



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

Issued by the Chief Inspector

Name of designated centre:	Cuan Mhic Giolla Bhríde
Name of provider:	Inspire Wellbeing Company Limited by Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	28 November 2023
Centre ID:	OSV-0005559
Fieldwork ID:	MON-0040344

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
Tuesday 28 November 2023	11:40hrs to 17:10hrs	Anna Doyle

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

Overall, the inspector found that the staff team and the person in charge were providing person-centred care to the residents which was in line with their personal preferences and wishes as much as possible. The inspector found a number of examples of how, the provider and the person in charge were implementing improvements to ensure that the residents lived in a restraint-free environment as much as possible given some of their complex needs. Notwithstanding, improvements were required in some areas to ensure that restrictive practices were recorded each time they occurred; that the registered provider's policy guided practice and that residents' behaviour support plans were kept up to date.

On arrival to the centre, a staff nurse and team leader were on duty and they were responsible to oversee the care and support of the residents that day. The person in charge was not available on the day of the inspection. However, the inspector was able to speak to them over the phone throughout the course of the inspection. Both the staff nurse and team leader facilitated the inspection and demonstrated a very good knowledge of the restrictive practices being used in the centre and the rationale for their use.

The property is a detached property situated on a large site in the countryside. There was ample space outside for residents to enjoy outdoor activities should they wish to. The ground floor of the property is essentially divided into two separate living spaces for the residents who live on the ground floor of the property. The residents have their own bedroom and bathroom. The residents share the use of a communal kitchen with a breakfast bar, a dining room and separate laundry facility. Upstairs there is one staff sleepover room, a staff room and an office.

One resident was provided with a bespoke living environment in line with their assessed needs. The environment in which this resident lived was 'specialised' and tailored to meet the residents' complex assessed needs. For example, this resident lived in a small area of the centre to include a changing room, large bedroom and another area where they could have their meals. While this resident could choose to access other areas of the centre should they wish, they invariably spent most of their time in these spaces in line with their expressed wishes. While this may have been assessed as limiting to the resident, the inspector found that this was regularly reviewed by the multi-disciplinary team who supported the resident.

The Christmas decorations were up in the home and the premises were clean, and nicely decorated in line with the residents' preferences. Residents' bedrooms were comfortable and personalised to their individual tastes. The residents did not generally use the upstairs area of the house, where the office and sleep over accommodation for staff was located. The staff on duty said that generally residents chose not to go upstairs unless one of them was looking for a particular staff member but that this was their choice. The inspector was satisfied that this arrangement did not adversely affect the residents.

The inspector met both of the residents on the day of the inspection, and both residents engaged with the inspector with staff support. One resident liked to walk around the grounds as part of a healthy lifestyle goal they had. This was having a positive effect on the resident's emotional and physical health. The resident had also been out shopping with the staff the morning of the inspection to do the weekly grocery shopping. The other resident had gone for a drive, which was part of their daily routine. This resident liked routine and staff went through some of the things that were included in the resident's routine, which assisted them to manage some of their anxieties. For example, the resident had a sensory walk every morning.

The inspector also observed from personal plans reviewed that the residents were supported to keep in regular contact with family members. One resident was going home for the Christmas break and the other resident video called their family member each week.

The inspector discussed the restrictive practices notified to the Health Information and Quality Authority (HIQA) with the staff and the person in charge. The registered provider reported five restrictive practices to HIQA on a quarterly basis concerning physical and environmental restraints. The physical restraints included a harness safety belt for a resident while they were traveling on the bus; restrictive clothing to prevent a resident dislodging a medical device; a soft helmet to prevent injury to a resident and some physical holds to support a resident with personal care and activities of daily living. In an emergency, some physical holds could also be used when a resident displayed some behaviours of concern. The environmental restraint related to staff supervision for one resident who required the support of four staff at all times due to their complex needs.

From a review of personal plans, the inspector saw there was a clear rationale why these restrictive practices were required. However, the inspector observed that some restrictive practices were not been recorded each time they were used and the details recorded did not provide sufficient information. For example, one resident required the support of four staff when personal care was being attended to. Three of the staff were required to use physical holds, which could vary from light touch holds to a more intense hold depending on the resident's presentation. The staff were very clear about these holds and went through how this was done with the inspector. However, it was not recorded each time this was completed to ensure that it was the least restrictive measure. In addition to this some of the physical holds that were permitted to be used in an emergency, these were not included in the residents' personal records including how long the holds were permitted for. While staff spoken with were very clear about the use of these holds and how long it could be applied for, the records needed to be updated to reflect this. This is also discussed in the next section of the report regarding the registered provider's policy on restrictive practices.

The registered provider had a document called a restrictive practice register, which included the number of restrictive practices used in the centre. This document included, how long a restrictive practice could last under a section called 'duration' however; these details were not clear. For example; in relation to physical interventions, the duration noted was recorded as April 2023 and not the length of time it could be used for. This required improvement.

Each resident had a personal plan, these plans included, an up-to-date assessment of need and outlined supports they required to maximise their health and social care needs. Residents had access to allied healthcare professionals to support their needs. For example; in relation to their emotional wellbeing, a behaviour specialist, speech and language therapist and an occupational therapist were supporting residents with some behaviours of concern. Positive behaviour support plans were in place to guide staff practice; however, one of the plans viewed was not up to date to include the most relevant care being provided to the resident.

On a daily basis, the staff supported residents to access meaningful activities. Some residents liked to have these activities displayed in picture format to inform them what was happening next. Others did not and this was respected. One resident was now attending a sensory programme in the community to support them and interventions had been put in place to support the resident. Some of these interventions were positively impacting the resident's sensory needs at the time of this inspection. Residents had goals in place that they wished to achieve. One resident had a plan to go on a ferryboat next year. They were also planning to go on a hotel break, which was being discussed with their family representative at the time of the inspection. This resident was going to a Christmas event in the coming days.

Residents had communication plans in place that detailed how they communicated their needs and emotions. For example; it was recorded how a resident may present if they were feeling unwell. Another resident had the support of a number of allied health professionals who had introduced some new communication strategies for this resident. This had come about after reviewing records to see the reason for this resident's behaviour of concern. As a result, one hour before there was going to be a staff change the resident was shown pictures of the staff who would be supporting them. This was having a positive impact for the resident as their anxieties had reduced at these times.

Staff were observed to be respectful and attentive to the needs of the residents and a staff member went through some of the residents' needs. As stated both the staff nurse and team leader facilitated the inspection and demonstrated a very good knowledge of the restrictive practices being used in the centre and the rationale for same. They outlined a number of initiatives that had been introduced to reduce the need for restrictive practices in the centre. For example, one resident who used to display a number of behaviours of concern had been supported to manage their anxieties and had not displayed any behaviours of concern for a long period. This resident's family representative had commented on this improvement in records viewed.

Residents were informed about the running of the centre. For example, by way of communicating with residents about the use of restrictive practices in the centre, easy-to-read information had been provided to them such as social stories. Social stories can involve using pictures to help someone understand a particular issue. Restrictive practices were also discussed at residents' annual review meetings. One resident was supported by a team of allied health professionals who regularly

reviewed the residents support needs. This review included the use of restrictive practices.

Overall, while residents appeared happy and content on the day of this inspection, some improvements were required with regard to the oversight and review of some restrictive practices in the centre.

Oversight and the Quality Improvement arrangements

Overall, the registered provider had systems in place to monitor and review restrictive practices in the centre. However, some improvements were required with regard to the oversight and review of some restrictive practices in the centre.

The registered provider had a policy in place for restrictive practices and supporting residents with behaviours of concern. Both of these documents were recently reviewed to reflect changes to legislation about supported decision-making. However, some of the information was not in line with the practices employed. For example, one of the policies stated that, a human rights committee oversaw restrictive practices in the centre. This was not correct at the time of the inspection. Notwithstanding; the provider was commencing this in the coming months. The restrictive practice policy also stated that, each person's plan should include certain details like the duration of the restraint, who completed it and why it was used. However, as discussed in the previous section of this report this was not fully in place at the time of the inspection. The policy also noted training that should be provided to staff and this was not line with the practice. For example, all according to the policy staff should complete debrief training but this was not completed. The provider's policy also did not fully describe environmental restraints and what they included in order to guide staff practice.

At the time of the inspection, the provider was introducing some initiatives in the wider organisation in an effort to promote an environment that maximised residents' independence and autonomy, and ensured that there was oversight of restrictive practices from a human rights committee to ensure transparency and best practice. As an example prior to the inspection, the person in charge had completed a restrictive practice self-assessed questionnaire. It had been identified from this that a human rights committee needed to be established in the wider organisation. This was in progress at the time of this inspection.

The inspector reviewed the self-assessment questionnaire and found that the practices outlined within the document were for the most part, observed during the inspection. However, as stated in the previous section of this report, some improvements were required.

The person in charge also demonstrated a commitment to reducing the need for restrictive practices. For example, a number of allied health professionals supported the staff to implement ways to remove or reduce some restrictive practices. The inspector found that this had positively affected one resident, as they no longer required staff to supervise them on a continuous basis in their bedroom. In another example, changes were made to the way in which personal care was delivered to a

resident that had resulted in a reduction in the number of staff required to support them with this. This had also allowed the resident to be more independent.

The person in charge maintained planned and actual staff rotas showing staff working in the centre. There were a number of vacancies at the time of the inspection. However, a consistent team of agency staff were employed some of whom had been working in the centre for a number of years. A review of a sample of rosters showed that the staffing levels were maintained in line with the residents assessed needs. The staff met were very knowledgeable about the residents' needs in the centre. The registered provider had a staff induction process that was comprehensive and allowed new staff to shadow regular staff in order to get to know the complex needs of the residents.

The person in charge had also prepared written risk assessments regarding the need for restrictive practices. The person in charge also conducted a monthly review of incidents that occurred in the centre by way of identifying trends that could inform changes to care. For example, an analysis of incidents had resulted in a decrease in behaviours of concern for one resident.

Regular staff meetings took place and restrictive practices were discussed at each meeting to promote a restraint-free environment for residents. A review of staff training records demonstrated that staff had received training in positive behaviour support, the management of violence and aggression and safeguarding vulnerable adults. Additionally, staff had completed training in human rights and examples how they used their training to enhance the quality of life of the residents was provided in the first section of this report 'What the inspector observed and residents said on the day of inspection'. For example by supporting one resident in line with their assessed needs' they no longer displayed behaviours of concern on a regular basis.

Overall, while the inspector found some good practices in relation to restrictive practices; some improvements were required in some areas to ensure that restrictive practices were recorded each time they occurred; that the registered provider's policy guided practice and that residents' behaviour support plans were kept up to date.

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

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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