



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar 5
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	05 September 2023
Centre ID:	OSV-0002760
Fieldwork ID:	MON-0040922

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
Tuesday 5 September 2023	10:05hrs to 16:15hrs	Karena Butler

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

Overall, on the day of the inspection, the inspector found that some improvements were required to some systems, documentation and oversight that related to the area of restrictive practices used within the centre. Nevertheless, the inspector observed that residents living in this designated centre were supported by staff who promoted their safety and understood and supported their needs. It was observed that, where possible the provider and the person in charge looked to reduce restrictive practices when they were no longer considered necessary.

The centre was made up of a single storey detached house on the outskirts of a town. There was adequate space in the back garden for residents to enjoy and there was an area to sit outside. The house had three resident bedrooms, a dining room that residents also liked to relax in and watch television, a kitchen, a sitting room, a staff office, toilet facilities and a separate main bathroom. The utility room was in an additional building in the back garden.

The inspector observed the premises to be tidy and for the most part clean (some mildew was observed in the main bathroom). Residents' bedrooms had adequate storage and were personalised to their own tastes. The person in charge was in the process of arranging new wardrobes for one resident to increase the storage in their room.

During the walk around of the centre, the inspector and the person in charge discussed the restrictive practices that had being previously notified to the Health Information and Quality Authority (HIQA), The inspector found that, the rationale for their implementation was clear. Restrictive practices included a locked front door, a locked back door at night time, two locked chemical presses, two locked presses used to store a drinks thickening agent, restricted water access at particular times, and a lap belt for a wheelchair.

The inspector observed that a number of restrictive practices were discontinued within the centre over the last number of years when they were deemed to no longer be applicable. For example, one resident's wardrobe used to be kept locked due to the risk of them feeling overwhelmed and in turn ripping their clothes. This practice was then reduced slowly through leaving the door open for periods of time until the resident became used to it open and the wardrobe has been kept unlocked with no further incidents up to and including the day of the inspection.

However, the inspector observed while wardrobes were to be kept unlocked, the left door of all three wardrobes was locked with a straight door bolt. The person in charge communicated that they were not supposed to be kept locked. This did not prevent the residents from accessing their wardrobes although it made accessing certain parts more difficult unless the lock was removed.

Notwithstanding, the inspector observed some residents moving freely around their home and one resident had accessed their wardrobe on several occasions to decide on their clothes for the day.

The inspector found that while restrictive practices were notified to HIQA, the extent to some was not always clearly reported or clearly communicated to the residents. For example, there was more than one chemical press locked and they were in different locations. From conversations with the person in charge this appeared to be more of a documentation issue.

The person in charge was continuing to work with the staff team to support the residents to engage in a more meaningful day as discussed in the last inspection report for this centre. On the day of this inspection, all three residents went for a drive to a forest park. They went for a walk in the forest and had lunch out. Upon return to the centre staff communicated that the residents appeared to enjoy their day. Residents had alternative communication methods and did not share their views with the inspector. They were observed at the start and end of the inspection in their home and in their vehicle. Staff were observed to communicate with them in a respectful manner and also used sign language as well as verbal language to communicate with them. Staff demonstrated that they were familiar with residents' communication styles. The person in charge had arranged for staff to complete training in the area of communication prior to the last inspection of the centre.

There were three staff on duty on the day of the inspection. The number and skill mix of staff was found to be appropriate to the needs of residents. Staff spoken with were familiar with residents' support needs. They demonstrated a good understanding of restrictive practices and were able to communicate the restrictive practices used in the centre and the reasons they were in place. One staff communicated with said that if they had any concerns about a restriction in place that they would feel comfortable bringing it to the attention of the person in charge.

There were positive behaviour support plans in place to help guide staff as to how best to support residents exhibiting behaviours of concern. They were reviewed annually with an additional behaviour support review meeting every six months with a behaviour specialist. For the most part there were clear plans in place to guide staff and they referenced that a person's will and preference was considered and that their human rights were upheld. One positive behaviour support plan provided guidance for staff on the least restrictive measure to be used in response to a behaviour of concern and outlined the restrictive practice to be used as a last resort if required.

However, the behaviour support plans required review as they did not identify all the behaviours of concern that a resident may display and therefore would not fully prepare or guide staff. In addition, it was not evident from documentation if the behaviour therapist (B.T) had reviewed the latest plans as from a sample reviewed they were only signed off by the person in charge. The person in charge confirmed it was reviewed by B.T and therefore it appeared that this may have been more of a documentation issue. Furthermore, one resident's behaviour support plan included some non-applicable information and therefore did not clearly guide staff practice as it still referred to a harness that was no longer being used. Notwithstanding, staff spoken with were fully aware that the harness was no longer in use.

Staff received training in the management of behaviours of concern to help guide them as to how best to support residents during times of distress. In addition, the

majority of staff had received additional training in the area of capacity legislation and consent as well as training in human rights. One staff spoken with said after having training in the area of human rights, it supported them to be more conscious of what way they spoke to residents. It made them more conscious to reflect on their practice to ensure they were upholding the residents' rights. All the staff on duty at different times gave an example of how one resident may like to change their clothes many times a day and it depended on their mood and how the clothes felt on them at a particular time. Staff members communicated that it was the resident's right to access their clothes and change their mind about what they were wearing. The inspector observed staff respecting this decision and providing time and space for the resident to do this. Staff did not rush them with this process even when everyone was ready to leave for their day out.

There was a complaints process available for the residents and their families should they choose to use it. Residents were informed about the running of the centre. For example, through regular residents' meetings. From the minutes of those meetings the inspector saw that restrictive practices were discussed in May and July of this year.

Easy-to-read information had been provided to the residents about why specific restrictive practices were in place in the centre which may impact them. While the inspector found that this was a positive initiative to support the residents, not all of the restrictive practices were included. For example, water was restricted at different times for one resident's safety; however, this was not included in the easy-to-read information for all of the residents that it impacted.

Oversight and the Quality Improvement arrangements

The provider had a policy on restrictive practices that was last reviewed in May 2023. They also had a policy on listening and responding to individuals who communicate distress through behaviours of concern. This was last reviewed in November 2021. The policies were available in the centre for staff to refer to. The policies did provide a lot of clear information and guidance for staff. However, the inspector found that some aspects of the policies were not implemented in full, did not reflect some of the practices in the centre and or were vague in places and therefore did not fully guide staff.

For example, the policy on restrictive practice did not discuss the restrictive practice register, who would be responsible for it and how often it would be reviewed. In addition, the policy referred to staff being appropriately trained in the management and application of restrictive procedures; however, the person in charge confirmed this was not the case. Furthermore, while restrictive holds were referenced and what staff training would be required in order to perform holds, it did not include the type of physical holds that could be used within the organisation.

The policy on listening and responding to individuals who communicate distress through behaviours of concern did not describe how often restrictive practices would be reviewed. It did not refer to if restrictive practices would be included as part of a person's behaviour support plan and only referred to a protocol to be put in place if an in case needed medication was to be used to support individuals with their behaviour.

The provider had arranged for a restrictive practice committee to meet every six months to review any restrictive practices used in the centre as per the organisation's policy. However, the minutes of the meetings were vague at times and it was not evident if all practices were reviewed at each meeting. In addition, the restrictive practice register reviewed as part of this review meeting did not appear to be up to date or contain all applicable information. For example, there was a section to list all practices trialled or considered prior to implementing the restrictive practice in place; however, this column on the provider's own recording template was left blank.

The person in charge maintained a restrictive practice register and log of when restrictive practices were used. Both of which they reviewed on a six monthly basis with the restrictive practice committee and additionally at residents' individual behaviour support meetings. The log kept in the centre for when restrictive practices were used was not fully reflective of all practices used within the centre or to their extent used. For example, it was not recorded at what time the back door was to be locked at night time and unlocked in the morning to ensure all staff were consistent in locking it for the shortest duration approved. In addition, while there was a log in place for when water was restricted in the taps at one sink it was not kept for the other two applicable sinks in order to track usage and ensure the practice was only being used when required for the shortest duration. Furthermore, while the person in charge was signing off on the logs that were in place, it was not addressed why the

water restriction was only being tracked for one sink and at the time of the inspection the data was not being used for trending purposes.

The person in charge had also prepared written risk assessments regarding the need for restrictive practices. However, the rationale for the restrictive practice was not always clearly identified. For example, with regard to the need to lock the front door at all times.

The centre was sufficiently resourced and the person in charge maintained planned and actual staff rotas that reflected the staffing levels in the centre. Some new staff had either recently commenced their post or were due to commence. There was evidence of a new staff on the roster for shadowing purposes in order for the residents to become familiar with them.

The inspector observed evidence of restrictive practices being discussed at some staff team meetings. At the time of the inspection this area did not form part of supervision conversations.

There was a statement of purpose (SOP) in place that was reviewed as required and described the specific care and support needs of the residents. In addition, it described what supports from different professionals a resident may receive if required. As per the SOP residents had access to multidisciplinary services as appropriate to their needs, including speech and language therapy and positive behaviour support.

Overall, there were some improvements required with regard to some of the documents, practices and oversight in the centre and organisation. Notwithstanding that, the inspector was assured that the person in charge was committed to reviewing the practices within the centre with an aim to improve the systems in place in the area of restrictive practice.

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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