



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

## Issued by the Chief Inspector

Name of designated centre:	Redhouse
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	27 November 2019
Centre ID:	OSV-0002650
Fieldwork ID:	MON-0027946

## 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
27 November 2019	Elaine McKeown

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

The designated centre is a single storey large bungalow that provides a regional holistic respite service, for children aged between 4-18 years in a home from home environment, as per the service arrangement with the Health Service Executive, which is outlined in the statement of purpose. The centre can support up to five children at a time, both male and female with autism. At the time of inspection 19 children were in receipt of regular respite services each week. On the day of inspection three children were availing of respite services. The inspector was able to meet with all three of the children after they returned to the designated centre in the afternoon when they had finished their school activities.

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 school, leisure facilities and local amenities. There is also a secure large garden to the rear of the property and a purpose built playground with a non-slip surface located at the side of the house which included a sandpit that was covered by a gazebo which gave the children shelter and protection from the sun. Children access these areas as they wish. An additional section of fencing surrounded the area where the swings were located to reduce the risk of injuries to other children while the swings were in use. The person in charge outlined plans to update the playground area in the year ahead; the introduction of a new obstacle course suitable for the age range of the children, a sunken trampoline and the development of a sensory garden.

The person in charge explained the planned structural works that are scheduled to commence early in 2020 in the house while the inspector walked around the premises. The planned renovation works will include replacement of all windows, flooring in the sitting room, updating of bathrooms and shower facilities as well as the replacement of the current patio area at the rear of the property. The planned works are estimated to take approximately four weeks. However, the person in charge outlined plans for the staff to continue to support the children with day care facilities during this period. The staff will have access to additional transport as required. In addition, the families and the person in charge will liaise with other support organisations to ensure the children continue to receive support while the refurbishment is taking place.

The house was spacious and bright with the communal areas such as the sitting room, dining room, soft play area and sensory room easily accessed by the residents. As this house supports children on respite breaks, the bedrooms were decorated with themes and colour schemes rather than personalising the décor for individuals. However, staff facilitate the children to stay in a bedroom they are familiar with or prefer when they are in the house, where possible. The inspector was told how staff prepare each room for the child scheduled to stay in advance. Special blankets, toys or other personal items are placed in the room. Families are also advised to have all the items required by their child during their stay in a “respite bag”. This assists the child to know that they will be staying in the designated centre for that night.

In advance of the children arriving to the designated centre, the staff explained the individualised supports each of the three children would require during their stay. All three children were of a similar age and knew each other. Two of the children attended the same school. Staff had ensured the pictures of the children availing of a respite break were placed on an information board in the hallway along with the staff supporting them so that the residents could see who would be in the house with them. This board also contained pictures of food

choices for the evening meal and the planned activities for the evening ahead.

Two staff had planned to take one resident for a spin after they finished school. However, the staff who were familiar with the child observed them to be unsettled while in the car. The staff brought the child back to the designated centre to give them a snack. While this was an unplanned return to the house there were sufficient staffing resources to continue supporting the other two children in other locations of the house. The child was supported by one staff while they ate their snack in the kitchen as the child did not like lots of noise or loud sounds. The inspector's presence was acknowledged by the child but they chose not to engage any further with the inspector. Staff were able to continue with the planned activity once the child was ready to leave the house.

The other two children were collected from the nearby school by two staff and walked back to the designated centre. One child was observed by the inspector enjoying a snack in the dining room prepared by staff for them. The staff included the resident in the conversation while explaining to the inspector what they liked to eat and the plans for the evening ahead. The resident was going to go out with another peer and staff later in the afternoon. They were looking forward to having a treat of going to a fast food restaurant for something to eat.

The inspector met the third child in another area of the designated centre. They were watching a television programme while sitting in a comfortable chair that they liked to relax in. The child acknowledged the presence of the inspector but it was evident that they were focused on watching their preferred programme. The staff outlined the preferred activities this child liked to be involved with while in the designated centre such as using the sensory room and soft play area. The staff informed the inspector that the child would be joining their peer on the planned group activity later in the afternoon.

The staff were observed to support and interact in a familiar and pleasant manner with the residents once they arrived at the designated centre. Staff spoke of residents' preferences regarding food, activities and bed time routines. It was clear to the inspector that the staff were aware of individual supports required by different children availing of the service. In addition, the staff team were supported with on-going training which guided their practice to promote a restraint-free environment where possible.

During the inspection the staff team outlined how they support the children and detailed progress that has been made by some of the children since they started attending the service. For example, one child who currently requires an individualised service, would not have sat at the dining room table to eat their meals when they first availed of the respite services. The child is now consistently eating their meals and assisting staff to clean up after they have finished. Staff are also supporting this child to be more tolerant of others with a view to supporting the child to share the house with other children in the future, if possible. The person in charge explained the process used to triangulate information from all relevant support networks for each child; prior to admission and while children are receiving a service from the provider. If a restrictive practice is used by a resident on admission to the service, this will be reviewed to establish if it is still required while in the designated centre. The person in charge outlined how many children react differently in different environments. The availability of sufficient resources to support each child to remain safe while assisting with positive risk taking is key to this service. Children are encouraged to explore their environment and participate in different activities within their community. To ensure there is effective communication regarding each child, the shift co-ordinator gives a handover report each morning to the next-of-kin, school staff and person in charge for each child who availed of the service the previous night. This provides regular information sharing opportunities between

the families, schools and the provider, assisting in a holistic service for each child and family, in addition to more structured scheduled review meetings.

The provider had identified some restrictive practices within the designated centre. These included a harness required for one child when they used transport vehicles which had been prescribed by the occupational therapist. This restriction was in place following a review of other alternative options. The person in charge outlined that the use of a belt lock in the future may be an option, this will be considered and reviewed by the restrictive practice committee. Two other children currently require a belt lock while travelling in vehicles. One child has restricted access to the kitchen and bathroom if they display behaviours that challenge, to ensure their safety is maintained. The restrictive practice log showed that this restriction was used on one occasion since January 2019. This restriction does not impact on any other resident as the child for whom it is intended has an individualised service in the house with a minimum of two staff at all times. The inspector was informed of additional measures that were in place in the designated centre to ensure the safety of the young children that access the house. These included a locked drawer in the kitchen which contained sharp knives and utensils such as a pizza cutter, a listening device at night time in the hallway so that staff could provide assistance to residents if they woke up or call to the second staff member present in the house if required, as the layout of the designated centre is extended over a large area. The staff team in conjunction with the health and safety committee had reviewed these practices and others such as locking away cleaning products and locking the press which contained the fuse board. These were deemed not to be restrictive but in place due to the young age of the children attending the service. In addition, keypads at entry and exit points in the house were used but these did not restrict the children from leaving. Staff supported children at all times and children could leave the designated centre and access the secure extended garden as they chose with a staff member. This was discussed during the inspection with the staff team and the inspector did not observe any restrictions on the children's movements in or out of the house. However, it was agreed with the person in charge that these safety precautions would be included in the quarterly notifications submitted to the Chief Inspector to inform inspectors of the use of such measures.

The resourcing of the designated centre is reflective of the assessed needs of the children and their families. Currently the person in charge allocates respite services taking into account many considerations which include the age and compatibility of children attending each night, the sleeping pattern of children, (so others are not disturbed where possible), family events and requirements of children's parents to support other siblings in the family home. This reflects the individualised and supportive service that is available to children. If a child is unable to attend, for example due to illness, the person in charge will try to support another child taking the already mentioned factors into account. In addition, the provider begins to prepare the children to transition to adult services from the age of 16 while they are being supported in the designated centre.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that the staff team had a very positive and open approach to the use of restrictive practices and it was apparent that the aim of the service was to reduce and /or eliminate these practices where possible. Staff understood the rationale for the restrictive practices that were in place. The on-going safety of the residents was the overall purpose of the restrictive practices, such as the use of a harness required by one child while using transport vehicles.

Staff who met with the inspector had a good understanding of the residents' care needs. Staff were observed to support the children as outlined in their communication and behavioural support plans. Each child had a personal plan in place which was regularly reviewed. The staff rota indicated that residents were supported by a consistent core group of staff who were familiar to the children. The centre was well resourced and each child had a minimum of 1:1 supervision during the day with a minimum of one waking staff and one sleeping staff at night time. However, additional day and night resources were available when required to reflect the assessed needs of the individual children. For example, the support required for one child was 2 staff, but the person in charge ensured a third staff member was available to support the core staff if required during the day.

Staff were familiar with the service provider's policy on restrictive practice. The provider requires all incidents of restrictive practiced to be reported on an electronic incident reporting system. The person in charge and the social care team leader review the incident reports 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 review of restrictive practices involves members of the staff team, the person in charge, behaviour therapist, social care manager and integrated services manager. The restrictive practice authorisation form is used to provide assurance that all restrictive practices are used in accordance with how they are prescribed. Every time a restrictive practice is updated, it is sent to the Administration Support and Regional Operations Officer. The provider also ensures all restrictive practices are reviewed regularly at committee meetings as well as through internal audits and compliance checks. Restrictive practices are graphed to show how many times they are used in the month. The data collected provides evidence for reports, Health and Safety meeting reviews and restrictive practice committee meetings. This data is used to help reduce restrictive practices or using them for the shortest time possible.

All staff had completed provider-led training in behaviour support which included annual refresher training and self-directed learning. Staff had also completed an on-line learning module in autism awareness. The provider also plans to commence sensory integration training for staff in the coming months. Staff regularly discuss restrictive practices at staff meetings and had also reviewed the self-assessment questionnaire completed by the social care team leader in advance of this inspection.

The provider's quality improvement plan is influenced by the data received from internal inspections reports, audits and reviews that are conducted within the service. Restrictive practices are reviewed by the restrictive practice committee every six months or more frequently if required and are implemented in-line with multi-disciplinary team involvement.

Overall, the inspector found that the residents lived a good quality of life which included access to many activities outside of the designated centre, including visiting community playgrounds, going to the beach and enjoying eating out in restaurants. The provider had sufficient resources and supports in place to ensure the safety of the residents in a homely environment where there were minimal restrictions.



## 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

<b>Theme: Individualised supports and care</b>	
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.

<b>Theme: Effective Services</b>	
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.

<b>Theme: Safe Services</b>	
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>	
4.3	The health and development of each person/child is promoted.

