Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Richview Designated Centre
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	17 September 2019
Centre ID:	OSV-0001865
Fieldwork ID:	MON-0027472

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[1] 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
17 September 2019	Tanya Brady

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

This designated centre is currently home to 15 residents and is comprised of three separate houses, all of which are on the outskirts of a small city and a short drive apart. The inspector met with eleven residents on the day of the inspection across all three houses. The houses vary in design and location with one a single storey purpose built house located in the city, one a substantial two storey house on a large site in a more rural area and one a large modern two storey house in a housing estate in the suburbs with limited outdoor space. The residents had varying levels of communication ability however all interacted with the inspector and were happy to engage. All residents expressed satisfaction with where they lived and some were pleased to show the inspector their rooms which were decorated to their personal taste. One resident had displayed tractor pictures and had been at the National Ploughing championships, another had a large CD collection and enjoyed playing music loudly in their room; most residents had busy lives while others preferred quiet times in their house.

The physical environment of the houses posed some restrictions for the individuals who lived there. In particular, one house, where there were physical challenges for residents, a number of entry and exits had steps and rooms with narrow turning areas that were not accessible to all. In another house the outdoor space was not equally accessible for those who used wheelchairs as it was set mainly to lawn with no pathways. One resident who was a wheelchair user liked their bedroom door closed for privacy but had no independent means of opening it. They had to shout for staff attention to come and open the door, or if they wanted something such as to change their music choice or request a change of position they again had to shout for staff assistance. In another house however, the provider had ensured that handrails were in place on both sides of the stairs to ensure all residents could access upstairs independently. For the most part the provider had endeavoured to ensure accessibility but it was clear that some parts of the centre were more suited to the individuals who lived there than others.

One resident had expressed a desire to remain in the centre during the day and not to attend a formalised day service. This request had been facilitated by the provider. While this resident initially expressed a preference that the inspector did not stay in the kitchen, they were happy as the day progressed to engage with the inspector and to show them the living room and to indicate they enjoyed watching television. This resident was facilitated to remain at home with 1:1 staffing available to them. However the opportunities for spontaneous social outings more than a short walking distance from the house were limited. This was because the centre's allocated vehicles are utilised by the providers' day services therefore planning for outings had

to be done in advance and the vehicle booked, with the exception of Friday when centre transport was available.

Across the centre the person in charge and staff teams had recognised and identified a number of restrictions in place. These included bedrails, window restrictors on upstairs windows that were in place across the organisation, locked cupboards for chemicals and locked areas within the houses such as staff offices. In addition for one resident limited access to their clothing had been identified as a restrictive practice however for another resident where all their lotions and ointments were locked in the staff office this had not been identified as a restriction. Use of items prescribed by health and social care professionals were identified as restrictions, details of prescriptions were on individual files and letters from professionals outlining rationale for use and plans for review were also in place. These included lap belts on wheelchairs, the term lap belt appeared to also encompass use of chest harnesses and foot straps.

For a resident in one house who presented with a changing picture of physical ability it was noted that following a multidisciplinary meeting there was a restriction placed on them independently making a cup of tea or coffee. While this had been appropriately risk assessed as due to a concern of burns, the resulting decision taken was that staff would make a hot drink on request. This did not demonstrate that any other less restrictive options had been trialled or considered, such as a smaller kettle size or equipment to support the kettle when pouring. Some practices not recognised as restrictive such as limited access to lotions (including shampoo or body wash) had not yet been subjected to the same review as the limited access to clothing which had a robust and frequent re-evaluation. In contrast while the locking of chemicals into a cupboard was recognised as a restriction it was seen that in one of the houses as a result of discussions at the residents meeting that washing up liquid and other routine cleaning agents were now unlocked and available to residents who liked to participate in everyday tasks in their home.

Residents' access to their personal funds was also discussed at length as part of the provider's awareness of restrictive practice. Specific residents had been subjected to financial review by the provider, who was working proactively to ensure that changes designed to foster independence were being put in place for all individuals. It was noted that a high proportion of residents used a credit union rather than a bank and staff explained that this decision was to try and reduce restrictions, as residents could not independently manage automated systems without a staff member but could independently deal with the staff behind the counter in the credit union. For some residents where they did not have accounts in their name and family members managed their finances the provider was actively supporting the use of advocates for them to ensure they understood the decisions being made. For one resident who had no account in their name and the provider managed their funds, an advocate service

had been appointed to support the resident in engaging with the financial institutions to establish an account. In addition the provider had contacted an inclusion organisation, a disability and law department based in Galway and the provider's solicitors on behalf of the resident to support them in their attempt to obtain independent access to their money.

Oversight and the Quality Improvement arrangements

The provider and the person in charge were committed to ensuring that the residents in this centre were supported to live lives that were as independent and free from restrictions as possible. They had engaged in open dialogue, development and review of their restrictive practice policy, procedures and systems since completion of the self-assessment questionnaire, which formed part of this thematic inspection process. This included ongoing development of referrals to their human rights committee and consideration of systems for consent by residents in addition to the development of a restrictive practice register and auditing of the information from this. The provider acknowledged that the recognition and practice around restrictive practices was in development within the organisation however it was noted that currently no formal processes for consent by residents for the use of restrictive practices was being utilised. The provider had also produced a new easy read document on restrictive practice which was available in the centre on the day of inspection.

It was seen that the person in charge had for the first time referred a number of identified restrictive practices to the human rights committee for consideration and discussion however this meeting had not yet taken place and so it was not possible to comment on the outcomes from this. In addition the person in charge was noted to complete a risk assessment prior to the introduction of any restrictive practice and these were to be reviewed every quarter.

In addition to the easy read document on restrictive practice the provider had an easy read document on complaints and on managing personal possessions and personal finances. These included statements such as "I have the right to complain" or " my family will know how I spend my money(only if I want them to)", these were seen in practice by the provider supporting residents to engage with advocates or to make a complaint.

It was noted that residents were supported to make complaints if they felt that they had been restricted from doing something they wished to do. A number of complaints were recorded such as one individual who wanted to go to the shops but no staff were available, as another resident did not want to leave the house. Or another

resident who had been looking forward to going out but the extra staff member had not come in and so there was no one available to accompany them and their excursion was cancelled on more than one occasion.

The provider was aware that sufficient staff numbers are not always present to ensure flexibility for residents in accessing social activities. As a result they had endeavoured to ensure additional recreational hours were made available with further staff present for residents. These are currently scheduled for specific residents to access individual activities such as horse riding or to go out for a drink on a certain night for a couple of hours. While positive, this is still a limitation for residents if they wish to change a night or time as it has to be planned in advance and cannot be spontaneous or if the recreational staff member is unavailable, such as for one resident who had been without horse riding on the day of inspection. In addition in one house it was noted that the additional recreational hours were being utilised for a resident who had one to one staffing during the day and it was not clear why some of their activities were not facilitated during the day time thus freeing up the recreational hours for other individuals who had no one to one support.

The inspector had the opportunity to meet with a number of staff in all three locations and they were knowledgeable and familiar with residents and heard to advocate on their behalf. The staff reported that in most instances given the staffing available, residents either all stay in their home together or all have to go out together in a large or small group. Staff highlighted that for residents who require two staff members to support them with personal care and in physical transfers this restricted the number of locations that could be visited for longer periods in the day for all residents who socialising together.

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.

Appendix 1

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)	*The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.*

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)	*Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.*
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)	*Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.*
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	*Training is provided to staff to improve outcomes for children.*

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)	*Each child exercises choice and experiences care and support in everyday life.*
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	*Each child develops and maintains relationships and links with family and the community.*
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	*Each child has access to information, provided in an accessible format that takes account of their communication needs.*
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)	*Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.*
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)	*Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.*
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)	*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.*

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