocol in place to ensure the safety of all residents. The impact of this restriction was recorded on individual restrictive practice logs for the residents in the house. Other restraints that have been reported within this centre include locked external gates, restricted access to a cigarette lighter and deodorant sprays for one resident, safety locks on vehicle doors, locked storage presses that contain chemicals and a locked knife drawer in one kitchen; however, this does not impact on other residents in the house. Residents are facilitated to access utensils as required. Some residents continue to require approved clinical holds when undergoing venepuncture or vaccination procedures, nail and beard care; however, the inspectors reviewed documentation which outlined different approaches and supports given to

residents to reduce the need for such restraints with an aim to eliminating them in the future. One of the residents in the centre spoke with an inspector about a number of the restrictive practices in the designated centre, and how they impacted on them. The resident discussed the seating arrangements in place when residents were using the designated centre's transport. The resident was aware that this measure had been put in place to ensure the safety of all residents, and was happy with its implementation. Staff members regularly discussed the restrictive practices in place in this centre, and it was evident that the resident understood the rationale for these restrictive practices, and was involved in the development and review of restrictive practices which impacted on them.

Currently one house has light switch covers in the hallway, these were discussed with the staff during the inspection. These covers prevent one other resident independently turning on/off light switches as they may choose. The person in charge advised inspectors that an alternative system which would not impact other residents in the house could be considered. In the same house one resident is supported to smoke their cigarettes outside the house. Inspectors observed staff supporting this resident to have a cigarette when they requested one, the resident had a chair located in a sheltered area and staff were seen to engage in conversation with the resident during this time. Staff keep the cigarette lighter in a location that the resident is aware of. An exit door at the end of the hallway is also locked in this house, to prevent one resident leaving the designated centre unsupervised, this does not impact on any other resident and this door can be opened in an emergency situation if required. The person in charge outlined to inspectors that the number and level of restrictive practices in each house has decreased in the last two years since the residents have moved into their homes.

Some of the staff team moved with the residents from the congregated setting and new staff had also been introduced. There were a core consistent group of staff who supported the residents and the person in charge had a panel of regular agency staff available to provide support to residents. The person in charge outlined that the positive approach used by the staff team to implement change where required and the team were actively encouraged to engage in the team meetings that take place in each house every six weeks. The staff rota reflected a sufficient number and skill mix of staffing were available to support residents both by day and night in each house as per their assessed needs. Rotas were flexible to accommodate residents attending different activities such as concerts and festivals. Residents spoken with were complimentary of the staff members working in the designated centre, and the supports they provided.

The residents were facilitated to access advocacy services weekly in their homes and some residents had been supported to complete advocacy courses. One resident told an inspector about their involvement in advocacy forums, and that they had the support of an independent advocate. Also, staff informed the inspectors that some residents and their representatives are planning to attend upcoming public meetings being held by the Health Information and Quality Authority. The person in charge also outlined how residents had developed long lasting friendships with previous staff members. These staff had supported the residents in many different ways during the transition period and since they moved into the houses. The person in charge also outlined how the staff team had reduced the use of some restrictive practices by sharing information on how best to support individual residents during different activities; for example, one resident responded positively to a particular way of engaging with staff while they were getting their beard shaved. The resident will now vocalise if they want staff to stop the activity, however, their tolerance had improved in recent months. Previously staff would have had to employ an approved clinical hold when completing this activity. All staff were aware of the approach preferred by the resident, this had also been well documented to ensure consistency. Overall, the person in charge outlined an improved quality of life for all

the residents with an evident decrease in situations where residents may harm themselves or others since they had moved out of the congregated setting.

While some residents were able to verbalise how they liked living in their new homes, staff supported other residents to engage with inspectors during the inspection. One resident used sign language to indicate their acknowledgement of the presence of the inspectors. Residents were observed to be relaxed in the company of staff throughout the inspection. The inspectors observed good communication between the residents and the staff team. Other residents were seen to smile in recognition of staff members and respond with positive vocalisations when staff understood what they were communicating to them. Staff were seen to interact in a respectful manner and were aware of individual needs and preferences. There was evidence of person centred care in each house in this designated centre which promoted the residents dignity and well-being.

## Oversight and the Quality Improvement arrangements

Overall, the inspectors found that the residents were supported to live in warm, comfortable and relaxed homes. Staff supported the residents to remain safe while maximising their independence and engaging in meaningful activities. The inspectors observed a positive culture in the designated centre and were satisfied that the staff team were effectively maximising residents' choices and autonomy.

However, not all mandatory staff training was up-to-date at the time of this inspection. The person in charge advised the inspectors at the start of the inspection that they were aware of this issue and had scheduled staff to attend the required training courses in the coming months.

Each resident had an individual care plan which was person centred and supported each resident with maintaining or increasing their independence, to support on-going integration in the community and to provide on-going supports with family relationships. Restrictive practice assessments were used to identify if there was sufficient evidence to support the introduction of a restrictive practice. This assessment included the negative and positive impacts of the proposed restrictive practice, and the residents' awareness and perception of its proposed use. When deemed necessary, a restrictive practice protocol was developed, to guide staff members on how the restrictive practice should be implemented. Restrictive practice reviews were completed in consultation with residents at regular intervals, to ensure that the implementation of a restrictive practice was appropriate to the risks identified, and the needs of the resident.

Following completion of the self-assessment questionnaire in 2019 the provider had commissioned an external audit of restrictive practices in the designated centre. The inspectors were shown the audit tool and assessment that was used during this process. The audit was comprised of 16 questions which staff completed in areas which included; the understanding of restrictive practices by staff, the training staff had received, their knowledge of relevant legislation and what documentation staff use to record the use of restrictive practices. The staff were also provided with a guide informing them of what restrictive practices were in place in each house. The person in charge had also reviewed the self –assessment questionnaire again in January 2020. There was evidence of on-going review within the designated centre and the reduction of restrictions where possible. There was a statement of purpose available in the designated centre that had been subject to regular review by the person in charge at the time of this inspection.

The person in charge, clinical nurse manager and other staff spoken to during the inspection demonstrated knowledge and awareness of restrictive practices, in addition they were able to outline the procedural guidelines as per the provider's policy. The inspectors were also shown documented evidence that staff had followed these procedures daily. Staff were required to complete a quality and safety sheet for each resident in their care at the end of every shift documenting the use of restrictive practices during the day and night in each individuals recording chart. These details were reviewed monthly by the person in charge and the person participating in management. In addition, any unplanned restrictive interventions were required to be documented and also recorded on the incident management system. This system was reviewed weekly by the person in charge. The provider also required monthly local quality and safety meetings to take place which was comprised of persons in charge, the behaviour support clinical nurse specialist and other members of the multi-disciplinary team. In addition, the provider also held regional quality and safety meetings which were attended by

senior management, persons participating in management and persons in charge in the region. The person in charge reported any feedback or information from these meetings to the staff teams.

While the provider had reviewed the policy on rights restrictions, a finalised policy had been made available by the provider the day before this inspection in the designated centre. The inspectors advised that further review was required; in particular regarding the role of the rights restriction committee as outlined in the new policy. It was unclear in the policy if the rights restrictions committee were to review all restrictive practices, or audit them. The policy also did not identify how frequently the rights restriction committee would carry out their function. The inspectors were informed that there had not been a meeting of the rights restriction committee in the previous six months. At the time of the inspection, only one member of the rights restriction committee was reviewing restrictive practices. The person in charge identified that this was not in line with the new policy on rights restrictions, or the previous policy in use in the designated 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>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>

**Theme: Health and Wellbeing**

4.3

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