



**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.

Issued by the Chief Inspector

Name of designated centre:	Knock House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 September 2023
Centre ID:	OSV-0005766
Fieldwork ID:	MON-0040716

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	Times of Inspection	Inspector of Social Services
Thursday 7 September 2023	11:10hrs to 17:45hrs	Gearoid Harrahill

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

This unannounced thematic inspection was carried out to assess the registered provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. The aim of this inspection was to drive service improvement in these areas for the benefit of residents. Overall, the finding of this inspection was that residents living in this designated centre were in receipt of a service which appropriately supported their safety and wellbeing, with initiatives planned to further enhance person-centred and evidence-based support structures.

Knock House consists of a two-storey house just outside a village in north County Dublin, accommodating five gentlemen on a full-time residential basis. The inspector had the opportunity to speak with the residents and their direct support staff, as well as observe interactions and support delivery for the residents during their day. The person in charge was on statutory leave on the day of the inspection, however their role was sufficiently covered by an experienced and knowledgeable house team and team lead. Later in the day the Director of Services and other members of management attended to support the house team to facilitate the inspection and discuss provider-level initiatives and oversight measures.

The house was homely and comfortable with each resident having a private bedroom and suitable bathroom, garden, and kitchen facilities. The house was within walking distance of a nearby village and the service had use of one car for travelling further distances. Residents were assessed as safe to travel together, and the staff described procedures and backup options to ensure that additional vehicles were available if two trips were required at the same time.

Three of the five residents had allocated staffing during the day with a fourth staff supporting the remaining two people. This supported residents to go about their day with timely staff support where required. The team was fully staffed at the time of inspection which had resulted in a consistent and familiar support structure. The residents commented that they preferred this continuity, and told the inspector how they did not enjoy recent times in which their preferred staff were elsewhere or when staff being inducted for other houses were working in their home. The inspector observed a friendly, patient and supportive rapport between the staff and residents beyond task-oriented support interactions. During the day staff and residents were observed casually chatting together with jokes, sports discussions and general banter, or eating or watching TV together. This contributed to a generally comfortable atmosphere in the house. Residents spoke positively about their direct support staff and house leaders.

The residents told the inspector that they liked living in this house and felt safe and supported. They told the inspector about a recent period in which they did not feel comfortable due to concerns related to former housemates, however they told the inspector they felt listened to, and that the concern was alleviated in a timely manner. During the inspection an incident arose in which someone became

distressed, and the inspector overheard staff respectfully and patiently supporting the resident to relax and re-engage with their preferred activities. The residents' privacy and dignity was respected in this house, with some residents being supported to lock their bedrooms if they wished, sleep a bit later in the morning, or have time alone per their preferences.

Residents had house meetings weekly in which everyone was encouraged to do their part to manage the household. Residents had agreed responsibilities, including keeping their bedrooms tidy, cooking the dinner some evenings, taking out the bins, mowing the lawn and feeding the chickens. These tasks were supported and supervised by staff based on the level of assistance required. One resident was learning to cook some basic meals for themselves, and another resident had just started a college certificate course in skills for independent living.

One resident had recently moved into this house from a children's service and was being supported by the staff team to make necessary arrangements in their adulthood such as engaging in work experience, and learning to budget money and use a bank account. They told the inspector they felt comfortable and welcomed to the new house. They had been supported to visit the house prior to admission and to decorate their bedroom based on their preferences.

Staff discussed a recent four-module training course they had completed in human rights of people in health and social care services. Staff commented that they were reflecting on how this training could be used to support the residents in this house, explore new opportunities and engage in positive risk taking in their decisions. Recent examples included supporting residents to play rugby with a local team, and supporting one resident to get used to using garden tools on this premises with the objective of attaining paid employment with the provider mowing lawns of other centres. A resident wanted to get a tattoo, and the staff and resident explained to the inspector how they had discussed their choices, the risk or pain to expect, and the aftercare required, which supported the resident to make an informed decision. The resident proudly showed the inspector their new tattoo and how they were supported to keep it clean while it healed. Another resident was being supported to make the necessary bookings and travel arrangements to go to Harry Potter World in London.

Residents were supported to understand why certain restrictive practices such as locks and codes were implemented in their home. For some of the restrictions they had signed and agreed to the terms of their use. Residents understood that ultimately any restrictions introduced for their safety and protection were their choice and if they were unhappy with the restraint or wanted a different variation of same, the use of these would be revisited. While the review of some rights restrictions was due to be developed further as will be described later in this report, there was no evidence to indicate that restrictions placed on residents in this house presented a danger to the safety of residents or been implemented without their knowledge.

Oversight and the Quality Improvement arrangements

Overall the provider utilised a limited amount of physical, environmental and rights restrictions in this designated centre. In the main, the rationale and risk-based evidence for their use was clear, with some gaps in the evidence for how the provider was assured that they were the least restrictive option to mitigate the respective risk. This also included some practices for which their restrictive nature had not been recorded and reviewed as such. The provider had future plans for restructuring how restrictive practice is considered and continuously reviewed for each person, though these had not yet been implemented in this centre.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical restrictions, environmental restrictions and rights restrictions. These standards and the questionnaire were divided into eight specific themes. Overall, the completed questionnaire suggested a good level of progress towards the National Standards, with the provider self-assessing as fully compliant in all themes, and referring to policies, audit systems and resident discussions in the continuous review of restrictive practices.

A policy on restrictive practices was available for review, dated June 2023 and referring the reader to the most recent guidance on a restraint-free support environment. The policy indicated that residents, or their representatives or decision supporters, were to be informed and consulted around restrictive practices while also outlining a process for the sanctioning, review and monitoring of these. Data on implemented practices was to be collected, trended and analysed to ensure that they were effectively governed and there was sufficient information to inform opportunities to reduce or eliminate practices or trial less restrictive alternatives.

Restrictive practices were overseen by a rights review committee at provider level, whose membership included members of the multidisciplinary team and members of senior management. The inspector reviewed a sample of the minutes of their meetings in 2023 and found examples of efforts to ensure that restrictive practices are consistently recorded and classified. Minutes also included the person in charge of some centres discussing real-life examples of rights restraints in their houses and how they were working with the respective residents to reduce or mitigate the restriction. The rights review committee had also worked to incorporate restrictive practices review into each residents' assessment of support needs, showing the inspector a template of how it would be used. At the time of this inspection, this had not yet been done for the residents in Knock House.

A restrictive practices register was maintained for each resident in this centre which listed practices which impacted on them. Measures such as locked doors, coded gates and restricted access to cupboards were listed collectively with the same rationale, which did not reflect the differing levels of risk assessed for each individual. For example, the premises had a locked electric gate for which none of the five residents

had the code, due to an assessed risk when crossing the street in the community. However there was no evidence to indicate that the residents were at high risk of leaving the premises unaccompanied and the associated risk assessment was rated as low.

Some restrictive practices were not recorded on the register or subject to review or risk assessment. This included measures such as residents required to use plastic cups and plates instead of glass or crockery, residents whose snacks and drinks were stored in the office, or residents assessed as being independent to manage their own money having their receipts recorded every day by staff. As these were not identified as being rights restraints, there was no evidence available to indicate where less restrictive alternatives had been considered or trialled relative to the needs of each person, prior to their implementation or as part of routine review.

An online tool was available to staff to record use of environmental restrictive practices to inform their formal review, however there was limited evidence to indicate this tool was consistently used as there were no entries available for some utilised practices, and as such their frequency was listed as zero in reports for use by the rights review committee. Restraints which had been recorded also did not have evidence that less restrictive alternatives had been trialled to ensure the implemented practice was the least restrictive measure for the associated level of risk. Practices had not consistently been risk assessed to determine the potential impact that safety or precautionary measures may have on the residents' right to access and autonomy in their home.

Staff had attended training in the management of complex behaviours. The inspector reviewed a sample of positive behaviour support plans for residents assessed as requiring support to keep themselves and others safe during times of anxiety or distress. The plans for these clearly described how the resident presents and what the risks are, and provided detailed guidance to staff on how to pre-empt, avoid or de-escalate an incident. The inspector reviewed the incident notes for recent times in which staff were required to use physical intervention with residents. In these records, staff could demonstrate how they had exhausted all other measures and use physical restraint as a last resort. Some records indicated good examples of staff using their judgment and de-escalation training to decide whether or not holds were required, such as whether the residents was in safe surroundings or in close proximity to sharp or broken items. Following a number of recent similar incidents, one of the actions identified was to append guidance on the use of physical interventions for specific residents to guide consistent and least restrictive use based on what had been effective, however this had not yet been done.

Residents were encouraged to be independent with their own finances, with all residents assessed for their capacity with a view to maximise their autonomy. Residents held their own cash and cards in secure storage, and had access to money in banks and post offices. Staff described how they supported residents to independently use cash machines, debit cards and shops with subtle supervision instead of staff doing it for the residents. As described previously, money and receipts were documented after every use irrespective of resident independence or value of purchase. There was no indication that the method and frequency of this practice was

assessed as being the least intrusive method to ensuring safeguarding of these residents from potential financial abuse.

For some of the restrictive practices in place, the residents were supported to understand their rationale through easy-read documents, which doubled as the provider's means of attaining consent for their use. Residents who spoke to the inspector about them understood that they had the right to revoke consent or have the measures reviewed.

None of the residents were risk assessed as capable to spend any time alone in the house without staff support. However, staff demonstrated examples of how they were encouraging some independence and positive risk taking in the interests of enhancing the residents' lives, such as playing sport, planning trips abroad, cooking food, working with animals, woodworking, and mowing the lawns. The staff team ensured that residents' voices were heard in these decisions, including reassuring them that as adults they did not need to ask permission from others to make decisions about their lives and what was meaningful to them.

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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