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:	Meadowview Bungalows 3 & 4
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	21 September 2023
Centre ID:	OSV-0005175
Fieldwork ID:	MON-0040666

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[1] 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
Thursday 21 September 2023	10:45hrs to 16:15hrs	Julie Pryce

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

The inspector found that residents were well supported by a consistent and competent staff team, and were facilitated to lead meaningful lives with their choices being listened to and respected. Whilst there were several restrictive interventions in place, these were carefully monitored, there was clear evidence of these being the least restrictive to mitigate the risks posed, and they were under constant review. This system of review meant that, there were several examples of restrictions being lifted as soon as it was safe to do so, and these are further discussed later in this report.

The designated centre is made up of two adjacent bungalows on the campus of the organisation, and provides care and support to twelve residents. While this designated centre is located on the campus of the provider, residents were well supported to access their local community and activities of their choice.

On arrival at the centre, the inspector found that residents were beginning to go about their day, and that several activities were underway. Some people were enjoying their breakfast, and others had already been for a walk. Some were relaxing in various parts of their home, including their personal rooms, which were decorated and equipped in accordance with their needs and preferences.

Residents had individual ways of communicating, and some people chose not to be in the vicinity of the inspector who was a stranger to them, and this was respected. The inspector therefore observed the interactions between staff and residents, from a distance where this was the preference of residents.

Restrictive interventions in place ranged from locked garden gates to the introduction of a door viewer into the apartment of one of the residents so that staff could observe the resident to ensure their ongoing safety, without entering the apartment. This door viewer was recognised as an extraordinary intervention, and there was detailed rationale in place in support of the practice, which included a comprehensive history of the behaviours of this resident, together with their preference to have time alone in their personal living space. The inspector reviewed all the available information, and found that this was the least restrictive intervention to mitigate the risk, given the resident's history and their mental health status. Various alternatives had been considered, and all other possibilities led to an increased level of anxiety for this resident, who nevertheless required a continual level of supervision to ensure their safety.

There were very careful checks maintained in this practice, and all staff engaged by the inspector were aware of the potentially intrusive nature of the intervention, and described how it was managed in the most respectful way possible.

All of the restrictive interventions in place had been carefully considered and found to be the least restrictive available to manage the risks posed by residents, and there were several examples whereby restrictions had been lifted or reduced, or where plans were underway to reduce the risk, and therefore the restriction.

For example, restricted access for a resident to areas of the centre such as the staff office was being removed, following the introduction of close monitoring, and the presence of a staff member, so that the behaviour that had led to the restriction was better managed.

Some residents chose not to accept support from staff in areas of personal care. For example a resident who had not long lived in the centre had initially refused any personal care, and some physical interventions had been found to be the only way to manage the issue. These physical interventions had now been removed, and the respect for the resident's privacy had been well managed throughout, whilst also ensuring the optimum health outcomes for this resident. The resident had particular preferences for certain staff members which was facilitated and had led to improved outcomes for the resident.

Other residents were supported to make decisions which might be deemed as unwise within the parameters of safeguarding. For example, where a resident needed restricted access to fluids due to a healthcare issue, information about the condition was made available to them, and the dangers of excess fluids were made known to them. So, while presses containing their drinks were locked, there was a clear protocol that they should be given a drink on request. This ensured informed decision making, whilst still monitoring intake so that any medical assistance required could be available in a timely manner.

One of the residents refused to take medication that was vital for their wellbeing, and while all efforts had been made to communicate the need for the medication it was still refused. The decision of the multi-disciplinary team (MDT) was to covertly administer the medication in a favourite drink, and staff waited until the resident requested the drink and the medication was administered in this way. It was clear that all alternatives to this practice had been considered, attempted and ruled out as ineffective. The inspector was satisfied that this was the least restrictive intervention available to ensure the wellbeing of the resident.

Some residents chose to smoke cigarettes, and in some cases this posed a risk of fire in the centre. One of the resident's had consented to having their cigarettes and lighter kept in the staff office, and this reduced the identified risk of them trying to light a cigarette from the stove in the kitchen. Another resident had been identified as beginning to pose a lesser risk in relation to their cigarette smoking, and this was on the agenda for the forthcoming MDT meeting with a view to reducing the restriction.

All restrictive interventions were subject to this oversight, and meetings were regular and the records of these meeting indicated that there was a detailed discussion around any interventions for each resident, with a clear goal to reducing any restrictions.

There were personal plans in place for each resident, and for some people a positive behaviour support plan. These plans outlined clear guidance to staff in both managing incidents of behaviours of concern, and in managing antecedents to reduce the risk of any incidents. For example, where a resident insisted on medical

interventions, this was managed by taking their blood pressure multiple times, so that they were reassured, and that they did not request more intrusive interventions.

Residents and staff were supported by having immediate access to members of the (MDT), and it was clear that all efforts were made to ensure only the least restrictive interventions were in use.

Oversight and the Quality Improvement arrangements

The inspector found a high level of commitment from the management team and staff towards insuring that the residents in this service were supported to be as free from restrictions as possible. This inspection found that the provider was meeting the requirements of the regulations in relation to restrictive practice and were striving to meet the associated requirements of the National Standards for Residential Services for Children and Adults with Disabilities 2013.

Prior to the inspection the provider had prepared a self-assessment questionnaire which was submitted to HIQA, and the inspector found that this self-assessment reflected the practices within the centre, and that the findings of the inspection were in accordance with this document.

Various other monitoring systems were in place in the designated centre, including audits of the care and support offered to residents. These audits included an audit of positive behaviour support offered to residents which examined practices in relation to restrictive practices.

An annual review of the care and support offered to residents had been developed as required by the regulations, and six-monthly unannounced visits on behalf of the provider had been undertaken. Both of these processes included an examination of the effectiveness of supports to residents and of the procedures in place.

There was a restrictive practices file readily available to all staff, which included policies and procedures in place to support and guide the practice of staff and management in the use of any restrictive interventions, which had been regularly reviewed, and had been updated in the light of The Assisted Decision-Making (Capacity) Act 2015. The risk management policy was also in place. A restrictive practices register was maintained in this file, and this register identified and recorded any restrictive interventions in place in the centre. There was a clear rationale for each intervention, and a detailed associated risk assessment.

Oversight of all restrictive practices was undertaken by the MDT and management team, and restrictions were kept under regular review. There was also the facility to refer restrictions to the rights committee, and this had taken place for the restriction relating to observation of a resident mentioned in the first section of this report.

Staff were in receipt of training in relation to human rights, and the person in charge and nursing staff had undertaken training relating to assisted decision making. A review of the records of staff meetings indicated that there were in depth discussions about rights and supporting residents' decision making. These issues were also discussed at residents' meetings, at which information was given to residents about the principles of human rights and choice making.

Staff were knowledgeable about the support needs of residents, and could describe any restrictive interventions and outline the rationale for each. Each member of staff and management who spoke to the inspector were clear about the importance of only using restrictions as a last resort, and only the least restrictive to manage the risk, and all spoke about the importance of choice making and the right to make decisions for residents.

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.

Appendix 1

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)	*The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.*

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)	*Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.*
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)	*Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.*
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	*Training is provided to staff to improve outcomes for children.*

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)	*Each child exercises choice and experiences care and support in everyday life.*
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	*Each child develops and maintains relationships and links with family and the community.*
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	*Each child has access to information, provided in an accessible format that takes account of their communication needs.*
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)	*Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.*
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)	*Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.*
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)	*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.*

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