



# Restrictive Practices Thematic Inspection Programme

Nursing Home Provider  
Webinar June 2023

# Key points

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- Based on the National Standards, not regulations
- Adopting a quality improvement approach
- Assessing physical, environmental and rights restraints (chemical restraint not included)
- One judgment for the whole inspection
- Reports will be published as normal

# What are restrictive practices?

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- Programme Aim:

“The aim of this thematic programme is to improve the quality of lives and the safety of people living in residential care. People have the right to live as independently as possible without unnecessary restriction. This can be achieved by providers and staff taking a positive and proactive approach in reducing and eliminating restrictive practices. Our inspectors will look for evidence that people’s fundamental human rights are upheld, that their voices are heard, and that they are free to live in accordance with their choices and preferences”.

# What are restrictive practices?

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“means the intentional restriction of a person’s voluntary movement or behaviour”. (Regulations)

**Physical:** “is any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot easily remove that restricts freedom of movement or normal access to one’s body”. (DoH policy)

# What are restrictive practices?

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**Environmental:** “is the intentional restriction of a resident’s normal access to their environment, with the intention of stopping them from leaving, or denying a resident their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties.” (DoH policy)

# What are restrictive practices?

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## Rights restraints

- Sometimes referred to as ‘psycho-social’ or ‘psychological’ restraints
- Limits on a person’s choices or preferences
- Paternalistic model of care
- Being overly risk-averse, no positive risk-taking considered by the service

# Support documents for providers

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The following documents have been developed:

- Guidance
- Assessment judgment framework
- Self-assessment questionnaire
- Quality improvement plan

Documents are available on HIQA website and link was also included in the regulatory notice RN04 sent in April 2023

# General Principles

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1. Restrictive practices are an infringement of a person's constitutional right to liberty and bodily integrity and should only be used when absolutely necessary.
2. Providers should, in so far as is practicable, seek to reduce or eliminate the use of restrictive practices.
3. Where restrictive practices are assessed as necessary, they should be implemented, where possible, in consultation with the person receiving care and with their informed consent.
4. Assessments should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the use of restrictive practices.



# General Principles

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5. Any restrictive practice should be proportionate to the identified risk(s).
6. The use of restrictive practices should be subject to ongoing review to determine if they continue to be necessary and should be removed as quickly as possible when no longer required. Reviews should also be used as an opportunity to trial alternatives that are less restrictive and or for a shorter period of time.
7. Providers should:
  - be aware of the use of restrictive practices in their centres
  - be assured that they are used in compliance with the regulations and National Standards
  - have a senior manager or a committee in place whose goal it is to reduce and or to eliminate the use of restrictive practices.

# General Principles

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8. Staff should have access to appropriate training on the use of restrictive practices, including prevention and alternatives, and be supported in getting to know each person's needs and preferences.
9. Providers should collect and analyse data on the use of restrictive practices in order to identify patterns or trends.

# Inspections and SAQ

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- Designated centres will be selected for inspection on a quarterly basis
- Inspections will be unannounced
- Designated centres will receive an email inviting them to complete the self-assessment questionnaire (SAQ)
- This email will mean an inspection is likely within 6 months

# Inspections and SAQ

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- The SAQ is an electronic document to be completed on computer
- You will be asked a series of questions under each of the 8 themes in the National Standards
- You then self-assess your performance under each of the 8 themes
- Inspectors will use the information to plan the inspection

# The inspection day

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- Inspections will generally be conducted by one inspector in one day
- They will advise you that it is a restrictive practice thematic inspection
- They will carry out the inspection in a similar fashion i.e. talk with residents and staff, observe care, assess the premises and review documentation
- There may be occasions where the inspection will be cancelled and the inspector will revert to a regular inspection should a high-risk be identified

# The inspection report

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- Inspection reports will be published in the same manner as any other inspections
- The inspection report has two headings:

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

Oversight and quality improvement arrangements

# The inspection report

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- There will be only one judgment:

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

# Restrictive practices 2019-2020

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- We ran this inspection programme originally in 2019-2020
- Positive findings
  - Good recognition of physical and environmental restraints
  - Providers engaged positively with inspectors
  - Lots of good examples of how providers had improved the quality of life for residents through innovative means
- Challenges
  - Some providers did not identify practices as restrictive (e.g. withholding cigarettes or managing residents' money)



# In conclusion

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- Residents have a right to live unrestricted lives
- It is the responsibility of the provider to ensure rights are promoted and protected
- Our work is to support this approach in a critical area but the improvement and good practices that we observe are to the credit of staff, management and the providers

