Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	St. Patrick's Cheshire - Leonardsville and Abbey Close
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	15 May 2019
Centre ID:	OSV-0003437
Fieldwork ID:	MON-0026835

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[1] 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
15 May 2019	Tanya Brady

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

This designated centre is currently home to eight residents. Residents in the centre live in their own self-contained apartments and are supported by a team of staff on a 24 hour basis. The goal for residents, who live in this centre, is to have the freedom to undertake personal activities in private and to receive support from staff in different areas of their lives as required. Not all of the residents who live in this centre were present on the day of inspection to meet with the inspector; however, those who were present, were welcoming and happy to invite the inspector into their homes.

The centre is located over three separate sites in close proximity to each other and with easy access to a small rural town. Each apartment that the inspector visited was decorated with individual preference in mind and had personal items, belongings and family photographs displayed. Residents were engaged in activities such as using their computer to listen to music or having a cup of coffee at the kitchen table when the inspector arrived. The person in charge was mindful to ensure residents had privacy to converse with the inspector.

One resident, who uses a powered wheelchair, was playing music on their computer placed on a desk in their living room. While the positioning of the chair allowed for access to the computer joystick, it prevented access to the wheelchair controls as they had to be moved to the side away from the desk. This meant the resident was unable to move themselves, or to turn the chair to engage in conversation. In addition they were unable to access a drink that had been provided to them without support.

Some residents spoke in particular of loving the garden and it was observed that wheelchair accessible high flower beds were outside some of the apartments. One resident informed the inspector that they had just planted peas and another was supported to weed the garden. Residents required staff support however, to gain access to these flower beds as although there were automatic doors in place they were on the opposite side of the apartment. In one of the locations the apartments are built around a courtyard garden with front doors opening into a covered walkway and from here there is access to the courtyard. One resident commented that while they can leave their home independently they then require support to leave the walkway as the doors from the walkway to the courtyard are not automatic.

While all residents reported that they liked staff and enjoyed their company the over-riding theme in conversations was that staff shortages meant that there was limited opportunity to be spontaneous and that outings had to be planned in advance. This

was particularly the case if transport was required, with one resident commenting that you have to book a driver in advance as they cannot get into their family car and they rely on the centre vehicle. There is no accessible public transport available other than in a large nearby town. Residents would have to have access to transport to get to the town initially and the inconsistent and limited access to a vehicle was considered restriction on freedom of movement according to residents spoken with.

One resident who met with the inspector commented that they had their own staff team and were 'lucky' that they did not have to wait to do things they wanted; however this is not the position for other residents. There can be delays in accessing staff to support them even for daily tasks which is a particular issue at night. While all residents have an allocated amount of five hours staff time for social support per week, to allow for outings, this time in reality may be taken up with weekly tasks such as shopping. It was clear from discussions with the staff that they work hard at ensuring that the residents can do whatever they request and are as flexible as possible, nonetheless, if this falls outside the allocated additional hours then they are not in a position to provide that social support. Furthermore as these hours are scheduled they may not always be available at a time when residents would most like them, which would vary week to week.

There are a number of restraints recorded in use in this centre. These include the use of bed-rails, lap-belts, sensor mats in beds, seizure alert watches and lap-belts on commodes and chairs. The use of these had been put in place following comprehensive assessment by a multidisciplinary team, the membership of which varied. The person in charge and the provider highlighted the absence of certain members of the team such as clinical psychology and dietetics, however other team members could be accessed as required. For named restraints there were assessments in place and clear documentation on the rationale for use and directions to guide staff. There is consideration currently regarding the monitoring of use of restraints and in how the need for review would be identified and referred back to external agencies in a consistent manner. The person in charge and staff were open in discussions with the inspector regarding whether certain practices or use of aids and appliances were restraints or restrictions or not. A number of examples were debated and as outlined below the service had not had systems in place until recently to allow for consideration of these. As an example of these discussions, one related to the use of rigid hand and wrist splints at night for one resident. The use of these while for a robustly assessed health need and consented to by the resident, were restricting free access to a call bell system thus necessitating increased staff monitoring. Another related to a right of a resident to smoke in their home aligned with the rights of staff to work in a smoke free environment. While the person in charge had noted that restricting the residents right to smoke could not happen, a compromise on times or locations for smoking had taken place following engagement with the resident.

All residents in this centre that the inspector met were verbal and while they had different levels of understanding of language there were clear attempts in place by staff to adapt language used to support comprehension. Staff were observed responding to resident requests, being familiar with their routines and moving to give individuals privacy without an overt request needing to be made to do so.

Oversight and the Quality Improvement arrangements

The person in charge and the staff team are making efforts to promote an environment that uses limited restrictions in order to maximise residents' independence. However the person in charge acknowledged that there were no formalised systems in place to look at restrictions prior to this centre engaging with the thematic inspection process. A method of recording the presence of restraints had been in place and staff had been recording the use of restraints however there had been no formal collection, analysis or review of restrictions. In addition there has been no auditing of restraint use to date, and as the process of recording was new, no audits were in place for reviewing restrictions, although the requirement for these was identified according to the provider.

Following completion of the self-assessment questionnaire, which had been sent to the registered provider prior to the inspection, the person in charge had been involved in establishing a new local risk management, restraints and restrictions committee. To date two meetings have taken place. As an outcome from this a rights and restrictions log was devised and while this system had not yet formally acknowledged rights restrictions some had been identified in the corresponding log. A further positive outcome from this review was that a number of practices previously in place were now discontinued such as the use of a motion sensor mat in a chair which was previously used to alert staff if a resident moved. Also restrictions were newly identified such as a resident who could not self-propel their wheelchair despite having capability to do so, as their new seating system did not have large enough wheels, this resident was now reliant on staff to mobilise. The person in charge and staff team were now advocating on behalf of the individual for a new style of chair. The use of the seizure alert watch had also been instigated by the person in charge to reduce the amount of staff monitoring that was occurring for one resident demonstrating an increasing awareness of keeping restrictions at a minimum.

The registered provider currently has no national rights committee in place and no method currently for oversight of restrictions in place within the organisation however they are aware of the recent implementation of these at this centre. In addition, the person in charge reported that residents had not been asked to give specific consent to date to the use of restraints and that consent was given via a single global consent form. The person in charge had, as an outcome from the establishment of the risk management, restraints and restrictions committee devised consent forms for each identified restriction or use of restraint; these were seen by the inspector as in place and signed by individuals within the last month. This was acknowledged to be a positive change albeit a recent and local one to this centre.

The implementation of new systems into this centre with respect to identifying,

assessing, monitoring and reviewing restraints and restrictions had been raised for information with staff in a team meeting within the previous month. The person in charge reported that there has not yet been change to practice on the ground, only in the assessing and recording of restraint and restrictions by the team leaders and person in charge. There are plans in place however to ensure that the information is clearly disseminated to staff and they are supported in implementation. On reviewing staff training records it was noted that there is limited scope to provide training on additional needs and social supports; resources currently are focused on provision of mandatory and health related training. This has been acknowledged by the person in charge as a requirement in supporting staff in enhancing their understanding of restriction and restraint use when viewing the resident's lives.

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.

Appendix 1

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)	*The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.*

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)	*Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.*
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)	*Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.*
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	*Training is provided to staff to improve outcomes for children.*

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)	*Each child exercises choice and experiences care and support in everyday life.*
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	*Each child develops and maintains relationships and links with family and the community.*
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	*Each child has access to information, provided in an accessible format that takes account of their communication needs.*
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)	*Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.*
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)	*Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.*
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)	*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.*

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