



**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:	Iona House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	28 September 2023
Centre ID:	OSV-0003415
Fieldwork ID:	MON-0040235

## What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards for Residential Services for Children and Adults with Disabilities. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

## What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) with Disabilities) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental<sup>1</sup> 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

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<sup>1</sup> 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 28 September 2023	09:40hrs to 15:00hrs	Eoin O'Byrne
Thursday 28 September 2023	09:40hrs to 15:00hrs	Sarah Barry

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

This was an unannounced thematic inspection which focused on the implementation and management of restrictive practices in the centre.

The inspectors had the opportunity to meet with two of the seven residents. One of the residents was supported to interact with the inspectors whilst they sat at the kitchen table. The resident appeared happy in their environment and content in their interactions with those supporting them. The resident chatted with the inspectors about their morning and said goodbye to them later before leaving for coffee with the staff.

The second resident communicated in a non-verbal manner. The resident was observed to laugh and respond positively to staff interactions. A staff member supporting the resident was aware of the resident's needs and put on the resident's preferred DVD. It was evident that the resident was happy with this. The other residents were attending individualised programmes or day-service programmes during the inspection.

The inspectors reviewed a sample of residents' information regarding their daily routines and found that, residents were encouraged to be active members of their local community and regularly went out for food and coffee. Residents met regularly with their key workers and were supported where possible to identify activities they would like to do or places they would like to go.

There was evidence of positive communication between the residents and those supporting them. Residents were kept well informed of changes to their environment. Further examples of positive communication were found when reviewing resident meeting minutes. Residents had been provided information on maintaining their safety from a safeguarding perspective and human rights.

The centre is large with ample space for residents and is located on the outskirts of a large town with access to various amenities. Each resident had their own room, and there were also two self-contained apartments. At the time of the inspection, the provider was carrying out works to enhance the appearance of the resident's home. Painting was being conducted along with new flooring being installed and other decoration works. The residents had been well prepared for the work being carried out through the use of social stories and discussions at resident meetings. The provider had also arranged that the works would take place when some residents were outside of the house. This arrangement reduced the risk of any possible negative impact for residents.

Through discussions with staff members and the appraisal of information, it was identified that some residents presented with complex needs. The review of the adverse incident log showed that some residents regularly engaged in behaviours of concern. In 2022, it was found that there were compatibility issues amongst the group of residents. Compatibility risk assessments had been completed, and a decision was reached to seek an alternative placement for some residents. At the

time of the inspection, the placement had not been finalised, but the provider had implemented measures to reduce the compatibility issues. These will be discussed later in the report.

To maintain the residents' safety, restrictive practices were implemented and a restrictive practice register had been established. The register gave dates from when the practices were introduced and showed that the practices were under regular review.

There was a large number of environmentally restrictive practices in situ, including locked external doors and locked cupboards, wardrobes and presses. There were some physical restrictive practices in place to support resident's positioning and safety when in bed or using their wheelchairs. There was also restrictive practice to promote safety for one resident when travelling in vehicles.

As discussed earlier there were occasions where residents' behaviours of concern negatively impacted their peers. The provider introduced some restrictive practices to reduce this. For example, one-to-one staff support for some residents was introduced. By increasing staff numbers, the provider sought to use the least restrictive measure to meet the resident's needs.

While good practices were found, inspectors identified that some improvements were required. For example, a restrictive practice had been introduced for a resident to maintain their safety however, the practice impacted all residents and the provider had not identified this.

In addition, an environmental management strategy was used when a resident engaged in behaviours of concern. The staff team restricted the resident's access to certain parts of their home when the resident was escalated. This practice was regularly employed and successfully reduced the potential for negative impact on other residents. However, the provider had failed to identify the measure as a restrictive practice, and therefore, some improvements were required to ensure that all restrictive practices were identified and recorded.

An inspector reviewed previous and current staff rotas. The provider had ensured that adequate staffing levels were maintained on a daily basis. Staffing levels had been increased in 2022 due to the changing needs of some residents. One-to-one staffing had been identified as being required for some residents to meet their needs. The inspectors spoke with staff members regarding the residents' daily routines and the restrictive practices utilised in the residents' home. The staff members informed the inspectors of the practices and demonstrated they had the appropriate knowledge. Staff members also spoke to an inspector regarding human rights-based training they had completed and its positive impact.

Staff members had been provided with appropriate training to support positive outcomes for the group of residents. The staff team had completed training on topics such as the Assisted Decision Making Act, the above-mentioned human rights training, and also training regarding restrictive practices.

An inspector also reviewed staff team meeting minutes and a sample of staff members' supervision minutes. On several occasions, staff members were provided with information regarding restrictive practices and the practices were discussed. These discussion included why the restriction was in place and their impact on residents. This demonstrated appropriate information sharing.

## Oversight and the Quality Improvement arrangements

This service was led by a person in charge who was supported by a team of team leaders and direct support workers.

The provider had ensured that a policy regarding restrictive practices had been developed and was available for review. An inspector found that there were aspects of the policy that required enhancements. The provider was in the process of addressing these areas at the time of the inspection.

The provider had established a human rights committee. The committee consisted of two subgroups, one focusing on restrictive practices and the second on the Assisted Decision-Making Act. The groups consist of members of the providers, senior management members of the positive behaviour support team, persons in charge and also residents.

The groups meet quarterly but would meet sooner if required. The groups focused on promoting a restraint-free environment and ensuring that principles underlined in the Assisted Decision Making Act were at the forefront of the service provided to the residents.

An example of this approach was when staff attempted to reduce a restrictive practice for a resident. The practice had been introduced to minimise property damage. A gradual reduction plan was introduced in May 2023 and was initially successful. Unfortunately, changes to the resident's environment impacted the resident's presentation and the restrictive practice reduction plan was put on hold until the building works were completed in the resident's home.

At the local level, the person in charge established a restrictive practice register containing relevant information. This was reviewed monthly as part of monthly audits carried out by the person in charge and senior management. Furthermore, the person in charge was submitting quarterly reports regarding the usage of restrictive practices for review by the Chief Inspector as per regulation requirements.

As discussed earlier, the provider had ensured that the service was effectively resourced regarding the staff team. There was a significant staff presence each day that ensured the needs of the residents were met.

Inspectors found that the provider had ensured that residents had access to a well-established multidisciplinary team (MDT team). Support plans had been developed to guide staff members on supporting each resident best. Comprehensive behaviour support plans had been devised for the residents who required them. The plans were focused on understanding the residents' behaviours and ensuring that the least restrictive response was utilised to de-escalate the incident.

Risk assessments had also been developed around the use of restrictive practices. The assessments gave the reader a description of the residents' presentation and also

gave clear reasoning for why a restrictive practice had been introduced. The risk assessments were again under regular review and reflected the changing needs of the residents.

In summary, the inspectors found that the residents were well cared for by those supporting them. The residents had access to a large MDT team, and their needs were under regular review.

In regard to restrictive practices, many practices were in place to maintain the safety of residents. These practices were under regular review, and the provider was, where possible, seeking to remove or reduce the level of restrictions. While good practices were identified during the inspection, some improvements were identified. When reviewing restrictive practices, the provider had on one occasion not recognised that the restrictive practice impacted all residents. As mentioned earlier, the provider had implemented an environmentally restrictive practice to support a resident when escalated. The provider had failed to identify this as a restrictive practice and acknowledged this during the inspection.

## 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.

### 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
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>

<b>Theme: Responsive Workforce</b>	
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>

<b>Theme: Use of Information</b>	
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>

<b>Theme: Health and Wellbeing</b>	
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4.3	The health and development of each person/child is promoted.
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