



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

Issued by the Chief Inspector

Name of designated centre:	49 Rathbeale Road
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	02 November 2023
Centre ID:	OSV-0002393
Fieldwork ID:	MON-0040196

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 2 November 2023	10:00hrs to 17:00hrs	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 the maximum of their capacity while at the same time being protected. There was a policy in place which clearly guided management and staff on the prevention, appropriate use and management of restrictive practices. The inspector found sufficient evidence to demonstrate that management and staff were adhering to the organisation's policy and procedures which, as a result, ensured best practice and the promotion of residents' rights.

The designated centre provided full-time residential care and support to five adults with intellectual disabilities. The centre comprised of a detached dormer bungalow with a modest sized garden to the front. Out the back of the house, there was a seating area for residents to enjoy in the summer-time. The inspector observed a memorial bench in the same area with names of residents who had previously lived in the house. The inspector was informed that the bench was donated by family members and provided a place for residents to sit and remember their friends who had passed.

The house consisted of two sitting rooms, a kitchen, five bedrooms, staff office room, spare room (used for storage), two shared bathrooms and a utility room. The physical environment and configuration of the centre supported an environment where residents lived as independent as possible.

Overall, the house was observed to be comfortable and homely in décor. Residents' bedrooms included individualised soft furnishings, memorabilia, pictures, family photographs which were in line with each resident's likes and preferences. The provider had identified through their own auditing system that some upkeep and decorative repair was needed to the centre, and had completed an action plan for same.

On the morning of the inspection, the inspector met with two residents. One resident was heading out for a game of golf with their day service and later to a café with their staff member. The other resident was provided an on-site day service. In the morning the inspector met and spoke with them while they were having a cup of tea with staff in the kitchen. The resident planned to go to the local shopping centre and café later that day. In the afternoon, the inspector briefly met one other resident when they came back from their day service.

The inspector did not get the opportunity to meet two of the residents who lived in the centre; One resident was attending a family funeral and the other resident was currently transitioning into the centre and was not due back to the house until Friday.

The provider and management were endeavouring to ensure that residents led their lives with the least amount of restrictions as possible. All residents were able to access all areas of the house that they wished, including the external garden and seating areas.

At the time of the inspection there were three restrictive practices in place. There was evidence to demonstrate that restrictive practices were reviewed and following appropriate assessment and consideration in some instances reduced or removed.

For example, a locked box in the fridge was used to store specific foods. The restriction had been put place as part of a risk management procedure to ensure the health and safety of some residents. Through discussion, observations and a trial period, the restriction was re-assessed and deemed no longer required as the risk had been reduced. An application was submitted to the centre's positive assurance management group to approve the removal of the restriction as it was no longer necessary. This demonstrated regular review and monitoring of restrictive practices was in place to ensure restrictions were applied in line with national policy of the least restrictive measure for the shortest duration of time.

The provider, management and staff were endeavouring to support residents lead their lives with least amount of restrictions as possible. Where restrictions were in place, they were to support the health, safety and wellbeing of a resident. For example, there were three restrictive practices in use for one resident. The inspector found evidence to demonstrate that the restrictions were in line with the organisation's policy and procedures and had been notified to the Health Information and Quality Authority (HIQA) as required.

There was a video monitoring system which saw a small camera placed in the resident's room at night-time. This was to monitor their movement and breathing through the night and in particular, to monitor any seizure type activity. The resident required immediate assistance in the case of seizure.

The staff also completed a night time check every thirty minutes for the same resident. There was a soft glow lamp in the resident's bedroom which was turned on during the night. The lamp could also change colours; The inspector was informed that the resident enjoyed the colours and found them relaxing.

The inspector was informed by management and staff that these monitoring systems were in place to ensure the resident's safety and that both enhanced each other and provided constant assurance of the resident's safety. There were plans in place at the upcoming staff meeting in November to review and analysis the associated data collected as part of the restrictive practice (such as sleep records and night time checks). This was to see if alternatives could be found and was part of the practice of ensuring the least restrictive for the shortest duration was in place for the resident.

The third restriction in place for the resident included a lap strap. The requirement for the restrictive equipment had been assessed by the appropriate allied health professional and was reviewed at regular intervals. Their assessment and reviews were part of the evidence collected and submitted to the positive monitoring approach group.

There was clear evidence to demonstrate that the resident had been consulted about the restrictions in place for them and in a communication format that was of

preference to them. There was also evidence that the resident had provided consent through their own unique form of communication. There was a document included in the resident's personal plan which explained how the resident was informed about the restrictive practices. For example, why the restrictions were in place, how the restrictions supported their safety, details of the associated documentation such as, sleeping records and night-time checks as well as how often the practice was reviewed.

The resident was asked if they understood the restrictive practices in use and if they were happy to give their consent. In line with the resident's preferred communication method, detailed in the personal profile section of the personal plan, the resident demonstrated that they were happy to consent to the three practices. There was clear guidance to support staff implement each restriction contained within the resident's personal plan also.

Overall, the inspector found that the consultation process including consent was person-centred and ensured the rights of the resident was promoted. In line with the provider's policy, meaningful consultation had taken place, in a format that was preferable to the resident and was appropriately recorded.

The inspector was informed by management that outcomes from other thematic inspections had been shared amongst services within the organisation and had resulted in quality improvement in the area of restriction practices.

In addition, the inspector was informed that after viewing the Health Information and Quality Authority's (HIQA) webinar on restrictive practice, a number of discussions between management and staff had taken place. As a result, a small number of practices in use that had previously not been identified as restrictive, were now being acknowledged and addressed in line with the centre's policy.

Where required, assessments and referrals had been completed and submitted for approval to the centre's positive assurance management group. For example, restrictions such as, night time checks and use of video monitor. Overall, this shared learning and reflective practice resulted in positive outcomes for residents living in the centre.

Furthermore, shared learning had resulted in a review of the current practice in place for managing residents' money. On the day of the inspection, the inspector reviewed a sample of records that demonstrated that residents had been consulted and provided consent regarding the management of their money. Residents' personal plans included records of conversations with residents regarding their finance and their understanding of it. All systems and practices including, local and banking accounts were discussed.

For example, residents were advised of the supports in place for them should they need them and residents were shown the associated income and expenditure records associated with their account and individual discussions and information sharing sessions were also provided to residents to ensure they were knowledgeable in how to access their money.

The inspector was informed, by management that, there were plans in place to discuss residents' finances further at the upcoming staff meeting. This was to see if systems in place could be further enhanced to better promote residents' financial independence.

Each resident was provided with a personal plan which detailed their assessed needs and outlined the supports they required to maximise their personal development. There were a variety of support plans in place to guide staff on how best to support residents with their assessed needs. Each residents' personal plan included a communication section. Residents' communication methods and preference were assessed and support plans were put in place to guide staff on how best to communicate with residents so that conversations were understood.

Where appropriate, and where there were restrictions in place, support plans included information regarding the rationale for the restriction and in particular, what alternatives had been trialled and tracked in advance of implementing the restriction. Details regarding consultation with the resident including informed consent was also included and was in line with the resident's communication preference.

The majority of residents living in the centre used and understood verbal communication. Residents were also provided additional communication formats such as easy-to-read documents and pictures. This was to support better understanding and meaningful conversations. Residents were encouraged to express their views in the house and to make choices in their daily lives. This was achieved through resident's menu plans, activity plans, summer and winter plans and resident household meetings. For example, pictures and easy reads were available to use as a tool to better enable clear communication and provide meaningful discussion.

All restrictions in place were appropriately documented and assessed however, on the day of the inspection, the inspector observed a locked fire exit double door in a resident's bedroom. In line with the resident's personal emergency evacuation plan, the double doors were in place to support the resident exit on their bed in the case of fire during night time hours. The door was locked however, all staff carried the key on their person and there was a break glass box next to it. The break glass box ultimately meant that the resident could unlock the door if required. Overall, the inspector found that a review of the general accessibility of the door and the risks associated with it, was needed.

On speaking with all staff members on the day, 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 spoke with many of the staff about the restrictive practices in place in the centre. All staff spoken with were knowledgeable of the practices and the systems and procedures in place that ensured they were in line with policy.

Staff were mindful of how they carried out the night-time checks, ensuring the resident's safety but also avoiding disturbing the resident during their night's sleep. All staff spoke about the care and support they provided to residents in a mindful and respectful manner. In addition, the inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, jovial and caring interactions.

On speaking with staff, the inspector found that some of staff had worked in the centre for a number of years which had promoted continuity of care for residents. On a daily basis, there was sufficient staff to meet the support needs of residents. There were two vacancies; a full-time social care worker and a part-time social care worker. At night-time there was one waking-night staff on shift. To cover vacancies and staff leave, management were endeavouring to ensure continuity of care. Members of the core team who were employed as part-time, worked additional hours when needed. There were also regular relief staff employed and on a rare occasion, agency staff were employed.

Residents were provided with ample choice of on-site and community activities that were in line with their likes and preferences. Most residents were provided with a community day service while one resident was provided the service from their home. On review of the activity plans, residents' choice boards, summer and winter plans as well as speaking with staff and residents, the inspector found that residents were provided with ample choice of meaningful activities.

The inspector viewed a sample of photographs of activities enjoyed by residents. For example, residents appeared to enjoy a pizza night where they all participated in making and cooking their own pizzas. Other photographs showed residents being supported to choose and buy outfits, such as a three piece suit, for a family occasion that was of importance to them. Residents chose the furniture in their rooms, residents chose to participate in household activities such as gardening, cleaning and cooking.

Oversight and the Quality Improvement arrangements

The provider, local management and staff were endeavouring 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. There were clear policies and procedures in place in relation to restrictive practices. The service promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their homes.

Overall, the inspector found that the registered provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents. Findings from inspections from other centres, run by the same provider, had been reviewed and shared and overall, had resulted in positive outcomes for residents living in the centre.

The named person in charge of the centre did not attend the inspection. The acting manager of the centre, who was responsible for the oversight and management of the centre at local level, supported the inspection on the day.

There were systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed. A restrictive practice self-assessment questionnaire, in preparation for the thematic inspection, had been completed and submitted within the requested timeframe. Overall, the inspector found that the restrictions in place were in line with the organisation's policy and procedures for restrictive practices.

There was a comprehensive restrictive practice policy in place in the centre and it was available to all staff. The policy had been reviewed every three years with the current policy due for renewal by end of November 2023. The policy was in line with national policy and had made reference to other relevant legislation, regulations and enactments. In line with the organisation's policy, the provider had a very clear restrictive practice assessment process that guided staff in a step by step process.

The policy provided guidance to staff on the prevention, appropriate use and management of restrictive practices to ensure quality and safe care and promote the rights of residents. The policy described under what circumstances restrictions were permitted or not. The policy made provision for how restrictions should be implemented and how informed consent, or refusal of restriction, should be managed. Overall, the inspector found that management and staff were adhering to the policy and procedures in place where restrictive practice was in use.

All restrictive practices were risk assessed. Where appropriate, multidisciplinary teams were involved in the restrictive practice assessment and review process. Restrictive practices were considered in the provider's six-monthly unannounced visits. These visits provided good oversight to the provider of the restrictions in use in the designated centre.

There was a restrictive practice log in place which documented the use of restrictive practices in the centre. There was a positive assurance management group, (PAMG), set up by the provider that included members of senior management. Restrictive practice assessments were submitted to the group. The assessments were accompanied with documental evidence and data collection. For example, sleep records, night-time check and allied healthcare documentation. The group reviewed the assessments and where appropriate, approved the restriction as well as the continuation, reduction or caseation of the restriction.

The group reviewed the centre's restrictions on an annual basis or sooner if required. In line with the provider's policy, where a restrictive practice required implementation in advance of the monthly group meetings, there were systems in place where the person in charge could contact one to three members of the group seeking interim approval of a restriction. At the month's meeting, the restriction was reviewed again and officially approved, (or not), by the group. There was a system in place for emergency use of restrictions however, this was only to be used in rare occasions and there was clear guidance of when it should be used.

There were sufficient numbers of staff to facilitate and support residents during the day and night. There was a full-time and part-time social care worker vacancy however, where there were gaps in the roster, they were covered by current part-time staff working additional hours or by regular, appropriately qualified, relief staff who were familiar to the residents. This arrangements promoted the continuity of care provided to residents. On speaking with staff, the inspector found that staff were clear on how each agreed restriction should be implemented and what the rationale behind each one was.

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 to the residents. All staff have been provided training relating to positive behaviour supports which included training on restrictive practices. In addition, the majority of staff had completed human rights related training. The inspector was informed that the human rights training had created a lot of disussion about the care and support provided to residents and in particular, promoted a group discussion and review of restrictive practices in place in the centre.

Staff meetings were taking place on a monthly basis. Alongside health and safety, infection prevention and control, staff training and residents' care and support needs, restrictive practices were also raised at the meeting, including the HIQA thematic inspection. The inspector was informed that there were plans in place for the upcoming staff meeting in Novmeber to include restrictive practices on the agenda and in particular, to review the frequency of the current night-time checks in place. In addition, there were plans to address the current money management support arrangements in place for residents to see if enhancements to the arragments were possible.

Overall, the inspector found that, the provider, local managment and staff team were ensuring that there was an appropriate balance of residents' right to autonomy and

liberty with the need to ensure the health and safety of residents. Practice was aligned with the provider's policy which meant that restrictive practices in use were aligned with best practice and national standards and overall, ensured the promotion of residents' rights.

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>

Theme: Health and Wellbeing	
------------------------------------	--

4.3	The health and development of each person/child is promoted.
-----	--