



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

Issued by the Chief Inspector

Name of designated centre:	Baldoyle Residential Services
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	03 August 2023
Centre ID:	OSV-0002340
Fieldwork ID:	MON-0040634

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 3 August 2023	09:45hrs to 17:00hrs	Jacqueline Joynt

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

Overall, the inspector found that the provider and person in charge were striving to ensure that residents living in the designated centre enjoyed a good quality of life. The provider and person in charge were endeavouring to balance residents' right to autonomy and liberty whilst at the same time, ensuring residents' health and safety and providing them with opportunities to engage in positive risk taking.

The inspector found evidence to demonstrate that the centre encouraged quality improvement, through shared learning and reflective practices, which resulted in positive outcomes for residents.

There was a comprehensive policy in place which guided the person in charge and staff on the prevention, appropriate use and management of restrictive practices to ensure good quality, safe care and the promotion of residents' autonomy and rights. However, the inspector found there were times when some practices were not implemented in line with policy.

This designated centre provided full-time residential care and support to eight adults with intellectual disabilities. The centre was located on the first floor of a three-storey building. There was a nurses' station at the entrance to the centre and residents' bedrooms, bathrooms, (four accessible shower rooms), and communal areas were located along two corridors. Access to the designated centre was through a large reception area for the entire building and there was a lift and stairs available to residents and visitors. The centre was no longer accepting admissions as the provider was preparing residents to move to community housing. On completion of the move, there were plans for the centre to close as per the provider's de-congregation strategy for the centre.

For the most part, residents living in the centre could access all areas of the designated centre. The inspector observed many of the bedrooms and communal rooms to be large and spacious. Wide corridors and spacious rooms facilitated ease of movement for residents who were wheelchair users. On the day of the inspection, one of the residents showed the inspector their bedroom, one of the shower rooms and one of the sitting rooms. The inspector observed the resident to be able to move around freely throughout the centre. However, assistance was needed to enter one of the sitting room due to the doors. A staff member responded to this and activated the fire safety precaution mechanical hold open device for the door to allow the resident free movement.

The inspector observed that as much as possible, (due to the overall physical layout and structure of the setting), residents' bedrooms presented as homely and in line with their likes and preferences.

There had been considerable thought put into the décor of each resident's bedroom so that they provided a homely and warm atmosphere for them. For example, each bedroom included individualised soft furnishings, pictures, family photographs and

memorabilia which were in line with their likes and preferences. Many of the bedrooms lead directly out onto a balcony area.

There were three large sitting rooms in the centre, some of which were currently in the process of having a decorative upgrade. The facilities within the building such as a sensory garden, a multi-sensory room, a day activation service and outdoor balconies were available to residents.

There was also a decking area that led out from one of the centres' kitchens. This area had recently been upgraded to provide a pleasant and relaxing outdoor environment for residents to enjoy. There was an array of potted plants, which the inspector was informed, were planted by residents, with the support of their staff.

Walking around the residents' home, the inspector observed a door, which provided access to an outside balcony area, to be locked. There was a keypad system in place to open the door. The inspector observed the keypad was too high for residents to reach. The inspector was informed that residents were not aware of how to use the keypad but that in general the door was kept open. However, on walking past the door on two other occasions throughout the day, the inspector observed it to be locked. Overall, this environmental restriction had not been identified or processed in line with the provider's policy and meant that residents' right to access this area, if they so wished, was not promoted.

On the day of the inspection, the inspector met with six of the residents living in the centre. One resident, who showed the inspector some areas of the centre, was heading out for the day to visit their family. Five other residents were attending their day service, which was based on the ground floor of the building. One resident, who was semi-retired from their day service had planned to head out for coffee with staff to the nearby town. Another resident, who chose not to attend a group day service, was provided with a daily one-to-one support individualised onsite and community activity programme.

The provider and person in charge were endeavouring to support residents lead their lives with the least amount of restrictions as possible. Where restrictions were in place, they were to support the health, safety and wellbeing of residents.

There were a number of physical restraints in use in the centre which, for the most part, were in line with the organisation's policy and procedures and had been notified to the Health Information and Quality Authority (HIQA). For example, the use of bed rails, bed bumpers, lap belts, lap tables, leg straps control of electric wheelchair.

Through conversations with the person in charge and senior management, the inspector found that the centre strived for excellence through shared learning and reflective practice. After viewing the Health Information and Quality Authority's (HIQA) webinar on restrictive practice, a number of discussions between management and staff had taken place.

As a result, a small number of practices in use that had previously not been identified as restrictive were now being identified and reviewed in line with the centre's

restrictive practice policy and procedures. The person in charge had commenced and completed, in most cases, an assessment and referral for these restrictive practices and submitted them for approval. For example, restrictions, such as night time checks, use of sleep systems for postural support, crash mats and a physical hold during phlebotomy procedures had been referred for review and assessment. This was an example of enhanced oversight by the person in charge and provider in relation to restrictive practice management.

On review of the night-time checks, the inspector saw that the provider and person in charge were endeavouring to ensure the least restrictive practice was in place. There were different time-lengths of checks for each resident, depending on their assessed need. Where two residents were able to vocalise if they required assistance during the night, the night-time checks were no longer in place for them as they were not required.

However, some improvements were needed to further ensure the practice was the least restrictive at all times, for all residents. For example, where a resident was subject to a night-time check every thirty minutes, the inspector observed that a section of an overhead florescent light remained switched on during the night as standard practice. While this provided a lesser level of light than the full light and assisted staff with the night-time checks, it meant that the resident was sleeping in a room with a light constantly switched on. The resident's preference to have a light switched on or off during the night, had not been taken into consideration or discussed with them.

There was another practice in place that required review. On review of a sample of residents' safety folders the inspector saw that there was a money management protocol in place for all residents. The protocol was written in 2021 and guided staff on the locking and storing of residents monies. While this ensured the safety of each resident's money, there had been no individualised assessment completed at local level to identify or explore the restrictive nature of this practice. As such, alternatives to ensure the least restrictive option for shortest duration had not been fully considered. On the day of the inspection, senior management advised the inspector that, on foot of HIQA's webinar on restrictive practices, discussions were ongoing to consider and improve the current practice.

In line with the organisation's policy, where a restrictive practice was assessed as being required, there was a number of stages of process to be completed in advance of its approval.

The organisation's positive approaches management group (PAMG), upon receipt of a referral, reviewed the information within it and approved, refused or sought further information on the proposed restriction. The referral form presented the rationale for the restriction and provided evidence including from medical and multi-disciplinary teams for the need for the restriction. The forms, in line with the organisation's policy, also included a section regarding the consultation process and views of the resident about the restriction.

However, on review of a sample of referrals forms, the inspector found that there was limited information to demonstrate a meaningful consultation process, including informed consent, had taken place with the resident and in a communication format of their preference.

Each resident was provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. Two residents' personal plans included behavioural support plans. Where restrictive practices were in place, for the most part, there were support plans and risk assessments in place that related to each restrictive practice in use for the resident.

Positive behaviour support plans included low arousal, de-escalation and reactive strategies with a focus on support programmes. The restrictive practice support plans included information regarding the rationale for the restriction and provided a section for the fading-out or restraint reduction plan.

Each resident's personal plan included a section specifically related to communication. Residents' communication methods and preference were assessed and support plans were put in place that included residents' preferred method of communication. These plans guided staff on how best to communicate with residents so that conversations were understood and were meaningful.

However, improvements were needed to ensure that where restrictive practice assessments, support plans and other related documentation were in place, residents' communication needs and supports were considered.

This was to ensure that the consultation process, including informed consent, occurred and that it was in line with residents' assessed needs, preference and support plans so that they were meaningful and understood. In addition, improvements were needed to ensure that where consultation had taken place, including informed consent, that it was clearly recorded in each resident's personal plan and in other documentation related to the restrictive practice (such as the above mentioned referral form).

There were a number of safety associated supports plans in place to guide staff in their practice in keeping residents safe. For example, residents were provided with community safety plans, personal safety plans, manual handling and risk assessments and use of restrictive practice and support plans, but to mention a few.

The person in charge and staff were endeavouring to promote residents independence and where possible, to increase residents' health and safety awareness in an attempt to reduce and fade-out restrictions. There was a restrictive practice, where staff controlled a resident's wheelchair when crossing roads. In an effort to reduce or fade-out the restriction, the resident was supported to engage in a road safety training course to promote their independence and to provide a better understanding of the risks when crossing the road.

Residents were supported to express their views in many ways including day-to-day interactions with staff and key-worker support meetings. In addition, residents were

provided with weekly house meetings with their staff. Matters such as activities, menu plans, keeping safe, restrictive practices, safeguarding and the complaints process, but to mention a few, were discussed and decisions made. However, while restrictive practices were included on the agenda, there was limited information to demonstrate that consultation or informed consent was explored or discussed at the meetings.

Residents were provided with ample choice of on-site and community activities that were in line with their likes and preferences. On a daily basis, through their day service and also through other activities offered in the designated centre, residents were provided with a choice of activities.

On speaking with the person in charge, staff and on observing photographs on residents' bedroom walls, the inspector saw that residents were supported to attend concerts, musicals in large theatres, the cinema, go out for meals, go swimming in the local pool and attend events in national museums, but to mention a few.

Families played an important part in the residents' lives and the person in charge and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. In line with many of the residents' wishes, families visited residents in the designated centre or residents went out of the centre to visit their families.

Staffing arrangements included enough staff to meet the needs of the residents. During the day, residents were supported by a team of nurses and care staff. There were eight staff members on duty each day who were deployed to the day services to support residents during a certain period of the day and thereafter returned to the residential service with the residents. There were five waking staff at night-time to support residents.

On speaking with four staff members during the day, the inspector found that they were knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and preferences.

The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions.

Oversight and the Quality Improvement arrangements

The registered provider was striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. The provider had ensured that the centre was adequately resourced and that there was a clearly defined management structure in place.

Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The provider had effective governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents.

The inspector found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. Overall, the provider and person in charge promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their home.

However, to ensure the provider was in compliance with the National Standards for Residential Services for Children and Adults with Disabilities 2013, at all times, some improvements were required.

The person in charge had completed a self-assessment questionnaire in preparation for the thematic inspection and submitted it within the requested timeframe. Overall, there were satisfactory systems in place in the designated centre to ensure that restrictive practices were recorded, monitored and regularly reviewed.

There was a restrictive practice policy in place in the centre and it was available to all staff. The policy was reviewed every three years or sooner if required. The policy was in line with national policy and had made reference to other relevant legislation, regulations and enactments. In line with the organisation's policy, the provider had a very clear restrictive practice assessment process that guided staff in a stage by stage process.

The policy provided guidance to staff on the prevention, appropriate use and management of restrictive practices to ensure quality and safe care and promote the rights of residents. The policy described under what circumstances restrictions were permitted or not. It made provision for how restrictions should be implemented and how informed consent, or refusal of restriction, should be managed.

In addition to the policy there was a specific procedure in place for the use of bedrails. While the procedure provided guidance for staff and included a bedrail assessment tool, which was included in each resident's personal plan, overall, the inspector found that the procedure provided limited guidance around the consultation and informed consent process.

On review of a sample of bedrail assessments, the inspector found that the assessments did not adequately demonstrate that there had been meaningful

consultation with the residents regarding the restrictive practice including informed consent. While there was a photograph of a bed with a bedrail included in a number of the residents person plans, they did not provided adequate assurances or evidence that a meaningful discussion, in a communication format of preference to the resident, had taken place.

All restrictions that were currently identified as restrictive practices had been provided a risk assessment. Residents' multidisciplinary teams were involved in the restrictive practice assessment and review process. Restrictive practices were included as an item in the provider's six-monthly unannounced visits.

However, a more in-depth review of the restrictive practices during these visits would better enhance the restrictive practice review process in place. For example, while the unannounced visits noted what restrictions were in place, they had not reviewed if alternatives or fading out/restraint reduction plans had been considered in the previous six months.

There was a restrictive practice log in place which documented the use of restrictive practices in the centre. The log included the rationale for the restriction, the assessments that took place, tracking systems in place for the restriction, alternatives that had been tried and the review of the practice.

There was a positive assurance management group, (PAMG), set up by the provider that included members of senior management. Restrictive practice assessments were submitted to the group for referral on a monthly basis. The group reviewed the assessments and where appropriate, approved the continuation, reduction or caseation of the restriction. The group reviewed the centre's restrictions on an annual basis or sooner if required.

On the day of the inspection, a number of newly identified restrictive practices had been approved by the group. In line with the provider's policy, where a restrictive practice required implementation in advance of the monthly group meetings, there were systems in place to accommodate this. All assessment forms were required to include appropriate evidence, such as multi-disciplinary input and recommendations, to demonstrate the rationale and need for the restriction.

This information was also required at the review stage to support the removal or continuance of a restriction. There was a system in place for emergency use of restrictions however, this was only to be used in rare occasions and there was clear guidance of when it should be used.

The inspector found that, for the most part, restrictions in use in the centre were in line with the organisation's policy and procedures for restrictive practices. Reflective practice and shared learning, from a HIQA webinar on restrictive practices, had resulted positive outcomes. Where some practices had not been identified as restrictive, they were since provided with appropriate assessment and underwent the required stages which ensured they were now in line with the provider's policy and were promoting residents' rights.

However, there were some exceptions; on the day of the inspection, there were some additional practices identified as potentially restrictive and needed review. For example, a locked door with keypad access, the management of residents' finances and a bedroom light in a resident's bedroom.

Overall, the centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Where an agency nurse was required, the person in charge endeavoured to ensure continuity of care by employing the same agency nurse who was familiar to the residents.

For the most part, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents. All staff have been provided training in a twelve week level five training course relating to behaviours that challenge which incorporated a section on restrictive practice.

Staff were also provided training in manual handling, first aid, assisted decision making and safeguarding but to mention a few. The inspector was informed by the person in charge, that there was a plan in place to share the HIQA restrictive practices webinar recording with all staff.

However, some improvements were needed to ensure that staff were provided adequate training regarding physical restraints. While there was guidance in place for staff when physically supporting residents through a phlebotomy procedure, staff had not been provided with specific training regarding this type of hold.

Staff team meeting minutes demonstrated that reviews of the quality of care and support provided to residents, as well as the needs of residents, and supports to meet those needs, took place.

On review of the most recent meeting in June 2023, the inspector saw that potential and current restrictive practices in use in the centre were discussed as a team to ascertain if the practices in place were the least restrictive for the shortest amount of time. Alternatives were discussed and a number of current practices were identified as restrictive. As a result, the practices were subject to assessment, approval and review and overall, better ensured the rights of residents in relation to the restrictions.

Overall, the inspector found that, the provider, person in charge and staff team were striving to ensure an appropriate balance of residents' right to autonomy and liberty with the need to ensure the health and safety of residents. However, some improvements were needed to ensure that, at all times, procedures were in line with the provider's policy so that the rights of residents were promoted at all times.

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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