



**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:	Springfield
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	06 December 2023
Centre ID:	OSV-0007225
Fieldwork ID:	MON-0041485

## 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
Wednesday 6 December 2023	10:30hrs to 19:00hrs	Gearoid Harrahill

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

This unannounced thematic inspection was carried out to assess the registered provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. The aim of this inspection was to drive service improvement in these areas for the benefit of residents. In the main, the finding of this inspection was that the provider had ensured that restrictions implemented were relevant to risks identified for each resident, and had taken some steps towards planning to phase out some restrictive practices. However, there was further work still required to ensure that restrictive practice were identified, managed and reviewed in line with provider policy, best practice, and the national standards.

The inspector met three of the four residents, and their support staff, during this inspection. Each resident lived in their own apartment space in the house in which they had separate living areas, bathrooms and private bedrooms decorated in accordance with their assessed needs and personal preferences. Each resident was supported by separate allocated teams of either two or three staff members throughout the day. The inspector observed generally positive and patient interactions between staff and residents. One resident was working on reading comprehension and maths exercises, with a plan in progress to be further involved in adult education programmes. Another resident had been out walking in the local area and was relaxing in front of the television. Some living spaces were adorned with photographs of the residents enjoying community activities with their support staff.

Some residents were supported to do their own cleaning, laundry and chores in their home, and the apartments were in a good state of cleanliness and maintenance, and some of the residents' apartments were decorated for Christmas. One resident whose meals were prepared in a different section of the centre had recently acquired an air fryer to be supported to prepare some food in their own apartment.

Residents were supported to submit verbal and written complaints if they so wished, including one example of a resident observed complaining to the management during the inspection. In a sample of complaints records reviewed, residents were being taken seriously in their concerns and where relevant the complaint was reviewed alongside the safeguarding process. The inspector and person in charge discussed the importance of retaining a clear record of whether or not the complainant was satisfied with the outcome of their complaint and any actions taken on foot of same, prior to the matter being closed.

Due to complex support needs and risks related to the safety of the residents, their staff, and others, residents in this designated centre were subject to a large number of environmental, physical and rights-based restraints. The requirement for these restraints was explained to residents in a format with which they could engage. However, some examples were observed of consent for these measures and discussions on their requirement taking place after they had already been implemented, or where consent was sought for several different restraints

collectively. While the reason for the introduction of the restrictive practice was explained to the resident in this easy-read format, the plans for what they could do to work with staff on reducing or eliminating their use was not consistently explained to the residents.

Some residents were affected by restrictive practices implemented due to provider policy or risk related to residents in other apartments, as opposed to risks related to their own assessed needs. Residents had property belonging to them kept in secure storage accessible only by staff. It was not evident how residents had been supported to maintain safe ownership of their own property, or for what risk this was identified to be the least restrictive control measure.

## Oversight and the Quality Improvement arrangements

The inspector found that the provider had a policy in place regarding the use and regular review of restrictive practices, and a structure described to monitor evidence related to their use and continued justification. Review was required to ensure the provider's policy was implemented in practice, and development was required on how restrictive practices and systems impacting residents' rights were identified and risk assessed with a view to reducing or eliminating same.

In advance of this inspection the provider had self-assessed their compliance with the national standards across eight themes including use of resources, use of information and workforce planning. The provider assessed themselves as meeting the national standards in seven of the eight themes, identifying improvement required to assess the impact restrictive practices had on residents.

A number of environmental and rights-based restrictive practices were in use in this designated centre. This included, but was not limited to:

- external doors and gates locked with key codes
- code-locked doors to gardens, the office, storage areas, and entering and exiting resident apartments
- cable restrictors added to windows
- restricted access to lighters and e-cigarettes, sharp items, bank cards, household items for cleaning or cooking, and residents' personal belongings
- restricted or supervised use of the internet
- use of plastic plates, cups, bowls and cutlery
- environmental searches of resident living space
- harnesses and devices to prevent passengers from opening seat belts in vehicles

In the main, the reason for many of these restrictive practices was as control measures for risks related to behaviour support. Some of these practices were listed as risk controls for multiple risks, and some of the identified risks had multiple restrictions as risk controls. For example, items with sharp edges such as knives, nail clippers and vegetable peelers were locked in the office from all four service users, with multiple risks described as the reason for all residents. Some restrictive practices were applied to all service users due to provider policy rather than due to risks related to each individual, for example restricted access to household cleaning supplies, safety restrictors on windows which could not be opened by residents, and residents whose bank cards were locked in the staff office rather than in their apartments. Staff members were unclear, when asked, why some residents had certain restrictive practices utilised for them.

The provider had a policy in effect related to the identification, use and evaluation of restrictive practices. This policy was detailed and incorporated content from most recent national policies and guidelines. However, some elements of this policy were not observed to be reflected in practices observed on this inspection.

The provider did not have an established group or committee responsible for overseeing the reduction or elimination of restrictive practices in line with national guidance. However, restrictive practices were discussed quarterly between the centre management and behavioural therapist, and some restrictions noted input from the psychologist.

Some of the restrictions in place were accompanied by a measurable objective to gather evidence that a risk was sufficiently low or stable to progress plans to reduce or eliminate restrictions. In one example, a resident was provided the codes to exit their front door for set hours each day, and staff were tasked with observing and noting whether or not this access resulted in any attempt to abscond from the property. This trial period of March 2023 concluded without any recorded incidents or escalation of risk rating, however the evidence collected did not result in any further progression of the plan to extend these hours, with the rationale for deciding to stop not recorded. In another example, staff had collected months of data which indicated that no items of concern were being found during twice-daily searches of a resident bedroom, however there was no evidence that this data was being analysed to inform trials of less frequent or less intrusive measures. A number of restrictions had no specific or measurable strategy with the view of phasing out restrictions where other risk controls would be sufficient to manage the associated risk.

It was not evident where less restrictive alternative measures were considered prior to implementation of restrictions, including in examples of newly introduced locking practices, to provide evidence that they were introduced as a last resort option. It was not evident that restrictive practices were discussed in consultation or with consent of residents prior to the decision to use them. In one example, a resident got a new air fryer to do some of their own meal preparation, and in discussion notes was told that as soon as they got it, it would be locked in a cupboard with a staff key. There was no evidence that the resident's choice or what they could do to reduce this restriction was discussed. In another recent example, the decision was made to restrict a window when a resident used it in response to staff not allowing them outside to use their trampoline, with no evidence that alternative measures or discussion with the resident took place beforehand.

Restrictive practices were discussed in the most recent annual review of the designated centre published in August 2023. An action identified in this overview was to ensure that consent forms were reviewed and that all restrictive practices were kept under continuous review through the quarterly meetings. Restrictive practices

were also included in a six-monthly quality and safety inspection report, also dated August 2023, with similar actions for improvement for completion by September. Some of the commentary on this audit was not reflective of the findings of this inspection. For example in evidence to show all alternative measures were considered, that the risks to residents associated with introducing restraints affecting them was assessed, or that the benefit of having restraints outweighed the negative effect of being restrained, prior to their introduction.

Where physical holds were utilised to deescalate incidents and protect residents and staff from harm, staff kept detailed notes of these occasions and included rationale for why non-restrictive steps may need to be skipped in light of the level of risk or the speed of risk escalation. After reviewing a number of incident reports, the inspector observed some patterns of incidents and responses which could be used to develop staff guidance on these practices to reflect what is effective and ensure consistency based on the individual and learning taken from incidents.

## 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.

<b>Substantially Compliant</b>	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

<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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