



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

Name of designated centre:	Seoidin
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	14 August 2019
Centre ID:	OSV-0002649
Fieldwork ID:	MON-0027360

## 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
14 August 2019	Elaine McKeown

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

This designated centre is single storey purpose built bungalow that can provide full-time residential care and support for up to four children with a diagnosis of autism and or physical disabilities. There were two residents in receipt of full time residential care in the centre at the time of the inspection. The objective of the service, as set out by the statement of purpose, is to provide a holistic service supporting both children and their families in a home from home environment. This was evident by observations made by the inspector and discussions with the staff on the day of the inspection.

The house is located on the outskirts of Limerick city but within easy reach of a local town and city when using private transport. Vehicle access is available to support the children to attend local amenities, schools and leisure facilities. There is a secure large garden and playground to the rear of the property which the children can access as they wish. The communal areas in the house have been adapted to suit the needs of the current residents. The bedrooms are individually decorated in accordance with the expressed wishes of one resident and the other resident's bedroom reflects their interests and achievements.

The inspector met with one of the residents during the inspection. This person was supported by a staff team that knew them well, some of whom had transitioned with the resident from another designated centre nearby. The person in charge ensured that only staff the resident knew supported them. This was done to lessen anxiety and distress that would be a possible outcome when unfamiliar staff supported this resident. The staff informed the inspector that the décor in this resident's bedroom reflected the resident's requests to have items of furniture removed. The social care team leader explained how efforts to support the resident with the introduction of new furniture had been rejected by the resident in the past. The resident is supported weekly to meet with a family member at a scheduled time. This is sometimes a difficult activity for the resident and they have full staff support to end the visit when they choose to. The staff also outlined how the resident is being supported to gradually re-introduce activities into their schedule which they previously enjoyed such as swimming. The resident will be supported in their education with two tutors in September through a schedule that will reflect their ability to tolerate structured sessions.

The resident had been taken out for a spin in the car as part of their schedule of activities when the inspector arrived. This person required regular routine in their day and returned to the designated centre after an enjoyable spin in the car for their lunch while the inspector was there. New staff not well known to the resident removed themselves from the area so not to cause distress. The inspector was able to observe the resident from a distance and could hear the interaction between the resident and staff in other rooms in the house. The resident vocalised using single words and short sentences as well as spelling words to express themselves and make choices in completing different activities while the inspector was in the designated centre.

The other resident had activities planned and a pre-scheduled medical appointment on the day of the inspection and had left the designated centre before the inspector arrived. The staff were able to discuss the progress this individual has made since their admission into the designated centre 12 months ago. The resident enjoys an active schedule with staff support and they have progressed to walking independently around the designated centre without the assistance of a wheelchair. The resident is supported to go swimming and complete strengthening exercises to promote muscle tone in their limbs. The staff team are using a programme of purposeful movement that is supporting this resident to increase their independent skills in activities of daily living, such as feeding. This resident requires an adapted cot bed and monitoring at night while in bed due to on-going medical issues. Staff explained the rationale for the equipment to ensure the resident's safety but also identified a clear plan to eliminate the use of the cot bed in the future once the requirement is no longer needed. Staff also informed the inspector that the resident no longer required a feeding chair and the provider was in the process of changing the low dining table and chair to a regular height table with appropriate postural seating for this resident to complete table top activities and enjoy their meals with staff.

Both residents had full access to all areas of the designated centre and were supported by staff at all times during the day and night.

## Oversight and the Quality Improvement arrangements

Overall, the provider and staff team promote an 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 outlined how there is good continuity of core staff available to support both residents at all times.

The inspector observed a positive culture in the centre, the person in charge and staff team were effective in maximising residents' choices and autonomy. Staff were familiar with the service provider's policy on restrictive practice. The provider's policy required all incidents of restrictive practices in the centre to be reported through the provider's electronic incident reporting system. The person in charge and social care team leader review the electronic incident reporting system weekly to ensure there is appropriate reporting and monitoring of all incidents in the designated centre. The behaviour therapist is notified if there are any incidents where unplanned restrictive practices have been used and this is followed up with the manager/team leader.

The person in charge and team leader spoke in detail about each restrictive practice that was in place in the centre and practices which were specific to each resident. The rationale for each restrictive practice was known by all staff. Residents were supported to lead independent lives while staff ensured their safety at all times for example; the use of electric gates at the front entrance and the use of a groin strap when a resident was using a wheelchair. The provider required all restrictive practices to be registered as per the organisational policy guidelines. The restricted practice registration and self-check form included; details of the category of restriction required, a description of the restriction, the status and review of the restriction, the registration and initial meeting dates, the most recent review, the date of the next review and the date of local resolution/removal date. This provided clear, concise and up-to-date information on all restrictive practices that were currently in use or had been used in the designated centre and removed/closed. This information is recorded in electronic format and is completed by the designated centre, however, the provider can review information provided by all designated centres at a national level to maintain oversight and assist in reviewing and managing all restrictive practices within the organisation.

The review of restrictive practices in the designated centre involved members of the staff team, person in charge, behaviour therapist, social care manager and integrated services manager. The provider also facilitated quarterly meetings of the restrictive practice committee. The inspector was shown evidence of on-going review of restrictive practices within the designated centre. The provider had a restrictive practice reduction plan which had input from members of the multi-disciplinary team and the planned introduction of a new programme for a resident.

Each resident had an individual care plan which was person-centered and supported each resident to increase their independence, to enhance their integration into the community and to provide on-going support with family relationships. Each resident

also had two key workers assigned to support them. A guardian ad litem (GAL) had been assigned to support one resident before they took up residence in the designated centre. This person had regular contact with the staff team and reported on the positive progress the resident had made since their admission. The GAL has since discharged themselves from this person's care as they are assured of the provider's ability to ensure the resident will be supported in-line with their assessed needs in a safe environment. The person in charge outlined how the staff team are reviewing the suitability of the size of the designated centre for one of the residents

The inspector reviewed behaviour support plans for the residents. They were comprehensive and sufficiently detailed to guide staff in supporting the residents. There was regular engagement with other healthcare professionals and evidence that the provider had access to the required resources to support the changing needs of the residents. The inspector was also informed that further medical opinion was being sought by one healthcare professional to ensure one of the resident's is being supported and appropriately managed for a medical condition. Also, the person in charge outlined an agreed protocol with a near-by hospital that if the resident required emergency medical treatment they would be treated as a priority in the accident and emergency department; the staff team in the designated centre and in the hospital are aware of this arrangement. This is required to reduce the level of anxiety that may be caused to the resident on presentation to the hospital. There is also an individual specific arrangement in place for this resident to visit their general practitioner which is reflective of the support required by the resident in unfamiliar settings.

Each resident had an individual restrictive practice log which included details of dates and times restrictions were used. One resident has been recently reviewed by medical professionals and the staff team have observed and documented a marked improvement in this resident's mood and behaviours since this review. Staff outlined a restrictive practice of restricting access for this resident at times of heightened anxiety has not been required in recent months and the staff team are planning to close this at the next review in September.

It was evident throughout the inspection that residents' were not impacted by the restrictive practices in place. The person in charge outlined how the centre has access to a second car during the summer months which supports one resident to go out for a day long excursion as they choose. During the school term, this resident still has ability to access activities of their choice through the schedule developed to facilitate both residents.

All staff had completed provider led training in behaviour support which included annual refresher training. In addition to this, staff also discussed restrictive practices at regular staff meetings. The social care team leader informed the inspector that staff had also completed on-line courses in positive behaviour support. The staff spoken with during the inspection informed the inspector that they found the self-assessment questionnaire on restrictive practices thought provoking and assisted them in their implementation and review of restrictive practices. The provider and restrictive practice committee had also reviewed the policy and practices in place in the designated centre on receipt of the guidance issued by the Health Information

and Quality Authority.

The inspector found that the provider had sufficient 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 partake in activities of their choice.



## 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

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>

<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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