



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

Name of designated centre:	Rochestown Avenue
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 June 2019
Centre ID:	OSV-0001526
Fieldwork ID:	MON-0026850

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 environmental¹ 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
07 June 2019	Andrew Mooney

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

During the day of inspection, the inspector met with four residents living in the centre and spoke with three of them. From speaking with these residents and from what the inspector observed over the course of the day, it was very clear that residents were happy in their home and they were supported to live a very good quality of life. Residents were facilitated to engage in activities that were meaningful to them and were not restricted unnecessarily. Residents told the inspector they were comfortable with the people they lived with and they loved their home.

The centre provides residential care to five adults diagnosed with acquired brain injuries. The centre is comprised of a large semi-detached house and adjoining self-contained apartment in a South County Dublin suburban area. In the main house there is an entrance hallway with a stairwell to the first floor and a main bathroom. Also found on the ground floor are a large sitting and living room, a spacious dining room with kitchen, and an exit to a decked area in a spacious rear garden. This area also houses an external laundry room. The first floor of the building contains four resident bedrooms (all with en suite facilities) and two staff sleep over and office spaces (both with en suite facilities). On the ground floor, adjacent to the main building, is a separate apartment which contains a bedroom, bathroom, modest sized kitchen area, and a living room. The centres configuration positively contributed towards avoiding the necessity for any environmental restrictions. Residents were free to use their environment unrestricted and this enhanced residents lived experience within the centre. The centre had a very homely feel and was decorated in accordance with residents' wishes. The provider had recently renovated the back garden of the centre and this was now another area where residents could relax and socialise with each other.

Residents were engaged in monthly meetings where a variety of topics were discussed, which included all aspects of the running of the house. Residents were given the opportunity to raise concerns, which could include concerns relating to restrictions. The inspector did not identify any complaints from residents in relation to restrictions. Residents had access to advocacy and this was promoted by the provider. There was good evidence that advocacy was being utilised to support residents with their desire to progress from residential services to independent living, which would further enhance their independence.

The culture of the centre was one that supported a homely and happy environment. Residents were busy during the day and were encouraged and supported to pursue their interests. Residents were free to access the community independently and were supported by staff when requested. Residents were engaged in their local community and were supported to maintain good relationships with family and friends. Staffing arrangements were designed to enable residents to engage in their local community. Rosters were flexible and changed to facilitate residents, this allowed staff to respond to the support needs of residents, to deliver positive behaviour support and promote a restraint free environment.

During the inspection residents' spoke fondly of staff members and said they were kind and they knew them well. This was also reiterated in annual questionnaires. Residents said they did not feel restricted within their daily lives and were supported by staff to live full lives.

The inspector observed some very good examples of where informed consent was established regarding the implementation of restrictions. This included supporting residents to manage their money and the safe use of the internet. Residents were consulted about these restrictions and understood why they were in place. Furthermore, when the inspector spoke to the resident affected, they indicated that despite these restrictions being in place the provider ensured they had appropriate access to their money and the internet. Concrete measures were in place to ensure the resident was not disempowered but was also kept safe.

Oversight and the Quality Improvement arrangements

The provider and staff made a concerted effort to promote an environment which was restriction free and this maximised residents' independence and autonomy. The provider utilised a variety of information sources to inform themselves about the quality of the service in the centre. All restrictive practices were implemented in consultation with the provider, residents and relevant allied healthcare team members. Restrictions were agreed with residents through the personal planning process.

Prior to the inspection, the provider had completed and returned a restrictive practice self-assessed questionnaire. The inspector reviewed this document and found that the policies and practices outlined within the document were consistent with what the inspector observed during the inspection. The provider had also introduced a quality improvement plan, which outlined areas of quality improvement required. A clear restriction reduction plan had been identified within this quality enhancement plan, it had been proposed by the person in charge and was currently being assessed. These plans were reviewed by the inspector and were found to be positive and could potentially enhance the residents' quality of life.

The provider had a very clear restrictive practice assessment process that guided staff in a step by step process. This was supported by a clear restraint policy that had been regularly reviewed. This policy described under what circumstances restrictions were permitted or not. Among other things, it made provision for how restrictions should be implemented and how consent or refusal of restrictions should be managed. All restrictive practices were risk assessed and reviewed by the clinical team every three months. Furthermore the person in charge audited all restrictive practices every two months, to ensure their implementation was as intended. The inspector observed how this process was beneficial and had identified where a restriction had not been implemented as intended. Immediate corrective measures were taken and learning was clearly disseminated to the staff team. The provider had good oversight of what type of restrictions were being implemented through the three monthly multi-disciplinary review process. Furthermore, restrictions were discussed during supervision with the person in charge.

The centre was well resourced with ample staffing to facilitate and support residents during the day and night. All staff received annual theoretical positive behaviour support training. This was further enhanced by annual training that focused individually on residents positive behaviour support plans. This promoted a culture of positive behaviour support within the centre and this reduced the need for restrictions.

The provider outlined how staffing arrangements were very flexible and could be modified to support residents with individualised requests. These individualised staffing arrangements were key to enabling residents with very specific support needs to maintain a good relationship with their family. This level of support was verified through conversations with residents, staff and a review of staff rosters.

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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.

Compliant	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

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