



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

Issued by the Chief Inspector

Name of designated centre:	Willowglade
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	17 November 2023
Centre ID:	OSV-0002400
Fieldwork ID:	MON-0041899

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
Friday 17 November 2023	09:30hrs to 15:30hrs	Karen McLaughlin

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

This inspection was an unannounced thematic inspection of the designated centre carried out to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions.

Conversations with 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.

The centre consisted of a large house located in a south Dublin suburb. It was close to many amenities and services used by residents including a park, shops, cinema and local restaurants and a pub.

A staff member greeted the inspector on arrival and informed her that some of the residents had left for day service and the others were just getting up for the day. She called the person in charge who was present for the duration of the inspection. The inspector carried out a thorough walk-around of the premises with the person in charge and met some of the residents who were being supported with their morning routine.

The building provided a pleasant, comfortable and homely environment for residents, including two sitting rooms situated off a large kitchen come dining room. Throughout, the house was bright, warm, nicely furnished, and decorated with pictures and photos of residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes and preferences.

In one of the sitting rooms, there was an activity press with an individual box for each resident containing activities such as art and crafts kits, sticker books and self-care products. Similarly each box was personalised in line with each resident's likes and dislikes.

The inspector observed no environmental restrictions in place while walking around the centre. Doors were observed to remain open throughout the course of the inspection making the communal areas accessible to all residents.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Residents were observed to be supported by staff who knew them and their individual needs well.

During the course of the inspection the inspector had the opportunity to meet with some residents and staff on duty. One resident was supported by staff with her verbal communication. This resident showed the inspector her bedroom and some art work she had completed.

The resident told the inspector she liked living in the centre. Some of the residents did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received.

The inspector reviewed the most recent annual review which contained feedback from residents on the quality and safety of care provided. One resident said they 'don't like when the house is noisy', another said that staff 'support them' with their 'social needs' and they 'like going on holidays and swimming' The consensus from the review showed that residents were generally comfortable living here and were happy with the amount of choice and control in their lives.

Family members were also consulted in the annual review and some commented on the quality of care being provided for their loved ones saying they would 'like to see an increase in outings and one-to-one support' for their family member. While another said 'communication is good and they are always kept informed'

The inspector asked the person in charge how residents indicate choice and preference and was told that staff are very familiar with all the residents' communication styles and cues including gestures, facial expressions, body language and vocalisations.

This was observed throughout the inspection with residents seen smiling, making eye contact, using gestures and verbal interactions with staff during the course of the day to express their choices and personal 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.

It was evident that residents enjoyed a good quality of life and were facilitated to lead lifestyles of their choosing. 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 reflected the residents' right to exercise choice in their lives. Meaningful activities and engagement was considered throughout the care and support plans reviewed by the inspector.

As a result, residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the course of their day. Residents decide on the activities they would like to engage with for the week at the residents meeting, through working and also on the day itself.

For example, on the day of the inspection, one resident was going out with his father, another two residents were at their day service and another resident had opted to stay home and have a rest. Other activities the residents had and do participate in included bowling, trips to the national concert hall, meals out, shopping, going to the cinema and attending beauty appointments like having a manicure.

There were some restrictive practices utilised in the centre, for example, the use of bedrails and bed bumpers. These practices were implemented in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were reviewed every quarter and reduction plans

were in place where agreed upon, in line with residents' assessed needs. Each of these restrictive practices had an accompanying risk assessment to substantiate and justify the rationale and risk they managed. It was also evidenced that they were implemented for the least amount of time possible and only to manage the specific risk identified. It was evident that every effort was made to provide residents with information, to seek their consent and to keep them informed about their care, including any restrictions in the centre.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights.

Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were striving to ensure that residents living in the designated centre were supported to live lives that were as independent and free from restrictions as much as possible.

The service was promoting as much as possible a restraint free environment and there were effective systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed. It was evident that residents living in the centre were receiving a service that focused on reducing and eliminating the use of restrictive practices where possible that supported each resident's needs.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge had sole oversight of the designated centre. They were supported by a service manager who in turn reported to a director of adult services. From conversations with the person in charge it was clear that they were very aware of what constitutes best practice and they were endeavouring to ensure it in this designated centre.

A self-assessment questionnaire was issued to the provider in advance of the thematic inspection to assist them in preparing for the restrictive practice programme. This questionnaire was align with the themes and standards in the National Standards for Residential Services for Children and Adults with Disabilities (2013). This questionnaire was completed by the person in charge and returned to the office of the Chief Inspector. The inspector reviewed this document prior to the inspection and also during the inspection and found that all practices outlined within the document were consistent with what the inspector observed during the inspection.

The centre's statement of purpose used the providers core values to describe the quality of care provided which reflected the individual needs and choice of each resident by supporting them to participate in their local community, advocate for quality improvement and empower each resident to make their own choices in line with their will and preference.

The provider had put in place a series of audits to support oversight of the quality and safety of care in the centre. These audits included an annual report and six monthly unannounced visits by the service manager. The inspector saw that these audits were comprehensive and included information on the views of residents and staff of the quality of the service. There was also a regular audit of the restrictive practice log carried out by the person in charge.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. While vacancies existed, resources in the centre were planned and managed to deliver person-centred care. The vacancies were filled using regular relief staff who knew the residents well and they were able to provide continuity of care.

One relief staff attended staff meetings regularly due to the volume of shifts they were completing in the designated centre. All staff were supported and supervised to carry out their duties in line with their individual roles and responsibilities.

Training logs showed that staff had completed relevant training such as positive behaviour support and safeguarding of residents, however some were overdue refreshers. The person in charge had identified this gap and scheduled training with the training department over the next few months.

Staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference. Staff were found to be knowledgeable of what constituted restraint and restrictive practices.

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 provider had prepared a written policy on restrictive practices that was readily available in the centre for staff to refer to. The policy was under review by the provider to incorporate updated best practice and legislation such as the Assisted Decision-Making (Capacity) Act 2015. This policy also set out the terms of reference for the provider's restrictive practices committee.

The provider had a committee to support them in having oversight of restrictive practices. The committee met every three months and consisted of members of the senior management team, social workers, psychologists, speech and language therapists, occupational therapists and behaviour specialists.

It was evident that residents were being supported to engage in meaningful and motivating activities and that every effort was being made to promote residents' rights to living in a restraint-free environment. The provider, person in charge and the wider staff team promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their homes. Additionally, there was no emergency use of restrictive practices or interventions in the centre.

There were procedures in place to protect the resident from abuse. Allegations of abuse were reported, documented and responded to in a timely manner and in line with statutory frameworks. Safeguarding plans were implemented where required.

Overall, the inspector found that in this centre, each resident's right to autonomy, independence, privacy and dignity was promoted, while at the same time supporting their safety and wellbeing. The result being that the residents of this centre were in receipt of a good quality and safe service that was upholding their human rights.

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.

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

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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