



**Health
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An tÚdarás Um Fhaisnéis
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Regulation and Monitoring
of Social Care Services

Frequently-asked questions from webinar on restrictive practices

September 2023

Safer Better Care

Frequently-asked questions on restrictive practices

This short FAQ has been compiled in response to queries during the course of restrictive practice thematic programme webinars which were hosted by HIQA in June of 2023.

Selection for inspection and unannounced inspections

All designated centres (nursing homes and disability services) are eligible to be inspected under this programme. However, it is very unlikely that a centre which is currently undergoing escalation or enforcement proceedings will be subject to such an inspection. Inspectors have been advised to carry out unannounced inspections where possible.

Self-Assessment Questionnaire and Quality Improvement Plan

As set out in our communications about the restrictive practice thematic programme, designated centres will be invited to complete and return the SAQ when they have been selected for inspection. You will receive an email inviting you to do so and will have three weeks to return the SAQ. However, there is no reason that centres cannot use the SAQ at any time to assess their own performance and identify areas for improvement.

The QIP is a document template to assist providers in managing any quality improvement needs identified in the SAQ. The QIP does not need to be submitted to HIQA but inspectors may request to view it before or during an inspection.

Restrictive practice assessments and reviews

As set out in the guidance, assessments and reviews should be comprehensive, with MDT input, where appropriate. Your service should be in a position to assess and review most restrictive practices and should do so in consultation with the resident and their legal representative/decision supporter. Always ask whether the RP continues to be required, is the least restrictive option, is proportionate to the risk and is for the shortest duration. Every person is unique and their assessments and reviews should be conducted accordingly. There is no set timeframe for frequency of reviews, this is case-by-case.

Sensors, listening devices, monitors

There may be occasions where it is assessed as necessary to have certain devices placed in a person's room to monitor their safety e.g. seizure or falls detection. These devices include any form of sensor or monitor that can detect movement of a resident. While these are an acceptable intervention and in the interests of protecting the resident, it should also be acknowledged that they are an invasion of a person's privacy, regardless of if they have requested or consented to their use. As such, they should be considered as a restrictive practice, reported in accordance with the regulations and reviewed at appropriate intervals.

Doors, windows and security

When determining whether locked windows and doors are a restrictive intervention, the centre should consider a number of questions. Can the resident unlock the doors themselves (including keypad access)? Are they a security measure (i.e. a locked front/back door to keep people out rather than prevent people leaving)? Are they used in a child-safety

context? These questions should form part of an assessment which can then determine what controls should be in place.

Resident consent

A resident may request and/or consent to the use of a restrictive practice. This does not mean that the practice is not restrictive. For example, if a resident requests bed rails and is aware of the risks of use then this is appropriate but should still be treated as a restrictive practice and reported as same. Similarly, if a resident refuses the removal of a restrictive practice or the trailing of a less restrictive alternative, having been given the appropriate information by the centre, then these wishes should be respected.

There are occasions where relatives of a resident who lacks capacity to make decisions may request the use of restrictive practices. This is only appropriate where the relative has the legal authority to make care-related decisions on the persons' behalf i.e. where there is a decision-support arrangement in place.

In the context of children in disability services, parents or legal guardians are fully entitled to give legally-binding consent for any matters relating to a child's care. In such circumstances, the centre should engage with parents and the child to explain any risks or concerns but the final decision ultimately rests with the parents. Any adult resident who has a decision supporter that can consent to decisions on their behalf should be treated in the same manner.

Finances

Assisting a person in managing their finances involves balancing their right to make choices while also empowering them to live within their means and make healthy choices. Ideally, all residents in services should have access to their money at any time of their choosing and also be able to access information about their finances. Where a person lacks capacity to manage their own money, or where they request support in doing so, it is reasonable to place some controls on how a person's finances are managed. In all cases, this should be properly risk-assessed to determine the most appropriate controls. Any controls that are put in place should be acknowledged as restrictive, regardless of their rationale or the consent of the person.

There are occasions where a person will choose to spend money on unhealthy choices (e.g. smoking cigarettes, purchasing excessive amounts of high-sugar foods or drinks). It may also be the case that a person cannot afford to spend their money in the manner that they wish. In such circumstances, centres should support people by providing relevant information on healthy choices and budgeting. Where the person lacks capacity it may be appropriate to explore a decision support arrangement which could support the person to make financial decisions.

Prescribed supports

Where a prescribed support is required (e.g. special seat, harness, bed rails), this should be assessed by an appropriate allied health professional and subject to ongoing review at regular intervals. Such professionals should be in a position to advise on the frequency with which reviews should occur and they are ultimately responsible for the prescriptions they recommend.

There are a wide range of prescribed supports, many of which are intended to aid a person's posture, comfort or safety. Notwithstanding this, they should be acknowledged as a restrictive practice, regardless of their rationale, and managed and reported as such.

Residents' rights

Residents should be supported and empowered to realise their fundamental human rights. This means enabling people to make their own choices and express preferences about how they wish to be cared for and how they wish to spend their day. Where restrictive practices are assessed as necessary, they should be implemented in consultation with the resident where they are provided with all of the relevant information in a format that they can understand.

Staff in centres should endeavour to facilitate residents where they wish to partake in activities that may carry a certain level of risk. For example, supporting residents to go for walks outdoors where they may be at risk of a fall or partaking in food preparation where they might be at risk of burns or cuts. Such activities should be subject to ongoing risk-assessment which takes the resident's expressed wishes and changing needs into account.

Health and safety

It may be necessary to implement certain restrictions for reasons of general health and safety. For example, harmful chemicals or medicines may need to be locked away or furnishing or fittings may need to be covered in soft materials to prevent injury. In all circumstances, any such restrictions should be assessed. The assessment should determine whether the restriction is required for all residents or fewer. Every effort should be made to ensure that restrictions in place for one person do not impact negatively on everyone using a service.

Transport

It may be appropriate to implement restrictions while people are using transport. Some of the more common restrictions include devices to prevent someone undoing a seat belt or requiring a person to travel in a specific seat. These may be appropriate in terms of safety but their use should be justified through assessment and proportionate to the risk identified. They should also be treated as restrictive practices and managed accordingly.



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