



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

Issued by the Chief Inspector

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| Name of designated centre: | Lambourne Group-Community Residential Service |
| Name of provider: | Avista CLG |
| Address of centre: | Dublin 15 |
| Type of inspection: | Unannounced |
| Date of inspection: | 30 August 2023 |
| Centre ID: | OSV-0004031 |
| Fieldwork ID: | MON-0040641 |

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 30 August 2023 | 10:15hrs to 15:45hrs | Marie Byrne |

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

This unannounced thematic inspection was completed to assess how the provider was implementing the National Standards for Residential Services for Children and Adults with Disabilities (2013), in relation to restrictive practices. Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service, but improvement was required to some documentation relating to the management of restrictive practices in order to ensure full compliance with the standards.

Lambourne Group consists of one detached bungalow in a quiet residential area in West County Dublin. It provides a home for three residents. The house consists of three bedrooms, a living room, a kitchen cum dining room, a main bathroom, a storage room, a small bathroom with a toilet and wash hand basin, and a utility room, and storage shed. There was a small garden area and driveway to the front of the property and an enclosed back garden with an outdoor dining space. Residents have access to a vehicle to support them to attend day services and to access their local community. There are also shops, cafes and other amenities close to the house, and there are good public transport links in the area.

Residents were out and about when the inspector of social services arrived at the centre. Later in the day the inspector had an opportunity to meet and speak with two residents. One resident had just returned from day service and the other resident returned after having their hair and nails done locally. They both appeared happy to be home and went straight to the living room to relax. They appeared very comfortable in the presence of staff. Staff were observed to be very familiar with their communication preferences, and to spend time chatting with them.

One resident spoke with the inspector about an upcoming foreign holiday they were looking forward to. They spoke about going shopping for their suitcase and about how much they were looking forward to going away with a staff member. They also spoke about a recent hotel break which they had enjoyed. They spoke about how important it was to them to regularly meet up with and spend time with their family. They said they were happy and felt safe living in the centre.

The inspector also spoke with a resident who had recently transitioned into the centre. They spoke about their involvement in decorating their new bedroom and said they were settling in well into their new home. They spoke about keeping in touch with their friends since they moved house. The third resident was in day service when the inspector visited.

There were a small number of restrictive practices in place to support residents' safety and well-being and the majority of these were recorded as such and regularly reviewed; however there were a small number of restrictive practices that were used for safety reasons that was not being recorded or reviewed as such.

Where a restriction may impact on a residents' privacy and dignity this was considered and efforts were made to ensure that the least restrictive practice was in

place. For example, rather than staff regularly checking on the resident who was assessed as having a high falls risk, a movement sensor was placed on their bedside locker. It had been identified that the noise when the alarm sounded was having an impact for the resident and those they shared their home with, so an additional remote was sourced so staff could turn off the alarm from whatever part of the house they were in, as they were moving to support the resident.

In addition there was evidence of recent restraint reduction in the centre. For example, residents' money was stored in a locked press in the office, but following consultation with residents in relation to their wishes and preferences they now had a cash box with a key in their bedroom. As part of the quarterly restrictive practice review meetings, there was an agenda item relating to restrictive practice reduction plan. Also, residents' positive behaviour support plans had a section relating to restrictive practices and reduction plans.

Residents were supported to understand the rationale and impact of the restrictions in place. For example, there was easy-to-read information on specific restrictions available in residents' bedrooms, and these were being regularly discussed at keyworker meetings. There was also an easy-to-read information folder available in the living room with the National Standards for Residential Services for Children and Adults with Disabilities (2013), restrictive practices, the availability of independent advocacy services and contact details of the Confidential Recipient, and residents' rights. Resident's views and those of their representatives were captured as part of the provider's annual review.

For the most part, residents could freely access their home and garden. Plans were in place to make the front driveway more accessible for residents, as due to the slope on the driveway some residents required the assistance of mobility aids and staff to mobilise up and down the driveway.

Overall, residents were supported to freely access their home and possessions. There was a clear rationale in place for any restrictive practices in the centre, but a small number of restrictive practices were not recognised or reviewed as a restrictive practices. Some improvements were also required to policies and documentation relating to restrictive practices and these will be discussed further in the next section of the report.

Oversight and the Quality Improvement arrangements

Overall the findings of this inspection were that care and support provided for residents was of a good standard. They were being supported to make choices and live their lives in line with their wishes and preferences, as much as possible. They were being supported to stay safe in their home, with a number of restrictive practices in use in line with their assessed needs and risk assessments. The provider and person in charge were striving to meet the requirements of the National Standards for Residential Services for Children and Adults with Disabilities 2013.

The provider had a number of policies, procedures and guidelines in place to guide staff practice in relation to the use of restrictive practices, and the promotion of a restraint free environment. The provider's restrictive practice policy required review to ensure it clearly guided staff practice in relation to the types of restrictive practices that need to be documented and reviewed as part of the quarterly restrictive practice meetings.

There were systems in place for recording and monitoring restrictive practices in the centre. These included risk assessments, a restrictive practice register, and quarterly reviews meetings. The restrictive practice register was being reviewed and updated regularly; however, it did not include a small number of restrictive practices that were being used for safety and to support residents to mobilise. There was a template in place for use during restrictive practice review meeting which were due to be held quarterly with the relevant members of the multidisciplinary team. However, these meetings had not occurred quarterly for restrictive practices in this centre, in line with the provider's policy. For example, the planned meeting for quarter four 2022, and two meetings planned in quarter one 2023 were cancelled.

In addition to the restrictive practice review meetings, one residents' keyworker had sought the input of the provider's human rights officer to review the restrictive practices in place for them. This included a review of how the use and impact of the restrictive practice was communicated to the resident. While staff described how residents were involved in the decision making process in relation to the use of restrictive practices, the documentation to capture this required improvement. The statement of purpose was available in the centre and was being reviewed regularly; however, it required additional information to demonstrate the procedures in place for when residents' needs cannot be met in the centre.

The provider was effectively planning and managing resources to ensure that restrictive practices were not used to compensate for a lack of resources. Staff had completed training such as safeguarding training, and bespoke onsite behaviour support training provided by the clinical nurse specialist. The provider was in the process of rolling out new restrictive practice training to members of the management team, and plans were in place to provide this training for all staff.

Restrictive practices were being regularly discussed at staff meetings, and during staff supervision. The staff team had completed a four module training course on human

rights. One staff spoke about how human rights training had made them reflect of the importance of exploring the impact of restrictions for residents. They spoke about developing social stories and the importance of regularly discussing restrictions with residents to ensure they continued to understand the rationale for their use.

Overall, through a review of documentation, a review of the environment, and discussions with staff, it was evident that efforts were made to promote an environment where residents' independence was encourage and where the need for restrictive practices was reduced, where possible. However, there were some areas where improvements were required to ensure full compliance with the standards. For example, the statement of purpose required review, the providers restrictive practice policy required review, a small number of restrictive practices were not recorded or reviewed, documentation to demonstrate residents' involvement in the decision making process for the use of restrictive practices required review, and restrictive practice reviews were not occurring quarterly in line with the provider's policy.

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.

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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 |

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| | 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> |

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