



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

Issued by the Chief Inspector

Name of designated centre:	Aspire Residential Unit
Name of provider:	Autism Spectrum Association Of Ireland Company Limited By Guarantee
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	31 August 2023
Centre ID:	OSV-0001530
Fieldwork ID:	MON-0040980

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 31 August 2023	09:50hrs to 15:00hrs	Sarah Cronin

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

From what residents told the inspector and what they saw, it was clear that residents lived a good quality of life where their everyday choices were respected and upheld.

This designated centre is home to two residents with a diagnosis of autism, and it is located in a suburb in South Dublin. The house is a large two-storey house. Downstairs comprises two living rooms, a kitchen, a porch which also serves as a conservatory and a bathroom. Upstairs are two offices, a staff sleepover room and three resident bedrooms, all of which were en suite. A number of upgrades had been made to the premises since the last inspection and the centre had a homely atmosphere.

The inspector had the opportunity to meet with both residents for a short period of time during the inspection, in line with their expressed wishes. One resident came into the office and engaged with the inspector briefly. They reported that they liked to read books and learning about space. They told the inspector that they liked living in the centre and described the staff as "good". The second resident chose to greet the inspector and not to engage any further. Both residents communicated verbally, with one resident requiring some encouragement through the use of the written word. Interactions between staff and residents were observed during the inspection. These were found to be kind and respectful.

Residents were empowered to make choices each day which included elements of positive risk-taking. Residents in the centre engaged in a number of different activities. Both residents had previously attended university. One resident was learning a foreign language, on an application while the other enjoyed reading books in a foreign language. One resident accessed places of interest independently and enjoyed doing projects on areas or items of interest to them. The centre was well serviced by public transport and they enjoyed getting out each day. They were a member of a local gym and were in the process of seeking employment. The second resident spent a lot of their time in the centre engaging in activities such as reading, watching television, listening to music, cooking and engaging in household chores. A whiteboard was in place to support the resident to make daily choices. Residents had recently done a charity walk and were planning a trip away. Residents' personal plans had photographs of residents engaging in activities they enjoyed.

Residents in the centre had freedom of movement within the centre and had full access to their personal possessions. Their rights to privacy were respected and upheld, particularly in relation to their personal spaces within the centre. There were a minimal amount of restrictions in place. These were environmental restrictions which were in place to promote a residents' safety. For example, for a resident who had been assessed as high risk of choking, there was a lock on one cupboard in the kitchen, and on the door of the kitchen overnight. In order to minimise the impact on this resident, and to continue to promote choice and control, the resident chose items from this cupboard each day with staff and placed it in a lunchbox which they had free access to all day. This restriction was discussed and reviewed regularly and there was evidence that consideration was given to restraint reduction. There was evidence that the restriction had been discussed and explained to the second resident who was not impacted by the restriction as they held their own keys. Easy to read

information about the restrictions were in place and signed consent was sought from residents.

Staff had completed training in using a human-rights based approach to health and social care and on the Assisted Decision Making (Capacity) Act, 2015. The person in charge reported that staff were recently noted to advocate more on behalf of residents since undertaking the training. One resident was also reported to advocate for their house mate on occasion. It was evident that the service was a person-centred one which promoted residents' independence and encouraged them to engage in meaningful activities.

Residents were consulted with routinely in the centre. Residents meetings took place on a weekly basis and there were suggested topics which were tracked by management to ensure that important information was shared with residents. These topics included safeguarding, advocacy, fire and safety. There was easy to read information available on a number of topics within the centre for residents to access. Restrictive practices had been discussed with residents and information about their rights had been shared as part of these discussions. Both residents had recently completed an advocacy course with a representative organisation. Monthly key working sessions took place which gave residents further opportunities to engage on a one-to-one basis and to voice any concerns.

Oversight and the Quality Improvement arrangements

The provider had suitable governance and management arrangements in place to ensure adequate monitoring, oversight and review of restrictive practices in the centre. Regular audits took place and these included reviewing and trending of incidents. Each resident had a wellness plan and these were audited to ensure they remained up to date and in line with each residents' current assessed needs and presentation. Additional input from health and social care professionals was sought where it was required. Staff meetings had a set agenda in place and included reviewing incidents and accidents, risk and other areas. It was clear that sharing of information and learning was occurring at these meetings. As this is a single designated centre held by the provider, senior management attended staff meetings in addition to the person in charge.

Regular management meetings also took place. Restrictive practice reviews took place on a quarterly basis. There was a local system in place to record the use of restrictive practices on a daily basis. Risk assessments were carried out for residents and regularly reviewed. Input had been sought from relevant health and social care professionals (for example, a speech and language therapist in relation to choking and a psychologist in relation to mental wellness).

The person in charge and CEO had completed the self-assessment questionnaire provided by the Health Information and Quality Authority in advance of the inspection. The findings of the self-assessment were in keeping with the findings of this inspection.

The provider had a policy in place on restrictive practice which had been updated in May 2023. This gave clear guidance to staff on assessment for the use of restrictive practices, recording these practices, review and on steps which staff were required to take in the event of an unplanned restraint taking place. As outlined at the beginning of the report, there were a minimal number of environmental restraints in place. The centre was staffed by a small and stable team of social care workers. Staff had completed training in a number of areas related to restrictive practices such as human rights, the Assisted Decision Making (Capacity) Act, 2015 and safeguarding. The provider was in the process of sourcing training on autism for the staff team to further enhance the knowledge and skills of the staff team.

In summary, the residents living in this centre were found to be enjoying a good quality of life, and that they were supported to engage in activities of their choosing either independently or with staff support. For the small number of restrictions in place, the impact of these upon residents was minimised as much as possible. Consent was evident and ongoing conversations about the practices in place and the need for them were taking place.

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

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