

Regulation of
Health and Social
Care Services

Assessment judgment framework for thematic inspections of restrictive practices

Disability Services

March 2019

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

Contents

Introduction.....	1
Judgment Descriptors	1
Section 1 — Capacity and capability	3
Theme: Leadership, Governance and Management.....	3
Theme: Use of Resources.....	4
Theme: Responsive workforce.....	5
Theme: Use of information.....	6
Section 2 — Quality and safety	7
Theme: Individualised supports and care	7
Theme: Effective services.....	9
Theme: Safe Services	10
Theme: Health and Development	11

Introduction

The premise underpinning thematic inspections carried out by the Office of the Chief Inspector in HIQA is to promote quality improvement in a specific aspect of care — in this instance, restrictive practices.

This assessment judgment framework is specifically designed for use in the thematic inspections of restrictive practices in designated centres for people with disabilities. This programme of inspections is focused primarily on the *National Standards for Residential Services for Children and Adults with Disabilities* (2013).

In this assessment judgment framework these are referred to as the National Standards.

The purpose of the assessment judgment framework is to support inspectors in gathering evidence when monitoring or assessing a designated centre. The framework sets out the lines of enquiry to be explored by inspectors in order to assess performance against the standards being monitored.

Judgment Descriptors

Once an inspector has gathered and reviewed evidence from a designated centre, they will make a judgment on how the service performed under each of the eight themes. The following judgment descriptors will be used:

Compliant	Substantially 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.	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.

This document will give providers an insight into what inspectors will look at during a restrictive practice thematic inspection.

The assessment judgment framework should be applied in conjunction with the following:

- Health Act 2007 (as amended)
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

- Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with disabilities) Regulations 2013, as amended
- *National Standards for Residential Services for Children and Adults with Disabilities* (2013)
- HIQA's monitoring approach policy, procedures and guidances.

The assessment judgment framework is organised into the two dimensions of the National Standards:

1. **Capacity and capability**
2. **Quality and safety**

Figure 1: Themes in the *National Standards for Residential Services for Children and Adults with Disabilities* (2013)



There are separate sets of standards for children and adults. For the most part, the differences are merely the interchangeable use of the word 'child' and 'person'. Where there is a marked difference the equivalent children's standards will be listed in italics.

Section 1 — Capacity and capability

This section focuses on the overall delivery of the service and how the provider is assured that an effective and safe service is provided. Delivering improvement depends on services having capability and capacity in four key areas.

This includes how the provider:

- makes sure there are effective governance structures with clear lines of accountability so that all members of the workforce are aware of their responsibilities and to whom they are accountable
- ensures that the necessary resources are in place to support the effective delivery of quality care and support to people using the service
- designs and implements policies and procedures to enable centres run effectively
- uses information as a resource for planning, delivering, monitoring, managing and improving care.

Dimension: Capacity and capability	
Theme: Leadership, Governance and Management	
<p>Standard 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.</p> <p>Standard 5.2: The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.</p> <p>Standard 5.3: The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	
Lines of Enquiry	Does the registered provider have clear policies, procedures or guidance on restrictive practices that are in line with legislative requirements and national policy?
	Does the statement of purpose clearly outline the specific care needs that the service can meet, and does the registered provider ensure that no person is admitted whose needs cannot be met?
	Is the registered provider actively promoting a restraint-free

	environment through its leadership of the service?
	Does the registered provider support the person in charge and staff to ensure that where restrictive practices are unavoidable that they are used safely and in line with the service's policy and national policy?
	How does the registered provider assure itself that the supports and resources it has made available are effective in promoting a restraint-free environment?
	Do the registered provider and person in charge keep themselves informed of new technologies and best practice in relation to restrictive practices?
	Are there adequate arrangements in place for the governance, oversight and review of restrictive practices?
	Are all staff and management aware of the governance arrangements and reporting structures?
	Does the registered provider have systems in place to ensure that restrictive practices are accurately recorded, monitored and regularly reviewed with the aim of reducing or eliminating their use?

Dimension: Capacity and capability

Theme: Use of Resources

Standard 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.

Standard 6.1 (Child Services): *The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.*

Lines of Enquiry

Does the registered provider effectively plan and manage human resources to support a restraint-free environment?

Prior to the use of restrictive practices, has the registered provider ensured alternatives are considered and made available (such as

	assistive technologies and or adaptive equipment)?
	Does the registered provider ensure that restrictive practices are not used to compensate for the lack of appropriate resources?

Dimension: Capacity and capability

Theme: Responsive workforce

Standard 7.2: Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service.

Standard 7.2 (Child Services): Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

Standard 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.

Standard 7.3 (Child Services): Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.

Standard 7.4: Training is provided to staff to improve outcomes for people living in the residential service.

Standard 7.4 (Child Services): Training is provided to staff to improve outcomes for children.

Lines of Enquiry	Do staff understand what restrictive practice is?
	Do staff actively promote a restraint-free environment?
	Where restrictive practices are unavoidable, do staff ensure they are used safely in line with policies, procedures and guidance?
	Does the person in charge monitor and supervise care practices to ensure staff: <ul style="list-style-type: none"> a) promote a restraint-free environment b) carry out restrictive practices in a safe manner whenever they are unavoidable c) have the required support, skills and ongoing training that promotes a restraint-free environment and safe practices?
	Does the registered provider ensure that appropriate training is

	<p>available to staff which covers:</p> <ul style="list-style-type: none"> a) positive behaviour support b) the prevention or minimisation of restrictive practices c) the safe use of relevant restrictive practices?
--	---

Dimension: Capacity and capability	
Theme: Use of information	
Standard 8.1: Information is used to plan and deliver person-centred/child-centred, safe and effective residential services and supports.	
Lines of Enquiry	Does the person in charge have systems in place to record and analyse information on the use of restrictive practices?
	Does the person in charge use that information to drive quality improvement in restrictive practices?
	Does the person in charge have systems in place to ensure that learning is shared and integrated into the culture of the service?

Section 2 — Quality and safety

The focus of this section is about the day-to-day experience of the people using the service.

This includes how people:

- make choices and are actively involved in shaping the services they receive
- are empowered to exercise their rights, achieve their personal goals, hopes, and aspirations
- receive effective person-centred care and support at all stages of their lives
- supported to develop and maintain personal relationships and links with the community
- access educational, training and employment opportunities
- are able to live in a safe, comfortable and homely environment
- have food and drink that is nutritious
- are protected from any harm or abuse.

Dimension: Quality and safety

Theme: Individualised supports and care

Standard 1.1: The rights and diversity of each person/child are respected and promoted.

Standard 1.2: The privacy and dignity of each person/child are respected.

Standard 1.3: Each person exercises choice and control in their daily life in accordance with their preferences.

Standard 1.3 (Child Services): Each child exercises choice and experiences care and support in everyday life.

Standard 1.4: Each person develops and maintains personal relationships and links with the community in accordance with their wishes.

Standard 1.4 (Child Services): Each child develops and maintains relationships and links with family and the community.

Standard 1.5: Each person has access to information, provided in a format appropriate to their communication needs.

Standard 1.5 (Child Services): Each child has access to information, provided in an accessible format that takes account of their communication needs.

Standard 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.

Standard 1.6 (Child Services): Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.

Standard 1.7: Each person's/child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Lines of Enquiry	Is each resident's right to live restraint-free respected and actively promoted, in so far as is practicable, by the person in charge and staff?
	If restrictive practices are unavoidable, does the person in charge ensure they are used in a manner that protects people's privacy and dignity?
	Does the person in charge ensure that residents' choices and expressed needs and preferences are not subject to unnecessary restrictions?
	Are residents supported and facilitated to maintain personal relationships and community links without unnecessary restriction?
	Does the person in charge ensure that residents have unrestricted access to information in a format appropriate to their communication needs and preferences?
	Where restrictive practices are unavoidable, are residents involved in the decision-making process?
	Where a person lacks capacity, the will and preference of the resident is ascertained and respected, in so far as possible, in any decision on the use of restrictive practices?
	Does the registered provider have a system in place to ensure residents have access to an appropriate review process should they be concerned or wish to complain about the use of restrictive practices?

Dimension: Quality and Safety

Theme: Effective services

Standard 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.

Standard 2.1 (Child Services): Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.

Standard 2.2: The residential service is homely and accessible and promotes the privacy, dignity and welfare of each person/child.

Lines of Enquiry	Have all restrictive practices been identified and appropriately assessed?
	Does the person in charge ensure that assessments outline and consider the following: <ul style="list-style-type: none">▪ The specific circumstances where the restraint is being considered.▪ The identified risk is not being caused by a failure to meet the person's basic needs and or fundamental rights and diversity, for example, in relation to nutrition and hydration, medical and or healthcare needs, safe environment, access to meaningful activities, social or community engagement and emotional wellbeing▪ Alternative, less-restrictive measures are considered which would address the risk.▪ The risks in using the restrictive practice.▪ The proposed restrictive practice is proportionate to the identified risk.▪ There is evidence to support the efficacy of the restrictive practice in addressing the identified risk to the person.▪ Residents (and representatives and or advocates where appropriate) are involved in the decision-making process.▪ The proposed restrictive practice is the least restrictive option for the shortest possible duration.▪ Staff involved in the care of the person have the necessary skills and competencies to implement the restrictive practice in a safe manner.
	Is there multi-disciplinary input into assessments to ensure restrictive practices are used in accordance with national policies and best practice?

	Is the care plan sufficiently detailed to guide consistent, effective and safe implementation of the restrictive practice?
	Are care plans regularly reviewed with a view to reducing or eliminating the use of restrictive practices?
	Has the registered provider designed and delivered the service in such a way as to promote the wellbeing of people with disabilities in a non-restrictive manner?
	Has the registered provider made provision for a physical environment which allows for care to be provided in a non-restrictive manner?

Dimension: Quality and Safety

Theme: Safe Services

Standard 3.1: Each person/child is protected from abuse and neglect and their safety and welfare is promoted.

Standard 3.2: Each person/child experiences care that supports positive behaviour and emotional wellbeing.

Standard 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.

Standard 3.3 (Child Services): 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.

Lines of Enquiry	Does the registered provider ensure that all residents are safeguarded from restrictive practices that unduly infringe on their rights or are implemented for reasons other than their safety and welfare?
	Where appropriate, does the person in charge ensure that there are behavioural support plans in place which supports the individualised care of the resident and is aimed at reducing or eliminating the need for restrictive practices?

	Does the person in charge ensure that risk in the centre is managed in a way that is least restrictive to all residents?
	If restrictive practices are assessed as necessary for one person, does the person in charge ensure that this does not impact on the experience of others?
	Does the person in charge have adequate arrangements in place to protect residents from harm when using restrictive practices?
	Do the arrangements that registered providers have in place to protect residents from harm promote personal liberty and a restraint-free environment in accordance with national policy?

Dimension: Quality and Safety

Theme: Health and Development

Standard 4.1: The health and development of each person/child is promoted.

Lines of Enquiry	Where restrictive practices are used, does the person in charge ensure that they do not negatively impact on the resident's health and development?
-------------------------	---



Issued by the Office of the Chief Inspector
Regulation Directorate
Health Information and Quality Authority (HIQA)
Unit 1301, City Gate,
Mahon,
Cork,
T12 Y2XT