



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

Issued by the Chief Inspector

Name of designated centre:	Centre 4 - Cheeverstown House Residential Services (Senior Citizens)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	29 January 2020
Centre ID:	OSV-0004927
Fieldwork ID:	MON-0028266

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
29 January 2020	Andrew Mooney

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

During the day of inspection, the inspector met with and spoke to 10 residents living in the centre. From speaking with these residents and from what the inspector observed over the course of the day, it was clear that residents were happy and content in their home. Residents were facilitated to engage in activities that were meaningful to them and this enhanced their quality of life. Residents told the inspector they were happy with the people they lived with and they loved their home. However, residents also commented that they were unhappy with the number of casual staff working in their home.

The centre provided residential care to 15 adults and consists of four buildings based in a congregated setting in County Dublin. Three of these buildings are multi occupancy bungalows and each resident had their own bedroom. Residents were encouraged to personalise their bedrooms and staff supported them to do this. Each of these bungalows had a kitchen-dinner, sitting room and appropriate numbers of bathrooms. The designated centre also had one two storey building that was single occupancy. This building had a kitchen, sitting room, residents' bedroom and suitable numbers of toilets.

The inspector noted there were no apparent environmental restrictions in place aside from a locked back door and residents were free to use most of their environment unrestricted. The provider had adapted parts of the centre to support residents with their current and future mobility needs. These adaptations included wheelchair accessible showers, specialised baths, track hoists and hand rails.

The inspector observed the use of some mechanical restrictions in use, included bed-rails and lap belts (for the purposes of using mobility aids safely). While a number of restrictions of this type were in place, overall the centre presented as a low restraint environment. It was demonstrated that where a restrictive practice was implemented there was a clear reason for its use which in all instances were for the prevention of injury to residents or as prescribed by an allied professional as part of the resident's overall personal plan.

However, the inspector also observed some evidence of institutionalised practice within the centre. This included the unnecessary use of signage to direct "non authorised staff" out of areas of the centre, the use of a notice board with high levels of residents' personal details in a communal area and the use of segregated staff toilets. These measures detracted from the homely feel within the centre, impacted on residents' privacy and dignity and denied them access to all parts of their home.

The inspector met with staff and observed staff practice throughout the day. The inspector observed very positive interactions between residents and staff. Residents appeared comfortable in the company of staff and told the inspector that staff were kind and supported them well. However, where casual staff were used to ensure safe staffing arrangements, it was noted that these staff did not always possess the same level of knowledge regarding residents' needs.

The inspector found regular staff to be knowledgeable regarding restrictive practice. Staffing support was provided 24 hours a day, seven days a week by nursing staff, social care workers and care assistants. The inspector noted that the numbers of staff present was sufficient to support residents with their assessed needs. However, the centre relied heavily upon agency and/or relief staff to maintain safe staffing levels. The provider had looked to negate the impact of using agency staff by ensuring that where possible familiar staff were used. During the inspection the inspector noted that some residents were unhappy with the amount of casual staff working in the centre. Residents said they did not like it when strangers were in their home.

Residents were engaged in regular meetings where a variety of topics were discussed, which included all aspects of the running of the house. Residents were given the opportunity to raise concerns, which could include concerns relating to restrictions. The inspector did not identify any complaints relating to restrictive practices.

There was evidence that residents were being supported to exercise their will and preference in their home. The inspector observed a good example of this, where a resident who's assessed needs prevented them from using a smoking shed, was supported to smoke in a well-ventilated porch area. Appropriate measures were put in place to ensure the safety of all residents, whilst respecting the residents wish to smoke.

Oversight and the Quality Improvement arrangements

Residents received a good, safe service but their quality of life would be enhanced by improvements in the oversight of staffing arrangements and the impact these arrangements had upon restrictive practice. The centre relied heavily upon agency and relief staff and this negatively impacted resident's continuity of care.

Prior to the inspection, the provider had completed and returned a restrictive practice self-assessed questionnaire (SAQ). The inspector reviewed this document and found that the response was well considered. Broadly speaking the inspection process verified the responses documented within the SAQ.

The provider had a policy in place to guide staff in the identification, use and review of restrictive practice. This policy was found to be in keeping with national guidance and evidence based practice. It provided adequate guidance to staff on what constitutes a restriction and how restrictive practices should be assessed and implemented. However, the policy was found not to have been kept under appropriate review.

The oversight of restrictive practices within the centre included, risk assessments, on-going review of restrictions and the referral to the providers Rights Review Committee. This committee was used to examine and monitor organisational practices relating to the protection of the rights of people using Cheeverstown services. The committee advises the CEO and Board of Management where appropriate. During the inspection the inspector reviewed documentation relating to the Rights Review committees involvement in the review of a sample of rights restrictions and found the oversight arrangements to be beneficial.

However, recommendations from the rights review committee were not always implemented fully. For example the rights review committee outlined that the use of a mechanical restriction for transport required close monitoring by the service. While there was evidence that this monitoring was on-going in the residents' day service, these records were not available for review from the designated centre.

While it was evident that there was safe staffing levels within the designated centre, it was unclear if the manner in which they were deployed was supporting a restraint free environment. During the inspection the inspector noted that due to staffing arrangements in one house, a resident's access to timely multi-disciplinary support had been delayed. This was despite there being sufficient staffing within the overall designated centre. This rigid approach to staffing deployment, impeded residents health and development as it restricted their access to timely multi-disciplinary intervention.

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.
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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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