



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

Name of designated centre:	Edel Quinn House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	28 August 2019
Centre ID:	OSV-0001814
Fieldwork ID:	MON-0027367

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
28 August 2019	Elaine McKeown

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

This designated centre is a purpose built bungalow located on the outskirts of a small village in County Limerick. The centre can provide full-time residential care to a maximum of five residents and two residents on respite placements. Services are provided to both male and female adults who have a diagnosis of a severe/profound intellectual disability with/without autism. The aim of the service, as set out by the statement of purpose, is to provide individualised care and support; ensuring a positive experience for residents. This was evident by observations made by the inspector and discussions with the staff on the day of the inspection.

The house is located within easy reach of local shops and services. Individuals are supported and encouraged to participate in household, social and leisure activities. There is a large secure garden to the rear of the property which residents can easily access and participate in if they choose to grow and maintain a vegetable patch, supported by staff. The residents have access to all communal areas in the designated centre. The bedrooms are decorated to reflect the personal choice and interests of residents. Vehicle access is available at all times and the centre has access to an additional vehicle if required.

The inspector met with five residents on the morning of the inspection. On arrival the inspector was warmly greeted by some of the residents and staff. Two residents introduced themselves and shook hands with the inspector. Two other residents were relaxing in the sitting room before they began their activities for the day. The inspector was invited to visit some of the residents' bedrooms. One resident proudly opened their bedroom door with their key. The room was decorated with posters of musical artists that the resident had an interest in. This resident had only moved into the designated centre one year ago from the family home. The resident spoke about their family and showed the inspector some photographs of their relatives. They also spoke of how they had enjoyed a recent trip to a summer festival where they had met many of the contestants, including the final winner. The resident had a photo album which contained pictures of the event showing the resident socialising with many different people. The resident is currently participating in a road safety programme and explained to the inspector that they plan to be able to go to the local shop to buy a magazine. Staff also supported the resident to explain how they like to meet friends in a local swimming pool.

The residents' delayed their departure to their day services to meet with the inspector. The staff had organised for the residents to have their morning scones with the inspector in the kitchen. Some residents assisted in preparing the table and getting items from the fridge. Other residents spoke with the inspector telling them about their hobbies and activities. One resident who had recently moved into the designated centre spoke of their plans to celebrate a significant birthday in the coming weeks. They were planning on celebrating with family, friends and staff at a few different events. The resident proudly showed the inspector their jewellery accessories and a scarf that they were wearing. The staff outlined details of support in place for this resident to visit a swimming pool later in the day. The aim of the visit

was to assist the resident to re-commence swimming, as this was something which they had previously enjoyed.

Another resident was observed by the inspector to engage with staff using sign language. Staff explained that while the resident did comprehend signs that were been used they currently choose to respond using a minimal number of signs. Staff were actively supporting a number of residents to use sign language when communicating. The inspector observed staff engaging in conversations with residents while also using sign language and there were notices in the kitchen regarding "signs of the week". Staff and residents used these signs to help build and refresh knowledge.

Staff spoke of a recent holiday that five of the residents had enjoyed during the summer to a beach resort. The residents stated that they had enjoyed this very much. The inspector was also told that the residents actively participate in the local community and are well known in the locality. Some residents are part of the tidy town group which recently received an award for their work. The community also support the residents in many different ways, including bringing the sacrament of communion to the house if a resident is unable to attend the local church for mass. Another volunteer regularly supports the residents to enjoy baking and cooking. This person also supports residents to participate in other activities in either group or individual sessions as per the choice of the residents. Staff also informed the inspector that residents are assisted to make their own breakfasts and attend to different household chores in the designated centre. One resident is the nominated advocate for the designated centre and regularly attends advocacy meetings that the provider facilitates for residents in the area.

The inspector spoke with the residents regarding upcoming activities and events as there were a number of different visual aids in the designated centre. The visual schedule outlined clearly what activities were taking place for residents on the day. All other days of the week were covered to avoid information overload and assisted in the reader being able to clearly follow the events for the current day. Also, the birthdays of each resident were on display in an artistic format which allowed the inspector to converse with the residents regarding their own special days and planned celebrations.

While there was an electric gate at the front of the designated centre, three residents were able to independently release the gate if they wished. Staff outlined the gates were necessary for security reasons. While the designated centre had locked presses in the bathrooms and utility room due to the risks identified for one resident, this did not impact on the other residents who could access a key for the presses independently at any time. All of the residents had been given information regarding the restrictive practices that were in the designated centre in an easy-to-read format and the person in charge stated that three residents had signed consent forms for these being in place. The person in charge reported the use of a motion sensor on a mattress to alert staff in the event of one resident experiencing a seizure during the night. This was assessed as being required to reduce the risk of injury and to assist with providing support to the resident in the least restrictive manner. The inspector

was informed that this sensor was removed from the bed when the resident was not staying in the designated centre.

Residents were supported by staff at all times during the day and night in this designated centre.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that residents lived in a welcoming home environment which uses minimal and proportionate restrictive practices to keep the residents safe both in their home and in the community. The person in charge and the staff team were supporting residents to engage in meaningful activities both in the designated centre and in the community.

The person in charge and the staff spoken to during the inspection outlined the rationale for the restrictive practices in the centre including those which were specific to individual residents. The inspector observed a positive culture within the designated centre and the staff team were effective in maximising residents' choices and autonomy. This was evident when the staff team outlined how there was no lock on the fridge with the introduction of plastic storage boxes in the fridge for some items of food. There is no restriction on any resident accessing the fridge. Residents can also remove food items from the clear plastic boxes without assistance. However; the resident that has been identified at risk of choking does not choose to remove food items from the boxes. During the inspection the person in charge discussed an isolated event where the kitchen door was locked while residents were sleeping. The person in charge was on duty that night and had completed a risk assessment of the situation and the residents in the house that night. The person in charge had support if required from other designated centres located nearby. This event has not occurred since and staff are aware of the requirements to have a waking staff in the house by night.

The provider's policy required all restrictive interventions to be recorded within the designated centre. This log is monitored on an on-going basis and audited six monthly by the person in charge. All restrictive practices in the designated centre were identified with additional details documented of when reviews took place and the date of the next scheduled review or the date the practice was closed out. This information was contained on the provider's Restrictive Intervention Assessment and Decision making form which is required to be completed for each restrictive practice. The inspector was informed that following the completion of the self-assessment questionnaire by the staff team in advance of this inspection the use of key pads on four external doors had been reviewed. On reflection and discussion the staff team decided the restriction was no longer required and the restriction was removed and closed in-line with the provider's policy and procedure.

During the inspection the inspector saw evidence of regular review of restrictive practices in the designated centre. The person in charge outlined how restrictions had been removed for one resident following their admission to the designated centre recently. The resident was identified initially as being at risk if allowed access to presses containing hazardous liquids due to poor eyesight. However, following review this restriction was removed for this resident. The staff team explained how the scheduled review of restrictive practices in this designated centre had been extended to six monthly. However, following reflection this duration of time was considered too long and the review period reverted back to three monthly. This was also not in-line

with the provider's current restrictive practice policy which requires a three monthly review. The provider does not have a rights restriction committee, however; there is a scheduled review of restrictive practices by the multi-disciplinary team, the clinical services manager, the client services manager, area manager and the health and safety officer. The provider has a scheduled weekly forum for multi-disciplinary meetings and the person in charge schedules the reviews as required for this designated centre. If there is a requirement for an emergency review this is accommodated by the reviewing team.

The provider has an electronic database to which staff have authorised access and each resident has an individual file. Staff can only access the files of residents within the designated centre. These files include but are not limited to residents' daily reports, feedback from medical appointments and support plans. If any changes are made to a resident's support plan, staff receive an email to inform them to review the changes. The day service manager can also upload daily reports onto this system which assists in the continuity of care for residents. The provider also has an electronic incident recording system which is monitored by the person in charge. The information collated from this system is used to develop the risk management plan for the designated centre. The person in charge also has restrictive practice listed as a standard agenda item at team meetings and all staff had completed provider led training in behaviour support.

Each resident had an individual care plan which was person-centred and supported each resident to increase their independence, to enhance their integration into the community and to provide on-going support with friend and family relationships. Personal goals were reflective of the staff knowledge of residents and consultation with relatives was also documented. Residents were supported to maintain friendships and regular visits to peers, friends and staff who would have worked with some of the residents in the past. Behaviour support plans were comprehensive and guided staff in supporting residents. There was regular engagement with other healthcare professionals. Staff outlined the guidelines of support for one resident who recently attended an audiologist and now wears hearing aids. During the inspection a discussion took place on how the staff team, family and provider were supporting one resident to participate in fire drills in the designated centre. While the resident has been supported to successfully leave the day service building, they have refused to leave the designated centre on occasions when the noise of the alarm is sounding. The staff team outlined the different measures and interim prompts in place to support the resident and are continuing to work with the resident to support them to participate.

It was evident that while the residents enjoyed having a mid-morning break together, staff had the available resources to support the individual needs of all residents. Residents were not impacted by restrictive practices in place for others and had access to transport as required. The staff team outlined that the designated centre is a busy place in the evenings and at the weekends. Residents are consulted to plan activities for the week ahead. This facilitates all individuals to participate in their chosen activities as a group or individually.

The inspector was informed by the person participating in management of the

oversight by the provider regarding restrictive practices. The person in charge meets with the management team monthly providing an update on the designated centre. The provider has oversight of restrictive practices in all designated centres and this information forms part of the monthly report that the provider sends to the Health Services Executive as part of the quality and safety indicators for disability services. The provider can review the data contained in these reports and relevant information is circulated to the staff teams by the person in charge.

The inspector found that the provider had resources and supports in place to ensure the safety of the residents in an environment that provided each resident with a home where there are minimal restrictions and the provision of adequate staff resources for residents to participate in activities of their choice. However, the assessed needs of the residents in this designated centre require a waking staff by night which was not supported on one occasion in recent weeks. This resulted in the kitchen door requiring to be locked during the night by the staff that was providing support in the house on a sleep over shift. Also, the review of some restrictive practices had not taken place as per the provider's own guidelines contained in the restrictive practice policy.

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.

Substantially Compliant

Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction 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

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