



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ailesbury Respite
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	23 August 2023
Centre ID:	OSV-0002399
Fieldwork ID:	MON-0040329

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 environmental¹ 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

¹ 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 23 August 2023	09:00hrs to 15:00hrs	Michael Muldowney
Wednesday 23 August 2023	09:00hrs to 15:00hrs	Kieran McCullagh

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

Overall, this inspection found residents were in receipt of a person-centred, good quality, safe service. The centre was well resourced, appropriate to the residents' individual needs, and was managed in a way that ensured residents had an enjoyable experience in line with their assessed needs, personal preferences and wishes.

The centre provided short residential respite breaks for adults and children who stayed in the centre on alternative weeks, for example, one week residents only and the other week children only.

The centre comprised a large two-storey house in a busy Dublin suburb close to many amenities and services, such as shops, cafés, and public transport. Inspectors carried out a thorough walk-around of the centre with the person in charge. The premises included five bedrooms, staff bedroom, offices, bathrooms, kitchen, dining room, two sitting rooms, and a spacious back garden with patio area. The garden area had been recently refurbished and contained furniture for relaxing and dining, and a basketball hoop for residents to play with.

Inspectors found the premises to be very clean, well-maintained, bright, homely, comfortably furnished, and nicely decorated. Inspectors observed good fire safety precautions and infection prevention and control measures, and the equipment used by residents, such as electric beds, were kept in good working order.

In the large sitting room, many thank you cards from residents and their representatives were displayed. In the dining room, an array of photographs of residents and information on residents' rights were also displayed.

Inspectors observed board games were available for residents, and communications aids such as pictures for exchange programmes and visuals of manual signs used by some residents. There were also smart electronic devices and Internet in the centre that residents could use.

A notice board in the hallway displayed information on complaints, advocacy services, restrictive practices, and the staff rota. Some of the information was in an easy-to-read format to be more accessible to residents. Inspectors also observed the statement of purpose and residents' guide in the hallway.

There were no restrictive practices implemented on the day of the inspection. However, inspectors did observe environmental and physical restrictions which were implemented to manage personal risks for some residents that stayed in the centre, such as bed rails, seat belt coverings, locked doors, window locks, and a sensor alarm. Staff also carried out night-time observational checks which inspectors noted could have an impact on residents' privacy arrangements. The person in charge told inspectors about the rationale for the restrictions and how they were implemented and managed.

The provider has prepared a written policy on restrictive practices to govern the implementation of restrictions, and there was an oversight committee with responsibility for reviewing restrictions before granting approval for their use. However, inspectors found that the implementation of some restrictions in the centre required improvement to ensure that they were fully in line with the provider's policy and best practice. These matters are discussed further in the next section of the report.

Inspectors met four residents at different times during the inspection. They were observed to move freely around the centre and without restriction. Inspectors also observed staff engaging with residents in a friendly, respectful and supportive manner.

When inspectors arrived at the centre, they were greeted by two residents who were leaving to attend their day service. They did not use verbal communication as their main means of communication, and instead communicated through gestures, facial expression and body language. The person in charge was familiar with their communication means and supported their brief meeting with inspectors. They did not tell inspectors about their views of the service, but appeared very relaxed and comfortable, and indicated that they were happy to go to their day service.

Another resident spent time sitting with inspectors and later showed them part of the premises. They told inspectors that they loved the centre as it was "relaxing", and said that they would like to access it even more. They said that they liked going for walks and to cafés with staff, watching movies, and going into the city centre on public transport. They also liked to help staff with household chores, and had helped during the recent renovation of the garden. They said that they had choice over how they spent their time in the centre, felt safe there, and was not subject to any restrictions. During the inspection, they went to the shop with staff and then chose to relax by watching television. It was clear that they enjoyed staying in the centre, and was aware of their rights.

Another resident chose to spend the morning in bed. In the afternoon, they briefly met inspectors but did not communicate their views. However, inspectors observed them accessing the kitchen and choosing what to have for their lunch.

Inspectors found that residents were consulted with in the running of the centre and how they spent their time there. Residents had individual communication guidelines, and as noted above, communication aids were available in the centre. Inspectors viewed a sample of residents' care plans and found that some had been prepared in easy-to-read format, for example, intimate care plans.

Residents attended house meetings on their first day of admission where they planned their meals and activities. During the meetings, staff also discussed relevant information such as fire safety; a video on fire safety was shown to residents to help them understand the fire procedures.

The provider's annual review of the centre had consulted with residents and their representatives, and their feedback was positive, but indicated that they would like

more respite provision. While inspectors found that residents' individual communication means and needs were being supported in the centre, some improvements were required to better demonstrate how they were consulted with about restrictions. This matter is discussed further in the next section of the report.

Inspectors met staff working in the centre during the inspection including the person in charge and a nurse. The person in charge told inspectors that the centre aimed to provide a meaningful break and hotel like experience for residents. They described the service as being individualised and person centred. Residents usually stayed in the centre for half a week however, sometimes longer stays could be facilitated at request.

The person in charge carefully considered the compatibility and individual needs of residents to reduce the risk of peer-to-peer safeguarding concerns and to ensure that their needs could be met, for example, sometimes the service operated at less than full capacity when accommodating residents with high support needs.

The person in charge told inspectors about the efforts to eliminate and minimise the use of restrictions in the centre. They told inspectors that restrictions were used as a last resort for residents' safety when other strategies were unsuccessful. They also gave examples of how less restrictive options have been trialled for some residents, for example, using a less rigid seat belt aid in the vehicle.

The person in charge had attended a recent webinar on restrictive practices and had already implemented some of their learning, for example, they had prepared new recording sheets. It was clear that the person in charge was promoting a human rights-based approach to residents' care and support, and was influencing a positive culture in the centre.

Inspectors spoke with a nurse who had recently commenced working in the centre. They described the care and support provided to residents as being the "best" and "brilliant". They told inspectors that residents were safe and that they had no concerns, however said they could raise any concerns with the person in charge who they described as being a "fantastic support".

They said that residents attended house meetings to plan how they wished to spend their time in the centre. They told inspectors that residents used different means of communication, and gave examples such as manual signs. They spoke about the restrictions implemented in the centre and the rationale for their use. They said that restrictions were used as a last resort after other strategies have been tried. They had completed human rights, which they described as being interesting and very relevant.

Oversight and the Quality Improvement arrangements

The provider and person in charge had made good efforts to promote an environment that maximised residents' independence and autonomy, and reduced the need for restrictive practices. However, inspectors found that some of the arrangements required enhancement to meet optimum standards.

The centre was adequately resourced to support the effective delivery of care in a person-centred manner. Inspectors saw that there were sufficient staff on duty to support residents with their preferred individual activities and found that they were knowledgeable on the residents' needs. The staff complement comprised the person in charge, nurse manager, nurses, and support workers. There were some vacancies which the provider had recruited for. The vacancies were managed by the person in charge to reduce any adverse impact on residents, for example, regular agency and relief staff were used to support consistency of care. Residents also had good access to the provider's multidisciplinary team services, including psychology and occupational therapy, as appropriate to their needs.

Staff working in the centre were required to complete training in a wide range of areas as part of their professional development, including training that promoted residents' rights, such as positive behaviour support and human rights. The provider was also rolling out training on the Assisted Decision-Making (Capacity) Act, 2015. Restrictive practices were a standard agenda item discussed at staff team meetings to raise awareness on this topic, for example, the August 2023 meeting minutes noted that learning from a restrictive practice webinar had been discussed.

The person in charge worked full-time in the centre and it was clear to inspectors, from the review of documentation and discussions during the inspection, that they had good oversight of the service provided to residents in the centre. They were supported by a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to meet and monitor the service in the centre, for example, they met regularly and completed management reports for review.

The provider had systems to monitor the quality and safety of service provided in the centre including the implementation of restrictions. The recent six-monthly provider led audit reviewed regulations relevant to restrictive practices, however no actions for improvement were identified.

Prior to the inspection, the person in charge had completed a restrictive practice self-assessment questionnaire. The questionnaire noted environmental and physical restrictions and the arrangements for their implementation and review. Inspectors reviewed this document and found that policies and practices outlined within the document were consistent with what inspectors observed during the course of the inspection.

The person in charge maintained a restrictive practice register which they reviewed regularly. Restriction practices were specific to certain residents and were only

implemented when those residents were in the centre. The person in charge had prepared individual resident risk assessments, and where applicable, they outlined associated restrictions as control measures. The person in charge had consulted with the relevant residents' families regarding the implementation of restrictions. They had also submitted restrictive practice referral forms to the provider's oversight committee for approval for use. The person in charge had prepared recording sheets that were completed by staff to demonstrate that the restrictions were for the shortest duration necessary. The use of restrictions was being reviewed regularly and inspectors found that efforts were made to reduce and, where possible, eliminate their use. For example, a less restrictive intervention for use in the vehicle had been recently trialled.

However, inspectors found that some restriction practices in the centre required better oversight and consideration to ensure that they were being implemented in line with the provider's policies and best practice. For example, night-time checks for some residents were not based on a documented assessment of need to demonstrate that they were required. There was also an absence of clear protocols to adequately guide staff on their implementation. For example, there was no detail on the frequency and description of the checks to ensure that they were for the shortest duration necessary and were being implemented consistently by staff.

The person in charge told inspectors that it would be challenging to gain consent from some residents due to their individual communication means however, staff monitored residents' facial expressions, body language, and gestures to ensure that they were not distressed by the use of restrictions.

The person in charge had prepared some easy-to-read information on restrictive practices, and had liaised with the provider's speech and language therapy for support in this area. However, it was not documented what efforts had been made to communicate and gain consent from the residents concerned before the decision was made to implement restrictions.

While it was noted in referral forms to the oversight committee that residents' families had been consulted with about the use of restrictions, the forms did not detail when the consultations had taken place.

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.

**Substantially
Compliant**

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

Theme: Leadership, Governance and Management	
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.

Theme: Use of Resources	
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>

Theme: Responsive Workforce	
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>

Theme: Use of Information	
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>

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