



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

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| Name of designated centre: | Glenmalure |
| Name of provider: | St. Michael's House |
| Address of centre: | Dublin 9 |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 June 2019 |
| Centre ID: | OSV-0002386 |
| Fieldwork ID: | MON-0026868 |

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 |
|--------------|------------------------------|
| 24 June 2019 | Ann-Marie O'Neill |

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

During the inspection, the inspector met with all six residents living in the designated centre. Most residents did not use verbal communication as their predominant form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the service they received.

The inspector did have a brief chat with one resident before they left the centre to attend their day service. In another instance the inspector, with the support of staff, had a chat with another resident incorporating Lámh signs as the predominant method of communication. They indicated they were happy and liked their home when asked. The inspector observed residents' daily routines, their engagement in activities and their interactions with staff and their peers.

Overall, it was demonstrated residents received a good standard of support and person-centred care.

Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the course of their day. Residents were observed smiling, making eye contact, gestures and verbal interactions with staff during the course of the day to express their choices and personal preferences.

The designated centre comprises of one bungalow style residential unit. The centre is located in a campus based setting in North Dublin with bus routes nearby and local amenities which are within walking distance. Residents availed of transport provision afforded, by the provider, to the designated centre.

The designated centre comprised of six individual bedrooms and a number of living room areas of varying sizes. The centre also comprises of toilet and bathing facilities to meet residents' assessed mobility needs, a large dining room and kitchen. Corridors are wide and could accommodate residents' mobility aids. The provider had also ensured wheelchair accessible access in and out of the premises. Access and entry to the designated centre was managed through the use of an electronic system. This system was in place as part of the management of some absconding personal risks for a resident.

It was noted effort had been made by the provider, person in charge and staff to make the designated centre as comfortable and homely as possible. Each resident's bedroom was decorated individually to reflect their personality and interests.

Where some residents were assessed as requiring provision of a low arousal space with privacy arrangements, the provider had ensured their bedroom was located at one end of the centre which allowed them the provision of a toilet, small living room space and access to the kitchen and dining room. This was a well-considered arrangement and ensured the assessed needs of the resident were being met in a way that supported the residents' privacy needs taking into consideration the needs of their peers also.

Residents were supported to engage in weekly feedback meetings. While some residents could not verbally provide feedback, staff knew and understood each resident's personal communication style and repertoire and were able to elicit feedback through each resident's responses and reactions to topics discussed. Where some residents could provide verbal feedback this was supported and encouraged with due acknowledgement given when it was provided. Each meeting was documented and formed part of the planning arrangements for the week.

It was noted there were some compatibility issues between residents living in this designated centre resulting in safeguarding issues occurring, which had been notified as per regulatory requirements. In order to manage some of these compatibility issues, restrictive practices were required for the management of risk. Improvements were required to ensure the environment could meet the assessed needs of some residents living in the centre in order to reduce the likelihood of such incidents occurring, which in turn, would reduce the requirement for some environmental restrictions being implemented.

Each restrictive practice had been evaluated with an accompanying risk assessment to further provide rationale for their use. In some instances physical restraint practices were required to support residents during medical procedures, for example undergoing blood tests as part of their overall health promotion arrangements. This practice was used as a last resort measure and reviewed by the provider's human rights committee on a regular basis with evidence of reviews maintained in residents' personal plans.

There were some environmental restrictions implemented within the centre. As referred to earlier in the report, exit and entry doors were accessed using an electronic code arrangement. Other environmental restrictions in place also included the use of lap belts, bed rails and bed bumpers. In addition, a number of presses in the kitchen were locked at times and the kitchen door was also closed during some mealtime preparations as part of the management of a personal risk. Each of these restrictive practices had an accompanying risk assessment to substantiate and justify the rationale and risk they managed. It was also evidenced that they were implemented for the least amount of time possible and only to manage the specific risk identified. Kitchen doors were observed to remain open throughout the course of the inspection and only closed during specific times, for example.

Comprehensive bed rail risk assessments were in place which evidenced thorough reviews of these arrangements. Residents with mobility support requirements, such as wheelchairs, were supported to use different seating arrangements during the day which promoted their opportunities for freedom of movement and position during the day.

In other instances it was noted environmental restrictions were used from time-to-time for the specific management of behaviours that challenge and to ensure the personal safety of residents. This restriction formed part of a last resort measure when all other aspects of proactive behaviour support strategies had been exhausted.

While it was noted this occurred infrequently and was only implemented for the

management of risk and for the safety of all residents, improvements were required to eliminate the requirement for this arrangement to ensure and promote a restraint free environment for all residents.

Overall, it was clearly demonstrated residents were afforded person-centred care and support with a strong focus on supporting and encouraging their social care needs and integration with the wider community.

The culture of the centre was one that supported residents to achieve their goals and take positive risks. Residents were busy during the day and were encouraged and supported to pursue their interests. Residents were supported to attend day services or engage in a person-centred day activity provision from their home which met their assessed needs.

The inspector noted that not all residents attended the same day service and this considered action was as a result of the recognition that some residents enjoyed a quieter environment, required specific arrangements in line with their autism needs while other enjoyed lots of activity.

Residents were supported to engage in activities and recreational pursuits during the evening as well as during the day. Some residents had achieved significant goals, in the context of some of their personal challenges with mental health, and had enjoyed a holiday overseas recently. Residents experienced support to maintain their family relationships also.

The inspector met and spoke with a community support worker who specifically engaged in a day activity programme for a resident living in the centre. They described the programme of activity the resident engaged in each day. This activity programme was focused on supporting the resident to engage in specific activities they enjoyed but also to expand the resident's experiential repertoire of community based activities. During this conversation it demonstrated the resident's best interests and welfare were front and centre of the process.

Oversight and the Quality Improvement arrangements

Overall, it was clearly demonstrated that the ethos for the designated centre was to ensure all staff, the person in charge and provider were aware of what constituted a restrictive practice, to support staff knowledge and skills in relation to restrictive practice and positive behaviour support, to reduce or eliminate restrictive practices where possible and ensure their use for the management of identified and assessed risks where possible. This was demonstrated through a number of quality oversight and assurance arrangements in place.

A recently revised restrictive practice policy was in place. This policy provided a comprehensive overview and guidance regarding restrictive practices. Incorporated within the policy were definitions of types of restraint which supported staff knowledge of restraint and support the provider's oversight arrangements regarding the use of restrictive practices within the organisation.

The provider had also incorporated, as part of their recent revision of the policy, an enhanced governance oversight arrangement through the use of a restraint tracker and register. This would be rolled out across designated centres within the organisation and provide for an improved oversight arrangement by the provider and persons in charge. The revised policy was dated June 2019.

While a specific restraint register was not in place in the centre the person in charge had created a restrictive practice log and all restrictions had been documented ensuring an oversight arrangement was in place which would be further enhanced through the implementation of the new restrictive practice policy going forward.

Staff were found to be knowledgeable of what constituted restraint and restrictive practices. Staff were afforded training in the management of actual and potential aggression. As part of this training they also received training in relation to restrictive practice.

Staff were also afforded comprehensive certified training in positive behaviour support. However, not all staff had completed this training. This was required given the presenting assessed needs for a number of residents living in the centre. Arrangements were in place however, to ensure all staff would receive this training and the inspector did note some staff that had not yet received this training were new staff or staff returning to work from an extended absence.

All staff observed or spoken with during the course of the inspection demonstrated an excellent knowledge of residents' needs, personal preferences, communication arrangements and how they expressed choice and preference.

Staff observed during the course of the inspection engaged in gentle and caring ways with residents. The provider had ensured high staff to resident resource ratio was implemented and maintained in the centre. This ensured resident's specific person-

centred support needs were met in a comprehensive way in line with their assessed needs and social care support requirements. The provider had also made arrangements to enhance the transport provision for residents to support their ability to maintain a day activity programme and engage in leisure pursuits.

Where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. It was demonstrated residents were afforded regular and consistent review by allied professionals with expertise, training and knowledge in the areas of psychiatry, psychology and behaviour support. Incident recording data was reviewed and monitored as part of this process to ensure evidence based support and recommendations were in place.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning. These incorporated traffic light (green, amber, red) coded risk response guidelines for staff to ensure restrictive practices (if required) were implemented in a proportionate manner to behavioural risks presenting and used only as a last resort when all other options had been exhausted.

A full-time person in charge worked in this designated centre. They demonstrated comprehensive knowledge of the care and support needs of each resident. In addition, they also demonstrated a compassionate approach to the welfare of each resident and ensured service based decisions and arrangements, took into account due consideration of residents' personal history and known preferences.

The provider had also ensured an independent governance oversight arrangement in the form of a human rights committee. All restrictive practices implemented in the centre had been referred to this committee for review with evidence of each review maintained in residents' personal plans. Following each review the committee stipulated timelines for when a restrictive practice could occur. The committee also provided a forum to challenge the rationale for using restrictions and made recommendations, in some instances, to ensure the best possible arrangement was in place for each resident to ensure their rights and civil liberties were upheld.

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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 |

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| | 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> |

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