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

Issued by the Chief Inspector

Name of designated centre:	Deise Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	12 February 2020
Centre ID:	OSV-0004962
Fieldwork ID:	MON-0028405

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
Wednesday 12 February 2020	Tanya Brady

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

This centre is home to fifteen full time residents and currently has three vacancies. The inspector engaged with all residents over the course of the inspection. Throughout the day, residents were seen to be out of the centre, some on medical appointments and others at either jobs or their day service. On different days of the week some residents would be supported and engaged in activities within their home throughout the day. It was seen that for residents who would be considered of retirement age, that options are explored regularly with regard to how they spend their day and to date all have chosen to remain attending day services.

The centre is comprised of three large, single-storey, purpose built houses. Two houses share a site and are just outside of the local town and the other house is in a residential cul-de-sac in the town. One house is home to all female residents and the other two are home to male residents. The three houses all have large open plan kitchen-dining rooms, with separate comfortable sitting rooms and all residents have their own bedrooms. In one house it was clear that the individuals who lived there were fans of a particular soccer team with bedrooms adorned with varying amounts of team colours and emblems on duvet covers, lamp shades, curtains and wallpaper. All residents had personal photographs framed and on display both in their personal spaces and throughout their homes. Some explained to the inspector why they had selected certain colours for their bedrooms and had input into the décor in other areas of their home also. Residents in all three houses shared information on special objects with the inspector such as a cuckoo clock, comfortable armchair, a recently made St Bridget's cross or storage box of favourite items.

Residents were observed engaging in activities they enjoyed or socialising with staff or each other on return from their day, while others preferred space and time for themselves. Staff were familiar with all individuals in the centre and each was supported to carry out their preferred activity. In one of the houses the inspector was invited to join a residents meeting which was scheduled for that evening. Residents explained to the inspector that they had all been to vote in the general election and explained the supports they had received to access polling stations. Discussions on how to complete ballot papers had been held in their resident meetings or with keyworkers. In another house the inspector was offered the option of a cup of tea and asked to join the residents while they had their dinner.

One resident welcomed the inspector to join them as they folded and put away their own washing. While they had difficulties with their balance and mobility they reported liking being able to carry out as many aspects of daily tasks as possible independently. Another resident chatted to the inspector while they sat at the sink in the utility room and prepared vegetables for the dinner. Another resident was seen to portion out lunches for their peers and themselves for lunch the next day.

On the site where there were two houses together it was explained that a resident who used a wheelchair for mobility, used to have difficulty moving around the garden or site as staff cars were parked in front of entry to paths. Following a complaint

raised by the resident this issue was now resolved and staff had enhanced awareness of the impact of parked vehicles or placement of other potential environmental restrictions. Two of the houses had games rooms, with residents selecting snooker tables, areas to draw or engage in other leisure pursuits, placement of items in one of these needed review to ensure any resident using a wheelchair or mobility aid could access the entire room.

The provider was proactive in ensuring that all individuals in the centre were offered opportunities to work should they wish to, or to attend educational courses. Some residents attended a combination of day services to ensure they could engage in a variety of activities or socialise with larger groups of their peers. It was acknowledged by the provider, that due to the complex nature of peers in some day services that residents may be exposed to higher levels of restrictions in that environment than would be present in their home, such as external doors locked or locked kitchens. Residents reported working in local restaurants, hotels or shops either currently or very recently. One resident had also previously availed of opportunities in a community employment scheme. One resident had certificates on display from courses they had attended such as, internet safety, protection and welfare training or manual handling training.

In one of the houses, some of the individuals who lived there held their own front door key and engaged independently in their community. There were clear procedures in place which had been devised with individuals to indicate to staff an approximate time of return to the centre and if wishing to stay out longer that they let staff know or staff could contact a resident to check on changes of plan. In this house there were no recorded restrictive practices in place. In one house the provider had made arrangements for the fitting of a ramp to rear doors to allow for residents to access their patio area directly. The lack of provision of a ramp had been recognised as a restrictive practice and responded to. In contrast, window restrictors had been fitted in another house as the windows opened directly over a pathway, these had not been recognised as a restrictive practice, despite residents being unable to open their bedroom windows to the extent they may wish.

Two restrictive practices in the centre were assessed and recorded for use only if required. These were the locking away of knives and sharps in specific circumstances and the use of a guard on a seat belt in a car to prevent someone from opening the belt. There were robust assessments around the use of these and very clear directions for staff on deciding whether they could be deployed and subsequently reviewed and/or removed.

Within the previous year there had been one incidence of an unplanned use of a restrictive practice. This was as a result of staff supporting a resident with the management of behaviours that challenged. Staff had followed processes in place, regarding calling for additional support and guidance in a residents positive behaviour support plan. They had been supported and immediately debriefed by the person in charge. The residents impacted had all been supported and the situation discussed through with them. This had then been escalated following the providers own processes to the restrictive practice committee for discussion. Clear guidelines were

now in place should the restrictive practice of maintaining door closure be required in future.

For some residents there were systems in place to ensure they were supported and protected in their interactions with particular individuals, by being accompanied by staff. While it was recognised that the presence of staff may impact on the residents right to privacy when interacting with others this had been carefully and sensitively assessed with the residents perspective sought.

Staff in all three houses were seen to be familiar with the residents and their particular likes and dislikes. They spoke with confidence about restrictive practices in place and discussions that had occurred in meetings about recognising and implementing a restrictive practice. All staff were seen to engage in conversation easily and with respect to the residents in the centre and adapted their communication style as required for individuals. They had all received training that was of support to them in positively carrying out their role. The provider had recently reviewed staffing arrangements and in some houses additional supports had been put in place to ensure residents could where possible engage in activities of their choice.

For one resident a sensor alerting mat on their bed was in place to alert staff should they leave bed and require assistance. However to minimise the impact of staff coming into their room unnecessarily a timed feature was introduced whereby the resident could get up and if they were back in bed within a set time frame the sensor did not alert. Also identified as restrictive practices within the centre was use of door chimes (or door opening alarms) on bedroom doors in two of the houses. There were robust assessments in place for these and associated risk assessments had been completed. A log was kept of the use of a restrictive practice and these were reviewed for the use of the door chimes. The person in charge had begun to audit use as part of their quality improvement plan. These reviews indicated that the chimes had been in use for up to ten years and in some instances it had been years since they had activated. There had been no agreement as to when these would be reviewed or how they could be reduced or removed. For the resident with the sensor mat in their bed there was also a door chime in place and the rationale for having both required further review.

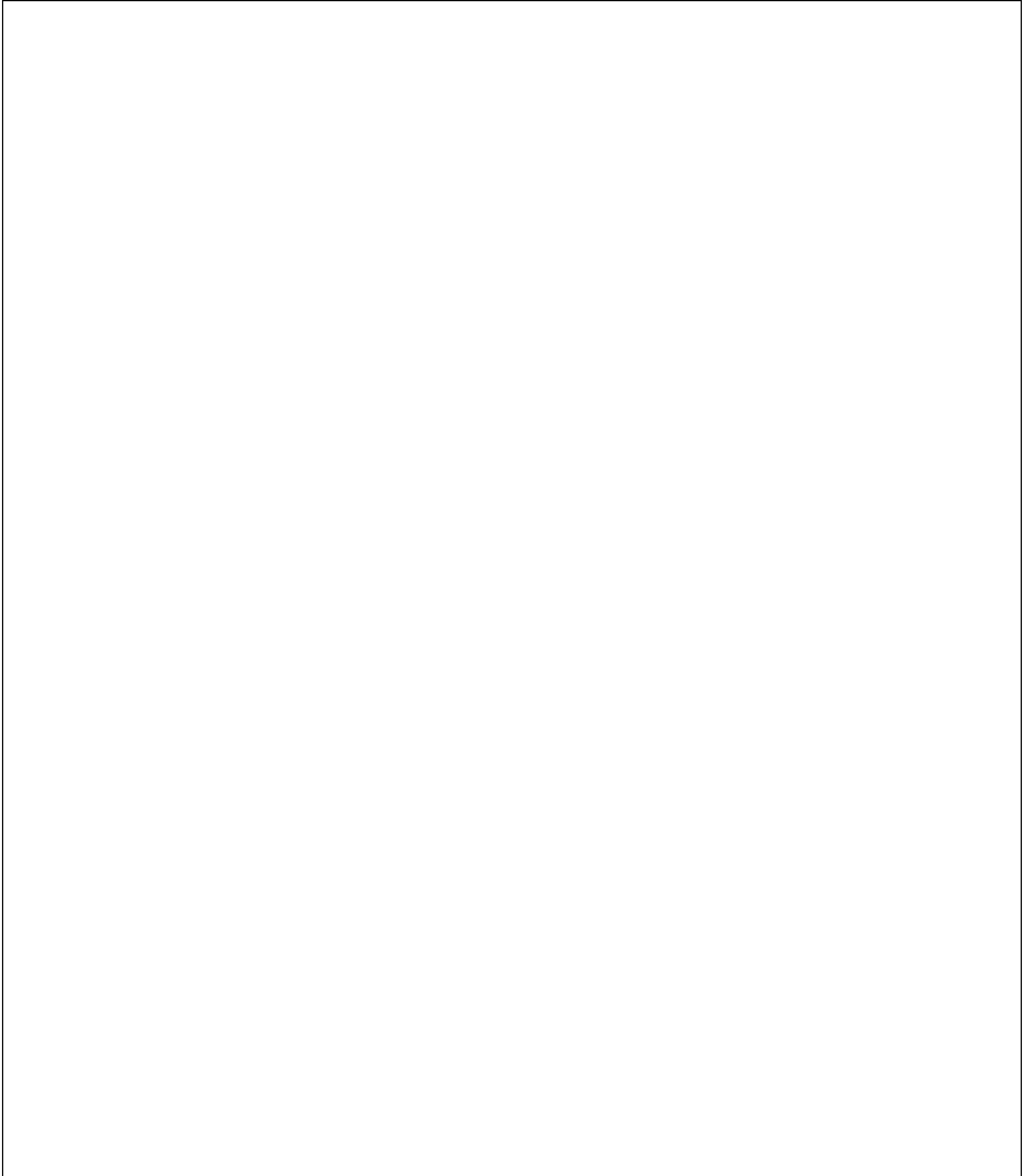
Oversight and the Quality Improvement arrangements

The provider, person in charge and staff team were committed to ensuring a good quality of life for the residents in this centre as was evidenced by the range of activities and events residents were engaged with, in addition to their positive participation in the everyday tasks of running their homes. The provider and person in charge had demonstrated a commitment to reducing the volume of restrictive practices in place over time. However, some areas had not been considered as a restrictions as outlined above and these required further review and discussion. Overall however the resident's autonomy and independence were maximised by the provider as a priority.

There was a restrictive practice policy in place which had been reviewed the month prior to the inspection As a follow on from the review the provider was rolling out a programme of training on restrictive practice to all staff within the organisation. A restrictive practice committee had been established and had been in place for a short period of time. Clear terms of reference were seen to have been developed and minutes were also available for review by the inspector. Referrals to the committee were on the basis of a restrictive practice having been assessed for and the risks of both having the practice in place or not reviewed. Currently while the committee was establishing, their focus was reported to be on the initial review of all restrictive practices but they had highlighted that a review process would need to be introduced alongside consideration of new referrals in time. The provider as part of their quality improvement process discussed their awareness of the need to consider establishing a human rights or ethics review committee in time for the review of rights restrictions in particular.

The assessment process was completed by the person in charge in conjunction with the staff team involved with the resident and if required a representative of the providers health and safety department, in addition to the resident and a member of their family or a representative. This process included liaison with and assessment by a number of appropriate health and social care professionals. The process of gaining and recording consent or where consent was not given required review. The restrictive practice assessment form also included reference to 'restraint' and clarity on what this entailed was needed.

Once a restrictive practice was implemented it was recorded on the restrictive practice register and was re-evaluated on a three monthly basis. A chart for the recording of when a restrictive practice was used was also in use. The person in charge had just begun the process of auditing so that the level of use could be identified and reviewed. The auditing process was seen to be a process that could better support informed decision making on maintaining a restriction in place over time.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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.