



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

Issued by the Chief Inspector

Name of designated centre:	The Oaks
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	20 July 2023
Centre ID:	OSV-0008064
Fieldwork ID:	MON-0040635

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
Thursday 20 July 2023	09:30hrs to 16:00hrs	Jacqueline Joynt

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

The inspector found that residents living in the designated centre enjoyed a good quality of life where they were facilitated to lead active lifestyles to their full potential and capabilities with opportunities for positive risk taking. Residents were supported to live in a safe, comfortable and homely environment. The provider and person in charge were endeavouring to balance residents' right to autonomy and liberty, whilst at the same time, ensuring residents' health and safety.

There was a restrictive practices policy in place in the designated centre and was available to all staff. The inspector found that, enhancements to the policy, such as clear details for the procedures in place for the prevention, appropriate use and management of restrictive practices, would better promote the autonomy and rights of residents.

This designated centre provides full-time residential care to three adults who have a diagnosis of Autism and other complex needs. On the day of the inspection, there were two residents living in the centre. Overall, the inspector observed the centre to have a homely and relaxed atmosphere. There were three bedrooms in the designated centre, all of which included en-suite facilities.

One section of the designated centre included a self-contained apartment with a kitchenette and living space for one resident. The apartment included a communal open plan area consisting of kitchen, dining and sitting room. There was a utility room and one additional shared bathroom. There was also a staff office which residents had access to.

Overall, the physical environment and configuration of the centre, supported an environment where residents lived as independently as possible. The centre was found to be suitable to meet residents' individual and collective needs. The communal areas of the apartment were large and spacious and were in line with residents' assessed needs. Throughout the sitting and dining room area there were lots of photographs of residents enjoying various activities including photographs of sporting and travelling achievements. There was a notice board that included easy-to-read information for residents, as well as information regarding advocacy, complaints and residents rights.

The provider and person in charge were endeavouring to support residents lead their lives with the least amount of restrictions as possible. Residents had access to all areas of the designated centre. While there were a small number of environmental restrictions in place, there was evidence to demonstrate that a previous restrictions had been removed after appropriate review (and tracking). For example, a restrictive practice, of an alarm attached to a door, (in place of a locked door), which sounded when a resident left their apartment, had been removed. On the day of the inspection, the inspector observed a keypad device on the door. The resident had the choice to lock their apartment if they wanted to and also knew how to use the keypad and were aware of the code.

On the morning of the inspection, residents, supported by their staff, spoke to the inspector about their plan for the day. One resident had planned to attend their local gym in the morning for a work-out and in the afternoon go to the local café for coffee with their

staff member. The other resident's plan included a relaxation bath, allocated time on their computer and a trip to a local town to view the ferries. They also had planned to have lunch out with their staff member.

On review of a sample of community activities that residents took part in, the inspector found that the person in charge and provider were endeavouring to balance preferences of residents while ensuring their safety. Some of the residents preferred activities that incurred a level of risk such as skiing, travelling abroad, rock climbing, horse riding but to mention a few. Risk assessments were completed and appropriate control measures were put in place. This meant that residents were supported to engage in these activities in a safe way which promoted positive risk taking.

For the most part, the rights of each resident was respected and promoted. Residents had choice in their daily lives. There was a lot of information provided to residents in an accessible format and in a format that met their communications needs, such as social stories, easy-to-read information and in picture format.

However, the inspector found that some improvements were needed to the consultation processes and systems in place for restrictive practices. This was to ensure that where consultation had taken place, that evidence of the discussion was included in residents' personal plans, as well as informed consent, and that it was communicated in a format of preference to each resident.

On the day of the inspection, the inspector was informed that senior and local management were currently reviewing and updating each resident's restrictive practice summary document. This was to ensure that the document clearly demonstrated that a consultation process had taken place with each resident regarding the restrictive practices in place for them and that it was completed in a communication format of their preference. In addition, a new guidance document and template, to support staff carrying out the consultation process, in a person centred and meaningful way, was recently developed and was in the process of implementation.

Each resident was provided with a personal plan which included their assessed needs and the supports in place to meet their needs. Residents were provided with health and wellbeing actions plans. The plan included support plans in place for residents regarding their mental health, social connections, learning new skills, being active and exercise, taking ownership and health eating and healthy sleeping plans. Residents' personal plans also included a positive behaviour support plan. For the most part, the positive behaviour support plans reflected the restrictive practices in place for each resident. The plans also included a number of other support plans which supported the fading-out and removal of restrictions. These were reviewed by local management every six months, or sooner if required.

In addition to positive behaviour support plans, residents were provided with a 'restrictive practice summary' document. The document provided a summary of the restrictive practices in place for each resident and was regularly reviewed. The summary recorded the frequency of use and associated documents within each resident's personal plan that detailed the use of the restrictive practices. It also included a support plan to develop residents' skills that, once learnt, would likely reduce or remove the restrictive practice.

An improvement to the document had recently been developed and was in the early stages of implementation. A comprehensive section, relating to the consultation process, including informed consent had been added. To ensure meaningful consultation, there was a checklist and form, which were used to record evidence of the communication format used, including examples such as, social stories to demonstrate that it was in line with resident's communication needs and preferences. There was clear guidance in place for staff on how to complete the task in a meaningful way.

Restrictive practices were also reviewed during the annual review of each resident's personal plan meeting. The resident was at the centre of these meetings and people who supported the resident and were important to them, and where appropriate, members of multi-disciplinary teams were also in attendance. In addition, the restrictive practices were reviewed at organisational level every April and November by the organisation's 'practice support team (PST). These procedures meant that there was local and organisational oversight of the restrictions to ensure that the least restrictive practice for the shortest duration was in place. However, some improvements were needed to the effectiveness of some of the reviews. These are discussed further in the oversight and the quality improvements arrangement section.

There was a restrictive practice register in place which was reviewed on a regular basis by the person in charge, by the person participating in management and staff. Restrictive practices on the register were discussed at staff meetings and this was to collate and gather information that supported the continuation or removal of the restriction, including what alternative could be used.

Restrictive practices were in place to support the reduction of behavioural incidents occurring and overall, to ensure the health and safety of the resident. There were a small number of environmental and physical restrictive practices in use. For the most part, information and guidance on restrictive practices in use were included in residents' positive behavioural support plan (in addition to their restrictive practice summary).

The person in charge and staff were endeavouring to ensure that the least restrictive for the short duration was in place for all restrictions. The inspector saw that where there was a restrictive practice in use for a resident which limited the amount of coffee they consumed per day. Alternatives had been tried and efforts were being made to ensure it was the least restrictive practice. The resident was provided with a number of single serving sachets of coffee per day which were placed in their own kitchen cupboard which they could access at any time. The resident was also provided with other non-caffeine options such as decaffeinated coffee, decaffeinated tea and herbal teas. This restriction was in place to support the resident's sleep hygiene and the resident had been provided social stories to explain the negative effects of caffeine on their sleep.

There was another restrictive practice in place which limited the use of computer usage for one resident. This was in place to support the resident manage their time and usage of the computer so that they could also enjoy other community activities of their preference. Initially the restriction included one to one staff supervision while using the office computer however, this had been discontinued and a less restrictive practice was now in place. As part of their daily routine, the resident was provided access to their own

computer in their bedroom, for two hours and without staff supervision. The resident had the choice to finish after two hours themselves or to be prompted by staff to finish. Where the resident found it difficult to keep to the usage time, this was tracked through behavioural incident forms.

Resident's money was kept in a box in a filing cabinet in the office. In advance of a community activity, staff placed an amount of money in the resident's wallet and gave it to them. The inspector was informed that staff encouraged residents to keep the wallet on their person and pay for items themselves. Residents were encouraged to ask for receipts as part of the financial recording system in place. While this was in line with the organisation's money management policy, it was not managed as a restrictive practice. For example, there had been no assessment completed that demonstrated that residents required this support with their finances. The restriction had not been included in residents' restrictive practice summary, positive behaviour support plans or other documents that related to restrictive practices. The inspector was advised that local and senior management had planned to review this practice in line with the updated restrictive practice policy.

Each resident was provided with a key working consultation process on monthly basis where residents and their keyworker reviewed the care and support provided to them and overall, the progress of their goals. The use of restrictive practices was reviewed during this process and their frequency of use was recorded on the consultation form. There was also a section on the form regarding fading out plans however, not all forms had these sections adequately completed. The inspector also found a discrepancy between information included on a resident's consultation form and their positive behaviour support plans. For example, where the temporary thumb-locking of a door was in use, the two documents varied in which doors were to be locked. This meant that there was a potential risk of additional and inconsistent restrictive practices occurring for the resident.

On speaking with two staff members, the inspector found that they were knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and preferences. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions. Staff were aware of the restrictive practices in use for the residents.

Overall, the inspector found, that for the most part, there was detailed information in residents' personal plans, positive behavioral support plan and restrictive practice summary, to guide and support staff in the usage and management restrictions that were in use. There were three staff vacancies in the centre and the provider was activity recruiting to fill these positions. The person in charge was endeavouring to provide continuity of care. For example, core staff members, working on flexi-part-time contracts, were allocated additional working hours for the month of August to cover some of the vacancies and leave.

There was a contingency plan in place to extend this arrangement into September if the vacancies did not get filled. The roster was planned one month in advance and was maintained appropriately. Both residents were provided with one to one support during the day and evening with one waking night staff.

Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were striving to ensure that residents living in the designated centre were supported to live lives that were as independent and free from restrictions as much as possible. The person in charge had completed a self-assessment questionnaire in preparation for the thematic inspection and submitted it within the requested timeframe. Overall, the provider and person in charge promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their homes. However, to ensure the provider was in compliance with the National Standards for Residential Services for Children and Adults with Disabilities 2013, some improvements were required.

The restrictive practice policy was incorporated into the organisation's positive behaviour support policy and it was available to all staff working in the centre. The policy was reviewed every three years or sooner where appropriate. The policy made reference to other relevant legislation, regulations and enactments. However, on review of the policy, the inspector found that it would be better enhanced if it included step-by-step procedures to guide staff on the process and management of restrictive practices and in particular, the assessment and review process.

On review of a number of restrictive practices in place, the inspector found that not all restrictive practices had included a satisfactory assessment in advance of its use. For example, in relation to a money management restriction that was in use for all residents, the inspector found that the restriction was put in place as standard practice, (in line with the organisation's *Managing Finances* policy), rather than through a restrictive practice assessment process.

Notwithstanding the above, the inspector was advised that there had been a recent review and update of the policy, at local level, which had been recently submitted to the provider for approval. The updated policy had included information regarding the *Assisted Decision Making (Capacity) Act 2015* as part of the section on restrictive practice. The policy also described under what circumstances restrictions were permitted or not and made provision for how restrictions should be implemented and how informed consent, or refusal of restriction, should be managed. The policy included a section on the use of emergency and unplanned restrictive practices and noted that it must only be used as a last resort.

Restrictive practices were considered in the provider's six-monthly unannounced visits, including their use, the management and fading out of them. These visits provided good oversight to the provider of the restrictions in use in the designated centre as well as assurances that they were the least restrictive for the shortest duration.

There was a restrictive practice register in place which documented the use of restrictive practices in the centre. The log included a brief detail of the restriction and the rationale for the use of the restriction. However, to ensure the effectiveness of

the register, greater detail was needed. For example, the register had not included details regarding assessments, tracking systems, alternatives tried or if there was a fading-out plan in place. As such, due to the limited information on the register, it was not an effective tool in demonstrating restrictions were the least restrictive and/or implemented for the shortest duration for residents, for example.

There was a 'practice support team' in place (PST) who had oversight and were responsible for approving and reviewing restrictive practices for the organisation. The team consisted of a number of senior managers some of which had a background in behavioural support. Restrictive practice referrals were submitted to the team for approval and where appropriate, the continuation, reduction or cessation of restrictions were also reviewed and approved or declined by the team. The group reviewed the centre's restrictions on a six monthly basis or sooner if required.

The inspector found that not all environmental restrictions had been submitted to the practice support team for approval or had been included on the centre's restrictive practice register. This meant that the provider could not be assured that the restriction was the least restrictive for the shortest duration. For the most part, there were satisfactory information governance arrangements in place to ensure that the designated centre complied with notification requirements. However, not all restrictions in use had been notified to the Chief Inspector of Social Services on a quarterly basis, for example the restriction relating to residents finances.

A number of the restrictive practices were in use in an attempt to reduce or mitigate behavioural incidents. The provider had a number of systems in place that reviewed, analysed and collected data regarding behavioural incidents occurring in the centre. However, the documented reviews of restrictive practice did not demonstrate that this evidence or data was used as part of the decision to continue or remove the restriction. While the new and improved residents' restrictive practice summary document referred to some documents that could be used further improvements were needed. This was to ensure the effectiveness of the reviews and to enhance the systems in place that promoted the rights of the residents and ensured the least restrictive for shortest period was used.

On a day-to-day basis, the centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. While there were three staff vacancies, arrangements had been put in place to temporarily increase the hours of staff on flexi-working contracts until new staff were employed. This was in an effort to ensure continuity of care so that staff supporting residents were familiar to them.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents. All staff had been provided a two day training course on positive behaviour support, one of which focused on restrictive practices. In addition, all staff were provided training related to restrictive practice

during their first week induction as well as being provided regular refresher courses in and around this topic.

The inspector was advised that the person in charge and person participating in management, (who had a experiential working backgrounds in positive behavioural support), as well as the organisation's psychologies had planned to deliver resident focused training on positive behaviour supports, including restrictive practices, to the staff team in August 2023.

Monthly staff team meeting minutes demonstrated that the needs of residents, and supports to meet those needs, were discussed. In addition, positive behavioural supports, as well as restrictive practices, were discussed at team meetings. Furthermore, information on upcoming restrictive practice thematic inspections was discussed with the team.

Overall, the inspector found that, the provider, person in charge and staff team were striving to ensure an appropriate balance of residents' right to autonomy and liberty with the need to ensure the health and safety of residents.

However, enhancements to the organisations policy, to include step by step procedures as well as improvements to some of the systems in place were needed. This was to better ensure, that there was satisfactory guidance and evidence in place, to demonstrated the least restrictictive and shortest duration was in place for all restrictions and that the rights of residents were promoted at all times.

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.
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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	
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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