



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

Name of designated centre:	Community Living Area M
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	09 May 2019
Centre ID:	OSV-0002740
Fieldwork ID:	MON-0026832

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
09 May 2019	Tanya Brady

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

This designated centre is home to two residents who moved from a congregated setting to live in this house eighteen months ago. The goal for individuals, who live in this centre as stated by both the person in charge and the staff team, is for residents to experience freedom in every aspect of their day to day lives. This was reinforced by the observations made by the inspector and in discussions on the day of inspection.

The centre is a bungalow on a large site in a rural setting. The living space is open plan with access to the garden via patio doors in the dining space. As freedom of movement is encouraged there are open double doors and wide corridors for residents who present with requiring support in mobilising and with significant visual difficulties. Consideration has been given to covering sharp edges and in maintaining consistent placement of furniture to support independence. A singular goal for the person in charge was to provide a home that did not have locked doors or areas inaccessible to residents as this was a feature in previous centres residents lived in. Staff report that initially on moving to the centre residents would repeatedly open and close doors simply to check that they were not locked. Now as part of the night time routine residents are happy to support staff in locking the front and back doors. All exit doors have ramps and handrails for independent access to the garden and for one resident who likes in particular to be outside a gazebo has been built so that access is not denied even on wet days. The registered provider has removed shrubs and hedging and installed a fence which enhances the residents ability to navigate the garden without needing staff support despite their visual impairment.

Residents had personalised private spaces with photographs and personal items on display throughout which they were free to use at any time. Individuals were supported in participating in everyday tasks in their home and were encouraged to actively participate in routine tasks such as carrying washing to the laundry room. Prior to moving to this centre the person in charge reported that the residents would have had meals provided from a centralised kitchen, therefore the goal of 'normalisation' of mealtimes was supported in this centre and residents were assisted in goals such as going to shop or preparation of food if they wished, as well as setting tables or bringing dishes to the sink. The kitchen had fresh fruit in a bowl and food items on display at all times so snacks or drinks could be requested at any time if requested by the residents.

All residents in this centre have one to one staffing during the day so that they are able to participate in activities and engage in the community independently or together as they wish. Where residents are at home they also have the freedom to request time alone and this is respected by staff. The inspector observed one resident requesting a drive and the other resident wished to spend time in the sensory room and each resident was seen to have their request facilitated.

The registered provider and the person in charge of this centre reported the use of a motion activated sensor in one resident bedroom which is on only when the resident has fallen asleep and is switched off when the resident has woken as the only

restrictive practice in place. This was assessed as being required to reduce the risk of injury as a result of seizure activity which was seen to be appropriate based on reviews of previous episodes.

However there were a number of other restraints recorded in use in this centre. These include the use of a padded protective helmet, lap straps and chest straps on wheelchairs, chest straps on shower chairs. All of these were observed in use by the inspector and in all cases could be freely removed by a resident if they wished.

Staff working with individuals document all restraint and restrictive practices at set intervals daily and include notes on whether a restraint in place was open or closed, such as a chin strap on a helmet. The registered provider provides appropriate training to support staff knowledge. Staff who met with the inspector were clear in their understanding of why a restrictive practice or restraint was in use and were supported to raise concerns. Staff had comprehensive knowledge of how to support residents and felt there was good communication within the team. The resident's keyworkers were involved in regular reviews of resident's personal plans. One section in this review was called 'rights review' and staff spoken with commented, that they could query if a practice they had observed was a restrictive practice. Personal risks for residents included any restrictive practices or use of restraints and there was evidence that these are continuously reviewed by the person in charge. Staff continued to monitor the resident with visual checks on an intermittent basis. However, the person in charge is keeping this practice under constant review with an aim to further reduce or eliminate the practice.

The registered provider and the person in charge liaise with the family members of the residents on a regular basis and consent is clearly documented for the use of all restrictive practices. The person in charge and the registered provider have additionally put in place an application for independent advocate support to ensure that the residents' rights to decline consent were fully considered.

The inspector met with a number of staff over the course of the day, and they report that they are confident they are supported to support residents to freely access their community and home environment. Staff gave the inspector clear examples of how they interpret communication attempts and also what they do to support residents in developing their understanding of language. All staff were clear in their knowledge of what they may observe with respect to behaviours of concern and gave the inspector specific accounts of the strategies to employ and demonstrated familiarity with positive behavioural support plans.

The inspector observed that staff engaged in a positive manner with residents at all times, simplifying language they used to build on positive interactions and getting down to a resident's level to communicate even if that meant being on the floor. Individuals in this centre have allocated keyworkers however it was seen that residents were familiar and happy in the company of all staff they engaged with thus ensuring that even if a keyworker was not present the resident's activities were not curtailed.

Staff were observed to be comfortable in periods of silence and allowing residents

Oversight and the Quality Improvement arrangements

Overall, the inspector found that residents lived in a warm, comfortable and relaxed home which used minimal restraints and restrictive practices to keep residents safe while maximising their independence. The person in charge and the staff team were attempting to support residents to engage in meaningful activities and to live a life of their choosing both in their home and in engaging in community based activities as they would like to.

The inspector had been requested to give minimal advance notice before arriving at this centre as given the difficulties with their vision one resident preferred notice of visitors. However the person in charge was aware that this may present as a restriction for the other resident in being able to spontaneously receive visitors. Therefore a number of contingency plans were in place to ensure that no restriction on visitors was in place while also supporting another resident who might find this situation difficult. These included having access to additional staff if required to facilitate the resident in taking unexpected trips to have space away from the extra people in their home. In addition the ability to access support also means that if one resident who requires two staff to accompany them when in the centre vehicle wishes to go for a drive they can, even if the other resident prefers to stay at home. The registered provider has a suite of audits in place to ensure a good quality and safe service was provided for residents. The person in charge had additionally completed a six monthly accident and incident analysis to determine if a number of factors such as lone working by staff at night, or the environment had an impact on the residents. The outcome of the last audit was discussed with the staff team and had led to changes in the physical environment with the goal of increasing the opportunity for residents to access their home without the need for staff presence.

A restrictive practice register held in the centre was reviewed by the nominee of the registered provider alongside the person in charge and the inspector noted this had been done in the previous three months. This included a record of the type of restraint or restrictive practice in place, along with a record of who had made the recommendation for use and when that was made. The rationale was outlined and also a list of alternatives trialled, with a date set for a scheduled review and who was responsible for this action. This was illustrated in the use of the protective helmet which had been in place previously during all waking hours, now it was used only when mobilising on the floor or in the bathroom and currently alternatives were on trial such as a weighted baseball cap when in the community. Staff told the inspector that other options had been trialled such as headphones and not felt to have worked so were discontinued.

The use of all restrictive practices and restraints in use within this centre had been

put in place following comprehensive assessment by a multidisciplinary team, the membership of which varied as indicated. For the named restraints in use there are current assessments by health and social care professionals such as Occupational therapy and these are regularly reviewed with clear documentation available with the rationale for use and directions to guide staff. For any restrictive practices the registered provider has an assessment and review system in place as part of a behaviour support review meeting on an eight week basis. The behavioural support plans for residents are used as live documents to inform discussion in these meetings and staff input is encouraged. Any use of restrictions is discussed in this meeting and the approval to continue or discontinue use is documented.

There was continuous review of restrictive practices by the person in charge and an example of this was a resident who had a motion sensor system in their bedroom. This was assessed as being required to reduce the risk of injury a result of seizure activity and the presence of behaviours that may result in self-harm. Prior to this the resident received constant monitoring which impacted upon their privacy and dignity

The registered provider's nominee and the person in charge additionally meet every three months as part of a regional behavioural strategy review meeting to look at all practices in place regarding restrictive practices and restraints that may be in place in all centres across the region to allow for information sharing and learning.

Residents were protected by policies and procedures to guide staff in delivering safe and appropriate care and support. These included 'Guidance on listening and responding to individuals who communicate distress through behaviours of concern' Version 5 April 2019, 'Policy on reducing the need for restrictive procedures' Version 2 January 2019. In addition there were systems in place for the assessment and management of risk in the centre and this included risks due to behaviours of concern, the risk of restrictive practice and the risk of self-injurious behaviour and the management of these clearly guided staff when supporting residents.

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>

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