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:	Teach Saoirse
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	25 September 2019
Centre ID:	OSV-0003641
Fieldwork ID:	MON-0027298

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
25 September 2019	Tanya Brady

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

This centre provides respite services to children up to 18 years of age on a monthly basis. Children using this centre come from a large geographical region which encompasses three counties. Individual children currently access respite up to 12 nights a month while others attend for less than this, but each child attends at least once monthly.

There were three children present on the day of inspection and the inspector met with two children as the third child was at a social activity after school, supported by respite staff. It was apparent to the inspector from discussions with staff that they were familiar with the children's assessed needs and were committed to ensuring that they not only had fun in respite but that they were safe and their goals were prioritised.

The children reported that they enjoyed their time in the centre and were excited to share news from their day with staff on their return from school. They were seen to be supported in putting personal belongings away and chose to gather in the kitchen – dining room and were involved in preparation of the evening meal and engaged in chat with each other and the staff. The children were also supported to spend time in the park following the day in the classroom which was a spontaneous decision based on personal requests.

The centre is a purpose built single story dwelling that shares the premises with a family support service. The two distinct services are separated by a set of double doors internally which are locked but can be opened with a keypad. The car park to the front of the building is also used for vehicles from adult services overnight. As such while the centre is private there is a lot of movement in the external space and so the site gates are closed at all times and the children must have adult supervision when outside to play. It was noted that the garden was equipped with accessible and mainstream play equipment, however, they were placed within a lawn, making access to these more challenging for some children. No-one was reported to be restricted; however staff support was necessary for some children to reach the play equipment. Internally the centre has large communal spaces that are fully accessible to all regardless of whether they require supports for mobility or not.

Two of the three bedrooms are designed for dual occupancy and the use of these for two children is usually on direct request from children and families. The person in charge was aware that being in a shared environment has the potential to place restrictions on the children such as a time for lights out for one child may not be the same for the other, the use of night checks for one child or use of video monitors

may be a restriction on the other. To that end the person in charge endeavours to ensure that as much as possible both children have similar requirements.

To exit the centre it was observed that two doors were alarmed and would alert staff if opened. Other exits required use of a keypad to open them. The provider had been aware that for the older adolescents in particular or those with significant fine motor challenges, an alternative option to allow independent ability to open doors should be offered. A trial of key fobs was now in place however these were still not accessible to all and further assistive technology options needed to be explored.

All children in respite had a designated keyworker and they were available to support the children in physically accessing their environment, in addition there were frequent opportunities to check in with the children and their families about their experiences in respite and suggestions for improvement were continually sought.

Given the number of children who access respite in the centre each month staff reported that a range of communication skill levels and communication systems were in use as well as varying levels of independence evidenced. The person in charge had implemented a review of how the staff team used their communication with the children as part of supervision and continuous development processes in place within the centre. This was to ensure that children were actively supported to understand and to participate in decisions about them and for them, to the level of their ability.

All children who accessed the centre had the option of using the internet. The provider had security blocks on the system and parents or guardians were requested to place a parental control app on any devices that were sent in. These restrictions were in place regardless of age or developmental ability and review of internet access options for the older adolescents as distinct to the younger child had not taken place.

The numbers of staff in the centre varied according to the assessed needs and numbers of children staying on any given day. All children had an assigned key worker and staff that spoke to the inspector were knowledgeable about the assessed needs of the children. The staff team had been provided with updated education regarding what constituted a restrictive practice, following completion of a self-assessment questionnaire. This had been filled out by the provider prior to the inspection, and had identified gaps in knowledge. Minutes of staff meetings were reviewed and the inspector noted that practices had changed with increased staff awareness, such as where activities may have been planned by staff on behalf of the children in advance of their stay thus restricting their options this was no longer the case. A welcome meeting with the children at the start of their stay now identified potential activities and planning now was only done in consultation with the children and their representatives if required.

There were a large number of restrictive practices in place in this centre as expected with the numbers of children who attended. These were recorded on a restrictive practice register and included environmental and physical restrictions. Where children presented with physical disabilities there were assessed and prescribed restrictions such as resting hand splints, sleep systems, standing systems, specialised seating, lap belts, chest harnesses, foot straps and equipment to assist in all activities of daily living. All of these had corresponding documentation on individual's files from a health and social care professional detailing the need for the equipment and reviews of same. The liaison with health and social care professionals was a challenge for the person in charge as children received services from across counties and from a number of different teams. For residents that had a daily programme in place to include use of their equipment, such as an hour spent in their standing frame, the restriction around scheduled use was discussed. If the resident wished to do another activity instead of standing at a set time that this would also be respected or if they were in their stander while everyone else was outside because it was timetabled, then this would also be reviewed.

For one resident recently there had been an increase in a restrictive practice. This young person used a wheelchair but was able to open their lap belt and get out of their chair, changes to their levels of anxiety and behaviours that challenge over time had led to the resident doing this so frequently that travelling on transport or being in the community was assessed as an increased risk. Following consultation, the multidisciplinary team and the family agreed on use of an increased restriction, namely use of a five point chest harness which the resident cannot open. The rationale behind the decision was that by reducing the individual's ability to independently get out of their seat this may reduce anxiety and allow them to focus less on the lap belt and more on their surroundings. Thus also to participate more fully in everyday activities and in accessing the community. While there was recorded decrease in episodes of anxiety and increased participation in everyday activities for the resident the timescale for continued use of the harness or trial periods of not having it in place were not clear. The inspector acknowledges that these may be occurring in settings other than respite services.

Oversight and the Quality Improvement arrangements

The person in charge and the provider were committed to ensuring that the children who stayed in this centre experienced a high quality service and their independence was promoted as much as possible.

The provider on completion of the self-assessment questionnaire had identified a number of areas for improvement within their services. At a national level this included the development of a human rights committee to provide oversight and review of restrictive practices in use, as well as improving the system in place for gaining consent. Additionally while the centre was collecting and analysing data on the use of restrictive practices they recognised that they had not been proactive in using this data to promote quality improvements and a national meeting for all who manage residential services had been scheduled to review and develop this further. Furthermore bespoke training had now been provided for staff on recognising and identifying restrictive practices outside of those used for postural support and environmental restraints.

Currently restrictive practices are identified locally in the centre as they relate to specific individuals. These are risk assessed by the person in charge and consent is obtained from the children's family/guardian for their use. The restrictive practice is recorded on a register which is a live document continuously reviewed and amended as required, following each stay in respite. The register is discussed with management at a regional level and sent for review to a national health and safety committee. This committee also reviews and audits all risk assessments and incidents and accidents from the centre and a summary report is compiled monthly. Some blanket restrictions are in place in the centre following reviews of risk or incidents such as all scissors locked away regardless of who is attending at a given time, or the laundry room locked with only staff using these facilities, again regardless of who is attending the centre. These blanket restrictions are among those that the provider has identified to bring to a human rights committee when established.

Each individual who attends the centre has their service agreement reviewed annually and as part of this the parent/guardian gives consent for a range of supports including use of the internet, therapy programmes or use of video monitors. At present there is not a system for seeking consent from the young person who may have capacity or who may have had their 18th birthday. The criteria for individuals using respite who are 18 years is that they are still in full time education. In some instances consent is given for restrictive practices not in place at home such as checks at night every 20 minutes in addition to the use of the video monitoring systems.

Overall the inspector found that the residents' well-being was at the centre of all decisions and supports offered in the centre although improvements were still required in the identification and implementation of restrictive practices. As residents were not full time in the service it is acknowledged that there are additional challenges in the consistency of reducing or eliminating restrictive practices. However the provider is looking at areas for improvement and has demonstrated a willingness to change within areas of practice such as fostering an environment of continuous

improvement for staff.

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.

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.