

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

## Issued by the Chief Inspector

Name of designated centre:	The Grange
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	26 July 2023
Centre ID:	OSV-0001524
Fieldwork ID:	MON-0040564

## 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 environmental<sup>1</sup> 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

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<sup>1</sup> 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
Wednesday 26 July 2023	09:20hrs to 14:20hrs	Jennifer Deasy

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

This inspection was an unannounced thematic inspection to review the provider's implementation of the National Standards relating to restrictive practices. The aim of this inspection was to support the provider in driving service improvement and to identify any areas for development which would enhance the lives of the persons living in the designated centre.

This designated centre is located in a busy suburb of Dublin. It was home to four residents on the day of inspection. The inspector had the opportunity to meet with all of the residents who informed the inspector about their quality of life and of their understanding and experiences of restrictive practices. The inspector also met and spoke to key staff over the course of this inspection. These conversations, along with a walk-around of the centre and a review of documentation informed the inspector's judgment on the provider's implementation of the National Standards.

The inspector found that, overall, residents in this centre were in receipt of a quality service which was effectively implementing the National Standards and was thereby ensuring that residents were living in a restraint and restriction free home.

The designated centre was seen to be welcoming and well-maintained. The front garden was well-kept and had been planted with bright flowers. The interior of the centre was clean and the furniture in communal areas was kept in good repair. The centre appeared homely and comfortable. It was decorated with art and with residents' photographs. Some of the residents showed the inspector their bedrooms and the inspector saw that these were decorated in line with their individual preferences. One of the residents showed the inspector beautiful mosaics and art work that they had created and which were displayed on their bedroom walls.

The inspector saw residents freely accessing their home throughout the course of the day. Residents were seen being supported by staff in a gentle manner with rehabilitation exercises and activities of daily living. Staff and resident interactions were seen to be friendly and familiar. The inspector saw residents independently preparing meals and drinks and later, enjoying a football match together in the sitting room.

There were no locked doors or restrictions on access to any parts of the designated centre. Residents told the inspector that they could "come and go" from the centre as freely as they wished. Residents spoke about their rights and described how they were supported with education from staff to understand their human rights as well as their responsibilities. One resident said that they had the right to do their own thing but that they also had the right to privacy. They explained that it was a house rule to not go into each other's bedrooms without permission. Residents said that they had weekly residents' meetings where issues such as rights, house rules and advocacy were regularly discussed.

None of the residents in the centre accessed independent advocacy services however they were knowledgeable regarding advocacy and how to access this if they wished. The inspector saw documentation on the residents' noticeboard which detailed advocacy services that were available to them and the contact details for a confidential recipient and the procedure to make a complaint.

One resident told the inspector that they had previously made a complaint about an aspect of the bathroom facilities. They said that the staff team responded quickly and effectively and that they were happy with how the complaint was resolved.

Some residents and staff showed the inspector examples of technology that was in place in the centre to enhance residents' autonomy. For example, one resident wore a fall alert bracelet that they wore on their wrist. The resident explained to the inspector the reasons why they wore the bracelet and said they consented to wearing it. Staff showed the inspector how a smart technology plug had been recently installed to enable a resident to turn on the television without requesting staff support. Staff explained that this was enhancing the residents' autonomy in their daily life.

Residents described to the inspector how they travelled independently to visit their family and friends and to access activities in their local community. Some residents had received travel training to support them in this task of daily living. Many of the residents managed their finances independently and maintained their own bank accounts and bank cards. The inspector saw that each resident had a lock box in their bedroom in which they stored their money safely.

Many of the residents also managed their own medications including ordering, collecting and administering medications. Residents had their own medication box and, where supports were required from staff to ensure safe administration of medication, these were found to be proportionate and upholding of residents' autonomy and dignity.

In summary, the inspector found that this designated centre was providing a restraint and restriction free environment which was upholding residents' rights.

Residents were informed regarding their rights and staff explained how they were proactive in enhancing residents' autonomy and ensuring their dignity in their day-to-day lives.

## Oversight and the Quality Improvement arrangements

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. A person in charge was employed in a full-time capacity. The person in charge had oversight of another designated centre located in a nearby area. A team leader had been nominated at local level to support the person in charge in fulfilling their regulatory responsibilities. Staff spoken with on the day of inspection were informed regarding the reporting structure.

The provider had recently reviewed and updated their policy to guide staff on restrictive practices. This policy was in the process of being rolled out to all staff at the time of inspection. The policy was reviewed by the inspector and was found to be comprehensive and detailed. It set out the commitment of the provider to a policy of restraint and restriction free environments. It defined types of restrictive practices and set out a clear process for the documentation and regular review of these practices if they were deemed necessary to support individuals. The inspector was informed that the provider had recently developed an internal online system whereby all staff could document that they had read and understood the policy. This would support the provider in ensuring staff were familiar with their policy and culture regarding restrictive practices.

The person in charge outlined to the inspector how one resident was prescribed orthopaedic splints to enhance their independence in mobilising. The provider's policy set out that this was not a restrictive practice and was rather an enabler to increased mobility and autonomy. The person in charge had ensured that they had consulted with the resident and had provided education to them in the rationale for wearing the splints. The resident had consented to wearing the splints and this consent was documented. The person in charge planned to regularly review this consent to ensure that the resident continued to be consenting to the intervention.

The provider had also put in place a complaints policy which had been reviewed within the last three years. The complaints policy outlined the complaints procedure and detailed how residents could be supported to access advocacy services to support their complaint. The inspector noted residents were well informed regarding the complaints procedure and that there was accessible documentation in the centre regarding the complaints process and advocacy services.

There were no restrictive practices in the centre and so a restrictive practices register was not maintained. The designated centre was seen to be homely and accessible. The centre was laid out and run in a manner that promoted the privacy, dignity and welfare of each resident.

Some residents in this centre required support with managing some aspects of their finances and their medications. The inspector saw that there were care plans and risk assessments in place in these cases. The care plans were detailed and the control measures in risk assessments were proportionate and were upholding of residents' choices, autonomy and dignity. For example, residents were supported to use

technology such as mobile phone alarm reminders, fall alert bracelets and smart technology plugs to enhance their autonomy while mitigating against risk. This technology along with accessible checklists and staff reminders and checks were effective in supporting residents' autonomy in managing their prescribed medication.

Residents' health care plans were found to be up-to-date and were comprehensive. Residents in this centre accessed a variety of healthcare professionals for their assessed needs. Residents' care plans detailed to staff how to support residents' autonomy in managing their health care needs.

Staff described a culture of positive risk-taking in the centre. Residents were encouraged to maintain their autonomy in making decisions. Supports were provided to residents within a rehabilitation model of care to enable residents to travel independently to meet with their family and friends and to access their community.

Staff had received training in behaviour support and in human rights and told the inspector that restrictive practices or restraints were always a measure that were to be implemented as a last resort. Staff were also in receipt of regular supervision and support. Supervision records were maintained and were reviewed by the inspector. The inspector saw that supervision meetings regularly discussed areas such as advocacy and complaints and explored staff members' understanding of the safeguarding process and their responses to hypothetical safeguarding issues.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. Resources in the centre were planned and managed to deliver person-centred care. Many of the residents engaged in activities of daily living independently, however there were staff available to support residents in line with their assessed needs and individual preferences.

Overall, this inspection found the designated centre was operating a person-centred and rights-informed model of care which was ensuring that residents were living in a restriction-free home. Residents were supported to maintain their autonomy in their decisions and choices regarding their lives.

Positive risk-taking was encouraged and, where risks had been identified, control measures were implemented which were proportionate and person-centred. The provider had ensured that staff were educated and informed regarding their policy on restrictive practices and had clearly detailed the process for recording and reviewing restrictive practices where required.

It was evident to the inspector that this centre was effectively implementing the National Standards which were explored as part of this thematic inspection. As a result, residents were in receipt of a good quality and safe service which was upholding their human 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
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>

<b>Theme: Responsive Workforce</b>	
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>

<b>Theme: Use of Information</b>	
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>

<b>Theme: Health and Wellbeing</b>	
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4.3	The health and development of each person/child is promoted.
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