



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Rí
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	16 October 2023
Centre ID:	OSV-0005446
Fieldwork ID:	MON-0040745

## 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
Monday 16 October 2023	11:15hrs to 16:30hrs	Miranda Tully

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

This inspection was an unannounced thematic inspection of this designated centre. It was intended to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical restrictions, environmental restrictions and rights restrictions. The aim of this inspection was to drive service improvement in such areas, for the benefit of residents.

The premises was a detached two-storey property with a large garden to the front. The ground floor consisted of a kitchen, living room, bathrooms and four bedrooms. An individualised space for one resident had been developed within the ground floor. The upstairs of the building consists of a kitchenette, office spaces, a fifth bedroom with an en-suite, storage rooms and a bathroom. Areas of the premises required painting and repairs as walls were marked from wear and tear, a window pane was observed to be cracked, mould was present in an en-suite bathroom and the drainage in a shower room required review. This had been identified by the provider and plans were place to complete works to the premises.

During the inspection the inspector had the opportunity to meet with the residents and staff on duty. Five residents were living in the centre at the time of inspection. The inspector had the opportunity to meet three residents over the course of the day. Residents were observed coming and going from the centre to carry out activities such as walks, shopping and attend projects which they were involved in. Residents were also observed relaxing in their home and engaging in preferred activities such as watching television programmes and engaging in sensory activities.

Not all residents used verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. However, the inspector reviewed the most recent annual review which contained feedback from residents on the quality and safety of care provided. Resident's views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. Staff were very familiar with all the residents' communication styles and communication boards and supports were evident within the centre. On speaking with staff, it was evident their focus on the area of restrictive practices was to ensure that residents views were sought on a regular basis however, resident views and their consent was not clearly documented or available on the day of the inspection.

For the most part restrictions were in place to support the residents' overall safety and well-being. For example, the use of child locks, perspex screens and vests for safety while traveling in vehicles. However, the physical environment and configuration of the centre required review to ensure accessibility and promotion of a restraint free environment. For example, one resident had a self-contained living area, this area did not include access to kitchen or laundry facilities. In addition, there were occasions when internal doors such as kitchen and dining rooms were required to be locked.

Staff on the day of inspection outlined that the premises was scheduled to have works completed to address the issues mentioned and to improve the overall accessibility and environment for the residents. Works outlined included, adapting the layout of rooms, widening doors and also adapting a self-contained living area to also include access to laundry and kitchen facilities.

During the inspection residents were observed accessing the kitchen and it was evident from communication boards and displays that residents were supported and encouraged where possible to engage activities in their home.

There was a full time person in charge in place who shared their role with one other designated centre and divided their time evenly between the two centres. The person in charge was also supported by a team leader in the centre. There was also a regional manager who had regular oversight of the service provided.

Staff had all received mandatory training with the provider in a number of key areas and appeared suitably qualified to meet the resident's needs. In addition staff had completed training regarding human rights, it was reported that this had enhanced care practices and increased staff awareness on the topic. Staffing levels in the centre ensured that residents were appropriately supported with their assessed needs at all times. Staff present on the day of inspection appeared familiar with the residents.

Where restrictions were in place and identified there were assessments in place for these and for the most part associated risk assessments had been completed. The assessment of risk required additional review as not all risks were clearly identified and the restrictive practice log required review to ensure it was reflective of all restrictions. For example, all cleaning products were stored in a lockable cupboard. On speaking with staff it was a requirement in policy to lock such products and had not taken into consideration the assessed requirement to do so. On speaking with staff, the cupboard was not locked at all times.

The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions.

## Oversight and the Quality Improvement arrangements

The provider did have systems in place for the review and monitoring of restrictive practices. These were outlined in the provider's current policy which had been reviewed and updated in 2021. In addition the provider had been developing their oversight processes and sought review from external consultants.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical, environmental and rights restrictions. These standards and the questionnaire was divided into eight specific themes. The provider completed and submitted the self-assessment for review in advance of this inspection.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge was supported in their role by a team leader. The person in charge was on leave at the time of inspection however, a manager was deputising in their absence supported by the team leader. From conversations with the manager and team leader, it was evident that they were aware of what constituted best practice and they were endeavouring to ensure it in this designated centre.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs.

The provider had ensured regular audits were taking place within the designated centre. The inspector reviewed the six monthly unannounced audits, annual review and other local audits that were completed. The most recent six monthly audit was overdue for completion with the last unannounced audit taking place in March 2023.

A new online risk management system was in the process of implementation at the time of inspection. The assessment of risk within the centre required additional review as not all risks were clearly identified and the restrictive practice log required review to ensure it was reflective of the restrictions in use. In addition, not all use of restrictive practices had been notified to the Chief Inspector as required. For example, unplanned use of physical restraint. There was evidence of good practice following the use of unplanned physical restraint with the completion of de-briefing and review of the incident to ensure learning. This included complex case management with staff and specialist supports.

A restrictive practices committee had been established and consisted of members of the senior management team, behaviour specialists and an external person. Further review was required to ensure recommendations made by the committee were

implemented consistently. For example, evidence of alternative measures and the development and implementation of protocols regarding the use of visual monitors. While speaking with staff it was evident efforts were made to trial alternatives, for example the use of black out blinds had been explored as an alternative to frosted covering. However, this had not been documented to support the successful implementation of possible alternatives.

Overall, it was evident that the provider, person in charge and staff team were committed to ensuring a good quality of life for the residents in this centre. Improvements were however required in the management of restrictive practices.

## 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

<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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