



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

Name of designated centre:	Hillview Manor
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	02 May 2019
Centre ID:	OSV-0002438
Fieldwork ID:	MON-0026848

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
02 May 2019	Andrew Mooney

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

During the day of inspection, the inspector spoke with the seven residents living in the centre. From speaking with 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 good quality of life. Residents were facilitated to engage in activities that were meaningful to them. Residents told the inspector they liked the people they lived with and they were proud of their home.

The centre is a large detached two storey building a short distance from the local town. The spacious nature of the centre afforded residents the opportunity to engage with peers when they wished and when they desired some space, there was ample communal space to support all residents' needs. The spacious nature of the centre positively contributed towards limiting environmental restrictions within the centre. For the most part 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. This was very evident in residents' bedrooms, where residents were supported to decorate their rooms in a manner that reflected their preferences.

Residents were engaged weekly meetings where a variety of topics were discussed. 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. However, one resident did tell the inspector that while they understood and agreed to the restrictive measures that were in place, they would be happier if they were not in place. This was discussed with the provider and it was noted that the restriction in place related to an on-going risk and while it was consistently reviewed it was unlikely to be reduced.

There were some environmental restrictions implemented within the centre, which included a locked drawer within the kitchen. There was a clear rational for this restriction and not all residents were impacted as they had keys. However, some improvements were required within the reviewing of this restriction, to ensure a safe reduction of this restriction was considered over time. Also whilst there was very good staffing levels in place to support residents day and night, many of the residents within the centre felt that ordinarily they needed to be in their rooms by 11pm. The provider confirmed there was no restriction of this nature in place; however residents were clear and consistent on this matter. The provider acknowledged this and agreed to review this matter.

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. Some residents had jobs and they told the inspector they loved them. Others were engaged in hobbies that included local community knitting clubs and music lessons. 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 would do anything within their power to support them.

The supportive culture within the centre was none the less accompanied by a strong desire to keep people safe. In this regard the provider did need to further develop awareness and knowledge of what constitutes restrictive practice. For instance the provider had initiated money management plans for some residents. Whilst these were implemented to support residents manage their money, they were still restrictive in nature as residents did not have full access to their own finances. Further work was needed to ensure that where such restrictions were implemented, capacity building initiatives such as skills teaching was introduced to support greater independence in money management.

The inspector observed some very good examples of where informed consent was established regarding the implementation of some restrictions. This included supporting residents to manage their cigarette consumption. In consultation with medical practitioners, smoking reduction plans were put in place. These plans were discussed and agreed with residents; critically they included residents' input and were respectful of their wishes.

Oversight and the Quality Improvement arrangements

The provider and staff made a concerted effort to promote an environment which uses limited restrictions and this aims to maximise 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 and relevant allied healthcare team members. Restrictions were agreed with residents where possible through the personal planning process.

Restrictive practices were often referred to the providers rights review committee, which is an independent challenge function within the service. The committee consists of a senior manager or clinician, staff, family members and people from outside the organisation, with at least one-third of the membership of the committee being people other than staff. The rational and use of the restriction referred are scrutinised by this committee and if it's deemed unsuitable, it will not be authorised. The provider had self-identified that the rights review committee policy required review and this had begun. Specific emphasis on a review of the referral process and its link to the restrictive practice policy was required.

The provider also utilised monthly governance meetings between the person in charge and the person participating in the management of the centre to assess the effectiveness of restrictions. Risk assessments were used as part of the restrictive practice process and these were completed in collaboration with relevant multi-disciplinary team members. Control measures were included to reduce risk and improve residents' quality of life. This included the use of additional staff resources where required. However, the review of risk assessments did not overtly review the impact of restrictive practices on the civil rights of residents. Therefore reviews of restrictive practice rarely included plans on how the impact of the restriction could be reduced over time. The emphasis of the reviews, was mainly upon was the restriction itself effective.

The provider had recently completed the self-assessment questionnaire regarding restrictive practice. They had self-identified areas where further improvement was required. However while the provider had begun to develop its quality improvement plan, associated actions were not yet appropriately developed to address the issues identified.

The centre was well resourced with ample staffing to facilitate and support residents during the day and night. The provider outlined how staffing arrangements were very flexible and could be modified to support residents with individualised requests. Furthermore, staffing arrangements were put in place to ensure residents were supported to obtain and maintain employment within their local community. These individualised staffing arrangements were key to enable residents with very specific support needs to maintain employment within their community. This level of support was verified through conversations with residents, staff and a review of staff rosters.

For the most part, there were clear plans in place to guide staff on the consistent

implementation of restrictions. However, in one specific instance records of a restriction in relation to internet access showed that it was not consistently implemented.

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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