

Regulation of
Health and Social
Care Services

Assessment judgment
framework for thematic
inspections of restrictive
practices
Older People's 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.

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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 older people. This programme of inspections is focused primarily on the *National Standards for Residential Care Settings for Older People in Ireland* (2016).

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 framework should be applied in conjunction with the following:

- Health Act 2007 (as amended)
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2016
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015
- *National Standards for Residential Care Settings for Older People in Ireland* (2016)

- HIQA's monitoring approach policy, procedures and guidance.

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 Care Settings for Older People in Ireland* (2016)



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 resident 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> <p>Standard 5.4: The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.</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 resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

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 all residents.

Standard 7.3: Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.

Standard 7.4: Training is provided to staff to improve outcomes for all residents.

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:

- 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 available to staff which covers:

- 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, 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
- 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: Person-centred Care and Support

Standard 1.1: The rights and diversity of each resident are respected and safeguarded.

Standard 1.2: The privacy and dignity of each resident are respected.

Standard 1.3: Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.

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

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

Standard 1.6: Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.

Standard 1.7: Each resident'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 resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.

Standard 2.6: The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

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.
	<p>Is there multi-disciplinary input into assessments to ensure restrictive practices are used in accordance with national policies and best practice?</p>
	<p>Is the care plan sufficiently detailed to guide consistent, effective and safe implementation of the restrictive practice?</p>
	<p>Are care plans regularly reviewed with a view to reducing or eliminating the use of restrictive practices?</p>
	<p>Has the registered provider designed and delivered the service in such a way as to promote the wellbeing of people with dementia or other cognitive impairment in a non-restrictive manner?</p>
	<p>Has the registered provider made provision for a physical environment which allows for care to be provided in a non-restrictive manner?</p>

Dimension: Quality and safety

Theme: Safe Services

Standard 3.1: Each resident is safeguarded from abuse and neglect and

their safety and welfare is promoted.

Standard 3.2: The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.

Standard 3.5: Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

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 Wellbeing

Standard 4.3: Each resident experiences care that supports their physical, behavioural and psychological wellbeing.

Lines of Enquiry	Where restrictive practices are used, does the person in charge ensure that they do not negatively impact on the resident's physical, behavioural and psychological wellbeing?
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