



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

Issued by the Chief Inspector

Name of designated centre:	Sarto Rise
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	22 November 2023
Centre ID:	OSV-0002347
Fieldwork ID:	MON-0040194

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
Wednesday 22 November 2023	09:10hrs to 14:20hrs	Kieran McCullagh

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

This was an unannounced thematic inspection of the designated centre. It was carried out to assess the provider's implementation of the National Standards for Residential Services for Children and Adults with Disabilities relating to restrictive practices. The aim of this inspection was to drive service improvement in the area of restrictive practice, for the benefit of residents and enhanced promotion of a human rights focus to care.

Overall, residents in this centre were in receipt of person-centred care which was endeavouring to uphold residents' rights. The centre was well resourced, appropriate to the residents' individual needs, and was managed in a way that ensured they lived their lives in line with their assessed needs, personal preferences and wishes.

The designated centre is located in a mature cul-de-sac in North County Dublin and home to four residents. The inspector had the opportunity to meet with two of the residents over the course of the one day inspection. Conversations with the residents and staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

Residents were observed to have busy and active lives. On arrival at the centre, two residents had left to attend their day services, one resident was preparing to leave the centre to attend day services and one resident was in receipt of an individualised service. Residents spoke with the inspector and looked at their identification and photo documentation. The residents understood the role of the inspector and invited them into their home.

The centre comprised a large two-storey house close to many amenities and services, such as shops, cafés, and public transport. The inspector carried out a walk-around of the centre. The premises included five bedrooms, staff sleepover / office, utility room, bathrooms, kitchen, two sitting rooms, and a spacious back garden that provided outdoor seating for residents to use, as they wished.

The inspector found the premises to be clean, well-maintained, bright, homely, comfortably furnished, and nicely decorated. All residents had their own bedrooms, which were laid out in a way that was personal to them and included items that was of interest to them. For example, residents' bedrooms included family photographs, pictures and memorabilia that were in line with the residents' preferences and interests.

On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions. Residents who spoke with the inspector advised that they enjoyed who they were living with.

The centre presented as a relaxed and calm environment and not restrictive in nature.

One resident, spent some time chatting with the inspector. It was noted that they were free to move about their environment. Staff members on duty supported the resident to communicate with the inspector and were seen to interact pleasantly and respectfully with them throughout the course of the inspection. It was clear that the resident had known their support staff for many years. The resident showed the inspector their bedroom and discussed the pastimes and activities that they enjoyed the most, such as watching their favourite television programme, going for walks, going out for coffee and visiting the local church.

The centre's operations were discussed with staff and residents, who were encouraged to voice their opinions. Information on the complaint procedure and impartial advocacy services was readily available to residents. Additionally, residents had the chance to voice their concerns and preferences at weekly house meetings where they discussed activities, menus, occasions and incidents that have happened and treating others with dignity and respect. In addition to the weekly house meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

The person in charge and staff told the inspector that residents had a good quality of life and got on well together. This was evident from the limited number of incidents that would constitute compatibility or safeguarding incidents.

Residents' families were involved in decisions about their care and support. The inspector did not have the opportunity to meet any residents' families however, the recent annual review noted positive feedback from one family member which indicated satisfaction with the service provided to their loved one.

Residents were provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. The plans included residents' communication support plans, community access and participation plans, lifestyle and life skills plans, behavioural support plans and financial security and safety plans.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff team comprised of the person in charge and social care workers. There were no staff vacancies in the centre. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The inspector identified that two restrictive practices had not been logged as such and, therefore, were not subject to the provider's policy and procedures for restrictive practices. Also, as a result, they had not been notified to the Chief Inspector on a quarterly basis to comply with notification requirements. These matters are discussed further in the next section of the report.

Oversight and the Quality Improvement arrangements

The provider and person in charge had made good efforts to promote an environment that maximised residents' independence and autonomy, and reduced the need for restrictive practices. However, the inspector found that some of the arrangements required enhancement to meet optimum standards.

The centre was adequately resourced to support the effective delivery of care in a person-centred manner. Staff spoken with on the day of the inspection were found to be knowledgeable on the residents' needs. In addition, the registered provider had increased staffing levels in order to ensure there were sufficient staff on duty to support one resident with their preferred individual activities.

The person in charge worked full-time and was based in the centre. They were supported by a service manager who in turn reported to a Director of Adult Services. There were good arrangements for the management team to meet and monitor the service provided to residents. For example, they met regularly and completed management reports. The provider also had oversight systems to monitor the quality and safety of service including on the implementation of restrictions. The provider has also established a restrictive practice committee with responsibility to review and approve restrictions.

There were comprehensive policies in place to guide staff in supporting residents' rights and in managing restrictive practices. These policies included a complaints policy, a policy on the use of restrictive practices and a positive behaviour support policy. The policy on the use of restrictive practices was reviewed by the inspector and was found to provide clear guidance to staff on the type of restrictive practices and the provider's philosophy and culture regarding these.

Prior to the inspection, the person in charge had completed a restrictive practice self-assessment questionnaire. The questionnaire noted one restrictive practice; a gentle hold on resident's arm, which was used only when the resident was having bloods taken. The rationale for the hold was clear, and reflected in an associated protocol. However, during the course of the inspection the inspector identified two further restrictive practices in place that had not been logged as such.

The person in charge demonstrated that efforts were underway to strengthen the systems for reviewing potential rights restrictions. For example, reviewing consent from residents and their representatives. However, some improvements could be made in this area. For example, the practice of safekeeping residents' monies in the

office. Each resident was provided with arrangements to securely store their financial belongings that was accessible only by the person in charge and the staff. When a resident required such items staff would retrieve it for them. Staff also supported residents when spending their money out in the community. Receipts were obtained when items were bought as part of the financial recording system.

The person in charge recently revisited the consent practices in place for maintaining residents' finances in the office. They met with residents to review financial assessments and to seek the will and preferences of each resident regarding their finances. While the majority of residents were happy with the current arrangements, one resident chose to keep some of their financial belongings in their bedroom, not all of them were stored in this manner and some of these belongings were stored elsewhere and only accessible by the person in charge and the staff.

Through discussion with the person in charge and staff it was identified that securing residents' finances in a secure place in the centre, although requested by some of the residents, would likely meet the definition of a restrictive practice as set out in the provider's associated policy. A review of this practice was therefore required to ensure that it was recorded and monitored in line with the policy.

Additionally, the inspector found that one resident had restricted access to paper and toilet paper. Staff informed the inspector that the intervention was in place to mitigate a health and safety risk. It had been subject to a comprehensive risk assessment and there were clear protocols to adequately guide staff on the use of the restriction. However, it was not demonstrated that the resident had consented to its use.

Furthermore, toilet paper was not stored in toilets in the centre to mitigate the risk for one resident. However, this impacted on the privacy and dignity of other residents who, in some instances, stored a quantity of this item in their bedrooms and brought it with them when using the facilities in the centre. A review of this practice was therefore required to ensure that it was the least restrictive procedure, used for the shortest duration necessary and recorded and monitored in line with the policy.

Overall, the inspector saw that staff were endeavouring to provide support that was person-centred and respectful of residents' rights, choices and preferences. However, review was required of the local implementation of the provider's policy to ensure that all restrictive practices were identified and monitored as such and that residents were informed of and consenting to any restrictive practices that were impacting 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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