



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

Name of designated centre:	St Dominic's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	07 November 2019
Centre ID:	OSV-0001507
Fieldwork ID:	MON-0027439

## 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
07 November 2019	Ivan Cormican

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

The designated centre is registered to provide a residential and respite service for up-to-seven residents who have an intellectual disability. Six residents live in the centre on a full-time basis and there are three identified residents who avail of respite services on a planned basis. There is no emergency respite offered in this centre and there is a specific respite room allocated.

The inspector met with six residents on the day of inspection. Residents had just returned from their respective day services and they were settling into their evening routines. Some Residents who met with the inspector had some verbal skills and spoke in short sentences and single words. Staff members, including the person in charge, appeared to have a good understanding of these words and a combination of verbal and non-verbal communication was used to interact. There was also a pleasant atmosphere in the centre and some residents had returned to their bedrooms to relax. Residents were enjoying a cup of tea and cake when they met with the inspector and one resident was observed to make her own tea. Staff members also took the time to have tea with residents and plans for the evening ahead were discussed at this point. A resident also enjoyed a cigarette and they had their own smoking cabin which was recently painted and decorated with wind chimes.

Residents had free access to all communal areas of their home and individual bedrooms and communal areas were decorated with memories of family, friends and events. The person in charge described how a staff member was interested in gardening and an area of the centre had a selection of herbs available for residents to familiarise themselves with their various scents. This staff member had also decorated a rear patio area and small garden and the person in charge described how a resident had decided themselves that they would also like to help and took part in revitalising this area of the centre. The inspector found that these measures opened up residents to new experiences and assisted in creating a sense of home, ownership and belonging.

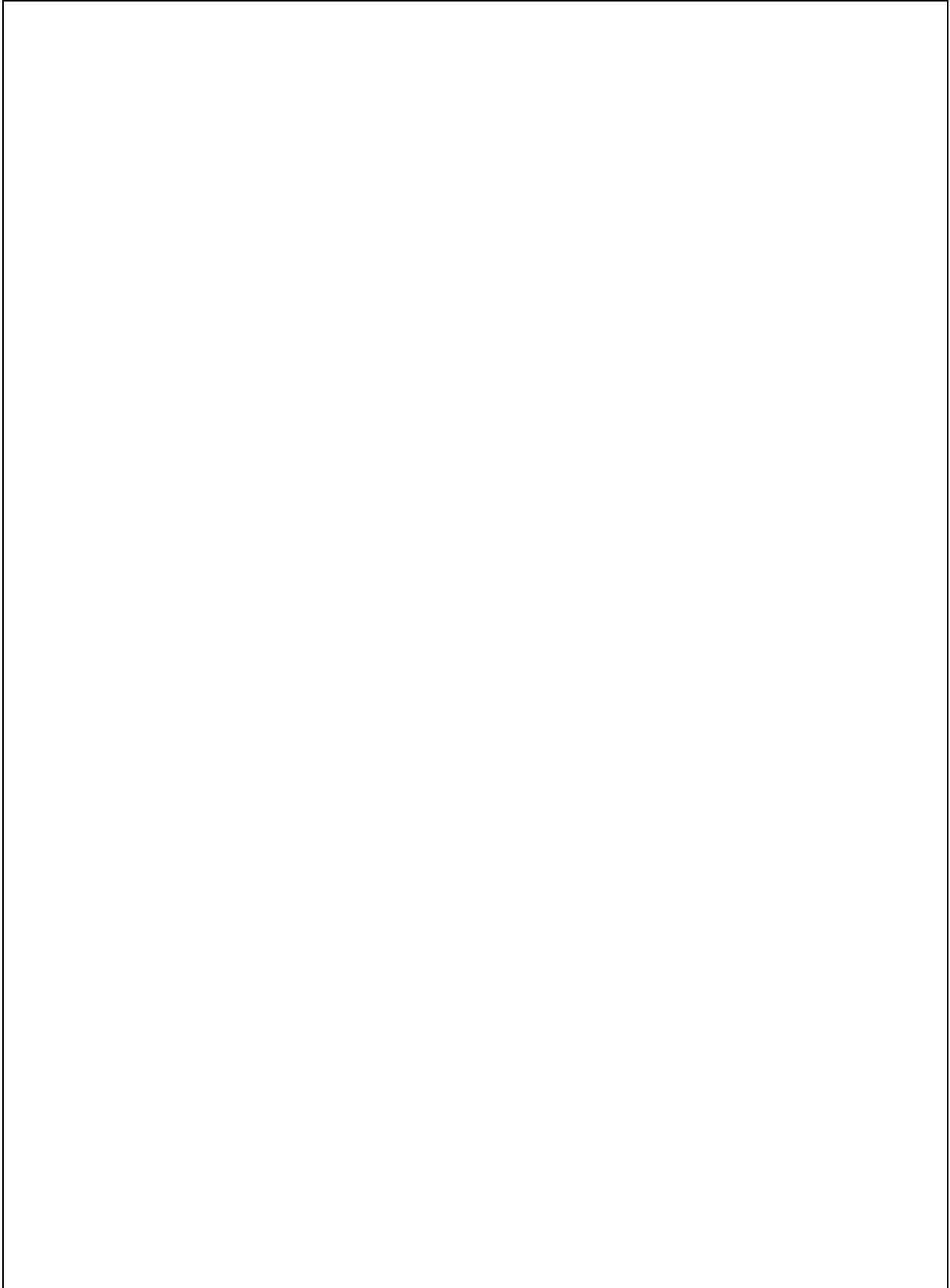
The centre was spacious and adapted internally to meet the needs of residents who may have mobility needs. There was adequate space for residents to have time to themselves, if they so wished, and individual bedrooms were bright, warm and cosy. The rear of patio area was a very pleasant space however this area was not fully accessible to wheelchair users at the time of inspection. The person in charge was aware of this issue and plans had been put forward, prior to the inspection, to enlarge a door and install ramped access so all residents could enjoy this area.

It appeared to the inspector that the culture within the centre promoted the rights of residents. There was no formal rights assessment in place, but staff through their actions, ensured that residents had a good quality of life. Some residents were registered to vote and could choose to exercise this right if they so wished. A resident was also being supported to retire from day services and the person in charge indicated that advocacy services may yet be involved in this process. There were no active complaints but there was a process in place in which residents could complain. The last annual review of the centre also indicated that there was a high level of

satisfaction with the service which was provided. Residents also had a good social life with some residents keeping fit with local zumba classes and participating in a local community walking group, when they so wished. Staff also outlined that some residents attend a tea dance every Sunday in which contributions are made to local charities. There was also a weekly house meeting and the person in charge indicated that some residents enjoyed attending these meetings. Some residents availed of choice through the use of pictures and during the inspection staff members were observed to consult with residents on an ongoing basis in regards to meal choice, activities and anxieties which they may be having. During the inspection, a resident became visibly upset at which point the person in charge offered them a large hug and the opportunity to voice their concerns. Although the inspector was unable to understand the cause of the upset, the person in charge was immediately able to relate to them and offered them reassurance which the resident appeared to appreciate.

There were some restrictive practices in place in the form of bed rails, lap belts and a door chime. There was also an additional looked press which was observed on the day which the person in charge indicated should not have been locked. The person in charge indicated that this would be reviewed, with the staff team, subsequent to the inspection. The inspector found that there were good oversight arrangements in place for restrictive practices which had been identified prior to the inspection. The person in charge had a good understanding of the rationale for these practices and staff members who met with the inspector could clearly account for their use. The use of lap belts and bed rails had been prescribed by a relevant allied health professional and the staff team had developed a bespoke communication method which informed residents when a lap belt was going to be used for outings. There was also evidence to support the use of the door chime which was implemented in response to safety concerns for a resident. This practice was kept under regular review by the person in charge and, even though it was unclear if this practice had an impact on other residents; it was referred to the provider's human rights committee for further review. The person in charge had also sought to receive consent for the use of these practices in the centre and as mentioned above the staff team had also developed a communication tool to assist in informing residents when lap belts were to be used.

Overall, the inspector found that residents were supported to live a good quality of life which involved choice and community involvement. Although, there were some restrictive practices in place, these were implemented with good oversight arrangements which ensured that these restrictions would have a minimal impact on the quality of care which was provided.



## Oversight and the Quality Improvement arrangements

The provider had produced a policy with over aim of working towards a restraint free environment. The policy also referenced other policies which worked in tandem with this policy such as supporting decision making and positive behavioural support. There were many positive aspects in this policy and it was clear that the provider was committed to supporting residents' autonomy and rights. It was also apparent that the provider was committed to developing a system in which only the least restrictive practice would be promoted. The policy detailed that consent and ongoing consultation was required when considering the need to implement a restrictive practice. The provider also implemented a review system in the form of a restrictive practice committee and it was clearly articulated that all restrictive practices must be referred for additional oversight. The person in charge had robust review systems in place in the centre for oversight and review of restrictive practices and they were also a member of the provider's restrictive practice committee. The person in charge maintained accurate restrictive practice logs and detailed protocols for their use had also been developed. However, these oversight systems were not clearly evident in the policy on the use of restrictive practices and some further clarity for local oversight procedures would further benefit the positive care practices which were found on inspection.

The provider had completed some very positive work in regards to awareness of restrictive practices. An easy read restrictive practice information guide had been developed by the provider with the assistance and participation of residents from across various Ability West services. The person in charge had also made residents who lived in the designated centre aware of this guide. The provider had also produced a report on the number of referrals to the restrictive practice committee. This report also examined how long residents had to wait for a decision and the number of referrals which were approved, rejected or required additional information. The report also detailed how a percentage of restrictions had reduced following the transition of residents within the service. This level of oversight by the provider assisted in ensuring that the rights of residents were actively promoted. The policy on the use of restrictive practices did highlight that the provider would "undertake to monitor and audit the use of restrictive practices on an annual basis, and implement reduction strategies". This was discussed with the person in charge; however, it was unclear if this form of monitoring had been undertaken.

As mentioned previously, the person in charge kept the use of restrictive practices under regular review and additional risk assessments, restrictive practice protocols and logs had been completed. The person in charge had also completed a quality improvement plan which aimed to drive further improvements in regards to residents' rights and staff training. The person in charge also ensured that recommendations

from the restrictive practice committee, such as review dates, were effectively implemented. Staff who met with the inspection could account for the use of restrictive practices which was also found to be in line with documentation contained in resident's person plans. The staff rota indicated that residents were supported by people who were familiar to them and a training programme had been implemented by the provider which supported the delivery of care to residents.

Overall, the inspector found that residents in the centre received a good quality, person centred service. The arrangements in the centre also ensured that due consideration was given for any restrictive practice which was implemented. However, some minor adjustments to the provider's policy and clarity in regards to the provider's overview arrangements would further benefit the positive care practices which were found in this 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
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>

<b>Theme: Responsive Workforce</b>	
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>

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

## Quality and safety

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

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

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

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

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