



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services - Group Q
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	16 January 2020
Centre ID:	OSV-0003091
Fieldwork ID:	MON-0027473

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
16 January 2020	Tanya Brady

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

This centre is currently home to five female residents. One resident was present throughout the day and receives an individualised day service based in her home; the other residents all attended more formalised day services. On the day of inspection all five ladies were present in the morning and towards the end of the day when they returned from their day service.

The centre comprises of a large bungalow in its own grounds on the outskirts of a town. It has a large open plan kitchen-dining room to the rear of the property looking out on the patio to one side and the garden on the other. A comfortable sitting room was to the front of the house and residents had recently selected new furniture including recliner armchairs for use in here. All residents had their own bedrooms which were to their personal taste and had furniture and colour schemes selected by the individual. Externally the centre has recently had large areas of conifer hedging removed which has reportedly brightened inside the house, however, large uneven surfaces have been left which require finishing in order to make areas safe. To the rear of the house is a nice sized garden set to lawn which is set at a lower level than the patio but is inaccessible to all residents due to the steep slope. While staff had ideas for developing this area they acknowledge it is inaccessible. When the weather is nice all residents were reported to enjoy spending time outside and there were brightly planted containers, swinging seats and a comfortable patio set in a small area outside the kitchen.

When the inspector arrived the residents were getting ready for their day, with three ladies in the sitting room relaxing after breakfast. One resident was reclining in her armchair covered in a favourite fleece blanket with morning television on. One resident required the support of a walking frame to mobilise and this was noted to be kept in the hallway and not next to her. Once this was brought into the sitting room by staff the resident was observed to get out of armchair and make their way independently outside to get into the car. This practice was discussed with the staff and person in charge of the centre who were to look at the placement of the walking frame in order to allow the resident opportunities for spontaneous mobility. Another resident was preparing their handbag ready for the day and a staff member was seen to engage with them as they completed a daily note and then handed the resident their personal file which they then brought to the day service. The resident was seen to flick through the pages and asked the staff member if they had recorded that they were in good form that day. Another individual preferred to stay in their room rather than sit in the sitting room in the morning and was seen to be relaxed in an armchair with a cup of coffee and favourite music playing.

It was noted over the course of the day that the residents' wishes were respected with particular regard to how they wished to spend their time, and plans were seen to be flexible. For one resident who had a personal appointment they were brought back home rather than returning to day service and were seen to relax and listen to music. Another resident who changed their mind regarding the clothes they wanted to wear out were supported and given time to locate and select an alternative outfit. Where individuals found using formalised communication systems more challenging, the staff

had a clear system in place to rate levels of enjoyment and participation when residents were engaged in outings or activities.

On reviewing photographs and documents it was clear that all members of the house were supported to explore a range of activities they might enjoy and where individuals had changing needs then these activities were adapted appropriately. Where one individual had wanted to explore working they had been supported to liaise with a local hotel and now worked for half an hour once a week, and reported learning new skills, such as, folding napkins or separating and arranging cutlery. Other individuals had accessed fitness classes locally such as Zumba or swimming, while others were supported in going for a coffee or glass of wine locally. Some individuals had had access to independent advocates to support them in making decisions and in understanding their rights and this was positively promoted. Where residents were wards of court there was clear evidence of the use of advocates in place to support them in understanding the process and ensuring their rights were foremost in decision making. Others had attended training or classes such as a 'streetwise' programme with the local Gardaí, or 'gardening' with the local branch of tidy towns.

For one resident with significant changing health needs the staff had devised a communication chart to ensure consistency when supporting the resident in both their understanding and use of communication. It was simply laid out and for example, stated 'we want x to know this' so 'to do this we' and it gave guidance on interpreting subtle communication cues. The inspector observed this spontaneously used by staff when the resident was relaxing with their eyes closed in the living room. If they opened their eyes to look at someone or something the staff member commented on what they were doing and acknowledged them by engaging and interacting with them.

Resident meetings took place weekly in the house however staff acknowledged that it was difficult for them to reflect equally the input of those who were non-verbal versus those individuals who were verbal. There was discussion on ways to better reflect how staff engaged with all and sought their views. Staff members were able to outline to the inspector how they interpreted positive and negative non-verbal cues used by residents when communicating. The provider also held monthly advocacy meetings and on a quarterly basis meetings were held in the providers' service for representatives from each residential house to advocate for themselves and their peers.

The staff that were present on the day of the inspection were familiar with the residents and showed patience and respect when engaging with them. The person in charge had some flexibility in arranging staff support hours to be at times when residents wished to engage in activities and staff demonstrated flexibility in when they worked. On the day of inspection one resident was going to a concert and so a member of staff had arranged to work later to facilitate this. The person in charge was seen to make arrangements so individuals could attend special church services, appointments or planned classes.

With respect to restrictive practices in place in the centre three areas had been

identified previously, the use of lap belts on wheelchairs, a seizure alerting mat and a 'best vest' while travelling to prevent opening of car seat belts. These items had been assessed as appropriate by health and social care professionals and details of assessments and trials were present in files. There was evidence that over time these restrictive practices had been reviewed or amended for example there had been a sensor mat in use for one resident that alerted staff when the individual moved and staff would enter their room to check their safety, this has now been replaced with a seizure alerting mat to try and reduce the number of times staff enter a room.

On the day of inspection all these items had been determined by the provider as in use for safety only and as per the providers policy had been removed from the restrictive practice register. It was discussed that if a restrictive practice was no longer considered as such then there were no clear or consistent processes in place for the review and monitoring of same as they were no longer on the agenda for multi-disciplinary review. As an example, it was noted that for one resident it had been recorded that the lap belt on their wheelchair was only used when the resident was moving, and not when stationary and the resident did not use the chair indoors. While it was clear that the resident did not use their wheelchair in the centre they did use it indoors in a number of other settings such as visiting family, or at appointments and in those situations the lap belt remained in place while stationary for considerable periods of time. On discussion it was seen that removal of the lap belt as a restrictive practice was not necessarily an accurate reflection of its use and in addition had resulted in reduced tracking and monitoring of its use.

The provider had clear and comprehensive guidelines in place for when a restrictive practice was being considered and there was a robust rights awareness checklist in use in addition to consideration for others in the house if a restrictive practice was in place for one resident. The area of consent for the use of a restrictive practice required greater review as there was no evidence that consent had been obtained. The person in charge and staff team outlined that restrictions were explained to individuals however it had not been documented whether consent had been obtained or not.

Oversight and the Quality Improvement arrangements

Overall this centre was a home where residents were provided with a safe and restriction free environment. Residents lived in what was described by the provider as a home where they were cared for, supported and valued. A good quality of life for residents was promoted through participation in their community with as much independence as possible and where the individual defines the pace and nature of their lives.

The provider and the person in charge had completed the self-assessment questionnaire, which formed part of this thematic inspection process and had engaged in open dialogue internally regarding their restrictive practice policy, procedures and systems since. The provider acknowledged that the recognition and practice around restrictive practices was in continuous development within the organisation however it was noted that currently no formal processes for consent by residents for the use of restrictive practices was being utilised.

The providers' policy on the management of restrictive practice for adults and children was clear in guiding practice and worked alongside their policy on risk management and the health and safety policy.

When considering the potential introduction of a restrictive practice then the person in charge and the provider clearly identifies the rationale and reasons for implementation and consults with all stakeholders. The decision is then referred to the restrictive practice governance committee, also referred to as a multi-disciplinary committee. If three or more disciplines in this committee agree on the introduction and use of the restrictive practice then it is implemented. While resident and family opinion is involved and considered the ultimate decision lies with the committee. Once implemented then restrictive practices are reviewed alongside the associated risk assessment on a three monthly basis locally, with an annual review by the committee. At the annual review the provider reviewed the restrictive practice, the associated risk assessment and also the additional safety controls that were in place. A selection of restrictive practices is reviewed nationally by the providers' ethics committee either if requested by the committee or if referred by a service manager for consideration. The process of review and monitoring was less clearly outlined when something was in place but not identified as a restrictive practice, such as the 'best vest' in the car or the use of the lap belt as outlined in the section above.

There was in place a comprehensive list of standing agenda items for staff meetings, staff supervisions and resident meetings however none of these included restrictive practices and the provider was to review these items to ensure it was included.

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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