



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

## Issued by the Chief Inspector

Name of designated centre:	Cois Locha Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	13 November 2019
Centre ID:	OSV-0001773
Fieldwork ID:	MON-0027437

## 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
13 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 service for up-to-four residents with an intellectual disability. Residents who were using this service on the day of inspection required a high level of support.

The centre was a large single storey premises which was located within a short drive of a large town in the West of Ireland. The centre was warm, cosy and communal areas were large and brightly lit with natural light. Each resident had their own bedroom which was decorated with memories of family, friends and events. Bedrooms were large and accessible to those with increased mobility needs and additional equipment was in place, such as hoists and mobility aids. The home-like qualities of this centre were clear from the outset of the inspection. The atmosphere was very calm and engaging and it was evident from meeting with staff and management of the centre that the residents were the sole focus in the delivery of care. The inspector met with two staff members to discuss what it was like for residents to live in this centre. Throughout the conversation both staff members spoke enthusiastically about the residents and they could readily account for their care needs, likes and preferences. Staff members also had a clear and concise understanding of why restrictive practices were in place and they could also describe oversight arrangements and efforts which had been implemented to reduce the need from some of these practices. The inspector met briefly with one resident as they returned home from their day service. The resident did not wish to engage with the inspector; however, they appeared excited to see staff members and there was very warm smiles exchanged when they were interacting.

Residents had busy social lives and a review of records indicated that they regularly attended their favourite cake shops for coffee, restaurants and sporting events. One staff member also detailed that one resident also takes the day off once a week for a pampering session. The inspector had visited this centre in the past and met with a resident who was very proud of a sibling's sporting achievements. During the latest inspection, management and staff outlined how a key worker had supported this resident to attend a sporting event in New York with their family in which their sibling was participating. A review of records indicated that this staff member had detailed knowledge of the resident's needs and considerable planning by the staff team and wider supports within the organisation had assisted in making this a successful trip. The inspector found that these actions assisted in reinforcing connections with this resident's natural supports and potential for future memories.

Communication was an integral aspect of care in this centre and each resident had a comprehensive communication profile in place. A multi-sensory environment was used to support communication with residents. For example, specific types of music was played to indicate the general time of day such as morning, afternoon and evening and different aromas indicated different days of the week such as cinnamon for Saturday. Talking tiles were also placed at specific points in the centre with the pictures of staff that were on duty. When one of these tiles was pressed, the pre-recorded voice of the staff member stated their name and whether they were working during the day or night. Management of the centre also outlined how they were

planning to use this technology in tandem with a voice control virtual assistant to further promote residents' ability to communicate which would also assist in promoting their independence. Residents' meetings were occurring on a regular basis and although it was difficult to determine if a transfer of information had occurred, it appeared that residents really enjoyed these events. Advocacy was also in place for one resident and there was a complaints process should any resident or their representative wish to complain about the service which was provided.

The centre promoted accessibility and all external exits were ramped and wheelchair accessible. The staff team and provider had also developed a wheelchair accessible sensory garden and bespoke garden furniture was acquired which supported residents to dine outside together. There were a number of restrictive practices in place which had been prescribed by allied health professionals in response to specific care needs such as bed rails, lap belts and positioning supports. There were other restrictive practices in place such as monitoring equipment and the use of some physical restrictions when supporting residents to attend at some medical appointments. Overall, the inspector found that use of these practices was well managed with evidence of risk assessments, logs of their use and ongoing review by allied health professionals. Furthermore, following ongoing rights assessment, referrals had been made to the provider's rights review committee which provided additional oversight of these practices. Residents' representatives had also been informed of the use of restrictive practices at circle of support meetings. Management of the centre also indicated that the use of some aspects of physical interventions and the use of night checks on residents would be subject to further review following this inspection.

Overall, the inspector found that the level of care and support which was offered to residents ensured that they lived a good quality of life. The centre felt like a home and the staff who met with the inspector appeared dedicated and enthusiastic in regards to their role.

## Oversight and the Quality Improvement arrangements

The provider did not have a direct policy on the use of restrictive practices; however, guidelines on the use of restrictive practices was contained in a policy titled "Listening and Responding to People", which also covered behavioural support. This document explains in good detail the types of restrictive practices such as physical, chemical, environmental and also details the use of mechanical restraint. It clearly stated that risk management is a fundamental aspect when considering the use of restrictive practices and also refers to upholding the rights of residents and the involvement of the provider's rights review committee. Management of the centre had additional oversight mechanisms in place such restrictive practice logs and audit tools which ensured that the use of these practices was kept under regular review but these positive practices were not present in the above mentioned guidance. Overall, the inspector found that care within the centre was maintained to a high standard but the provider would benefit from having a specific policy on the use and oversight of restrictive practices. There was open discussion in regards to this guidance document and management of the centre clearly stated that this guidance was under review with a planned completion date of January 2020.

As mentioned previously, the person in charge had oversight arrangements in place which ensured that the use of restrictive practices was carefully monitored. Comprehensive risk assessments and records for the use of these practices were evident throughout resident's personal plans. An ongoing rights review process also sought to ensure that the rights of all residents were promoted and significant consideration was given prior to the use of any restrictive practice. Any unplanned physical interventions were also required to be recorded on the provider's adverse events system and subject to immediate review by senior management of the centre.

A review of staffing arrangements indicated that residents were supported by familiar staff, who were appropriately trained. Management of the centre also indicated that additional, individualised, training was also planned in regards to supporting residents to attend medical appointments. The centre was also well resourced and the inspector found that the oversight and implementation of resources ensured that residents were supported to live a good quality of life.

Overall, the inspector found that the rights of residents were actively promoted and careful consideration was given in regards to the use and implementation of restrictive practices.

## 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.

### 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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