



**Health  
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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:	Teach Saoirse
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	14 November 2023
Centre ID:	OSV-0004662
Fieldwork ID:	MON-0040926

## 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
Tuesday 14 November 2023	10:15hrs to 16:00hrs	Sarah Mockler

## 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 physical restrictions, environmental restrictions and rights restrictions. The aim of this inspection was to drive service improvement in such areas for the benefit of residents. Overall, the findings of this inspection indicate that residents were in receipt of a service that actively promoted a restraint free environment. Residents were safe and enjoyed a good quality of life.

Teach Saoirse consists of one detached bungalow in a rural area in Co. Wexford. It has capacity to provide full-time residential care for four residents. At the time of the inspection three residents were living in the home. The house consists of four bedrooms, a sitting/dining room, a kitchen, a staff office, two bathrooms and a small bathroom with a toilet and wash-hand basin. Recently an extension had been added to the property which consisted of a second staff office, a staff room and a room had been earmarked as a sensory room. Overall the home presented as a well-kept homely environment. Many parts of the centre had been recently painted. Bedrooms were individualised and residents had personal items on display.

Additionally there was a laundry room which could be accessed from the side of the home. This room was in poor condition on the day of inspection with significant paint chipping present and dirt and debris in light fittings and on the ceiling. The person in charge provided assurances that funding had been sought and approved to maintain this area to appropriate infection prevention and control standards.

At the time of the inspection there was one vehicle available to support residents to attend their day service and access the local community. A second vehicle had recently been purchased for the centre and they were awaiting delivery of the same. As an interim measure the centre had access to other vehicles within the organisation if needed.

On the day of inspection the inspector met with two of the three residents that lived in the home. One resident left before the inspector had a chance to meet them. They had a family visit planned and were eager to leave the centre. The inspector also spoke with management and staff of the designated centre, reviewed documentation and observed the interactions and support provided to residents during the day.

On arrival at the centre a resident was sitting in the hall. They were introduced to the inspector. The resident used specific phrases at this time in relation to their meal time routines and this was in line with their communication preferences. They appeared comfortable and staff spoke about how the resident enjoyed to sit in this area. They had a comfy chair to sit on and a radio to listen to music. Staff were seen to put on music for the resident and check in on them when they were sitting in their preferred area. They went out for part of the day and in the afternoon they took part in a baking activity with the staff. Across the day of inspection this resident was observed to walk around the perimeter of the home. This was a preferred activity for the

resident. Following the building works in the centre the person in charge had identified the need for a new path to be installed to ensure the resident had a safe walk way to complete this. The path had been installed for this purpose.

The second resident in the home briefly met with the inspector but did not engage with them. They primarily used non-verbal means to communicate their needs and preferences. They were seen to freely move around the home. They got ready to leave for a walk with a staff member. The resident had a preference for a walk and to have a coffee out on a daily basis and this was facilitated by the staff team.

Residents were consulted with on a weekly basis in terms of meal choices and activity choices. From a review of a sample of notes it was noted that residents enjoyed a variety of activities both in the community and in the home. This included visiting and maintaining a garden allotment, family visits, drives, walks in the local community and other areas, visiting cafés, shopping, arts and crafts, and helping with household chores. Staff explained that activities were led by each resident's individual interests and preferences.

There were a small number of restrictive practices in place to support residents' safety and wellbeing. All restrictive practices were suitably identified to the inspector on the walk around of the premises and staff were able to discuss the rationale for any restriction that had been put in place.

There was evidence of recent restraint reduction in the centre. For example, the kitchen door remained open at all times, previously this had been locked. The person in charge discussed how this had positively impacted residents' quality of life within the centre. On the day of inspection residents were seen to use this space. In addition, a restriction was in place whereby the office door was locked. New medication and file storage was being purchased so that this room could remain open going forward, further reducing the restrictions within the centre.

Residents were supported to understand the rationale and impact of the restrictions in place. For example, there was an easy-to-read document available to residents on the use and rationale of restrictive practices within the centre. There was evidence that this had been discussed with each resident and how the resident had reacted to the discussion.

In summary, staff members were observed to be caring, professional and patient in their interactions with the residents. Residents could access the majority of their home, they had good access to activities both in the community and home setting. The service had adopted a least restrictive approach to delivering care and support and were found to be actively reviewing and reducing restrictions where possible.

## 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 small number of restrictive practices in use in line with their assessed needs and risk assessments. The requirements of *the National Standards for Residential Services for Children and Adults with Disabilities 2013* had been met.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical restrictions, environmental restrictions and rights restrictions. These standards and the questionnaire was divided up into eight specific themes. This self-assessment was completed and submitted for review in advance of this inspection.

Following the completion of the self-assessment questionnaire, the provider had developed a quality improvement plan. From the information provided on inspection it was evident that the provider had completed the majority of the actions they had identified in this action plan. For example, the quality improvement plan had identified that specific data was need to be reviewed and analysed in relation to the use of restrictive practices. The provider had developed a report in relation to relevant data which would be utilised on a six-monthly basis to trend the usage of restrictive practices within the centre. The first report was drafted in September 2023 and reviewed the use of restrictive practices for the last four quarters. The information provided in the reports would be used to reduce or eliminate restrictive practices accordingly.

The provider had a policy on restrictive practices which was available for review. The policy outlined the process for identifying, recording, monitoring and reviewing restrictive practices. In addition, the policy noted that residents and/or their representatives were to be informed and consulted around restrictive practices.

The restrictive practices in use in the centre were reviewed by the provider's Rights Review Committee. The members of the Rights Review Committee (RRC) included the Director of Nursing, representative of senior management, Person in Charge, patient and service user officer and independent advocate. The inspector reviewed a sample of records in relation to restrictive practices in use in the centre and found that the identified restrictions were reviewed in August 2023. The referral form used to inform the RRC about restrictive practices within the centre was detailed and required a comprehensive rationale to why a restriction was put in place, what alternatives had been considered and how was the resident informed of the process.

Additional oversight of restrictive practices also occurred during the six-monthly unannounced inspections by the provider, and unannounced day and night inspections completed by the Clinical Nurse Manager (CNM3).

Local level oversight and management of restrictive practice was also evident. An up-to-date restrictive practice log was kept in relation to each restrictive practice. Regular audits were completed on the use of the restrictive practices to ensure they were applied as appropriate.

The inspector reviewed a sample of staff meeting minutes and staff supervisions and found that restrictive practices were discussed as an agenda item. Staff members spoken with also demonstrated a good awareness as to what a restrictive practice was and the restrictive practices in place in the centre.

As previously mentioned there was evidence of a reduction in some restrictive practices within the centre. There was a regular review of the reduction of restrictive practices to ensure that the practice was safe and improved residents' quality of life.

The provider had sufficient resources to support the residents to engage in their routine and reduce the necessity for restrictive measures. The inspector reviewed the staff roster and found that there was suitable staffing arrangements in place. In addition, the centre had access to sufficient vehicles to ensure residents could access the community.

The inspector reviewed a sample of staff training and found that all staff had up to date training in de-escalation and intervention techniques. The provider had also supported the staff team to complete some training on human rights. This was in the process of being rolled out at the time of 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.

### **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

<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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