



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 23
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	14 August 2023
Centre ID:	OSV-0005843
Fieldwork ID:	MON-0040871

## 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

---

<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 14 August 2023	10:30hrs to 16:30hrs	Karen McLaughlin

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

This inspection was an unannounced thematic inspection of the designated centre. It was scheduled to assess the provider's implementation of the national standards relating to restrictive practices and to drive service improvement in this area.

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.

The designated centre is registered to accommodate up to six residents at any time, at the time of inspection there was no vacancies. While some environmental restraints were in place to support the residents' overall safety and wellbeing, the physical environment and configuration of the centre mainly supported the provision of a restraint-free environment.

On arrival to the centre, the inspector was greeted by a staff member who informed them that the person in charge was on leave. They contacted the programme manager for the centre and they made themselves available throughout the course of the inspection.

The centre comprises of a large bungalow located in South Dublin on a large campus setting operated by the provider. The location had bus routes nearby and local amenities which were within walking distance. Residents however, generally utilised the provider's own transport resources assigned for the designated centre.

The programme manager accompanied the inspector on a walk around of the centre. The centre was bright, spacious, clean and well maintained throughout. The building had a kitchen, two dining rooms, a sitting room, a sensory room, a conservatory area with a soft furnishings corner, a number of shared bathrooms, six individual bedrooms, a visitors'/family room, a staff office and ample storage space throughout.

Residents' bedrooms were decorated individually to reflect their personality and interests. There was a well-maintained enclosed garden to the rear of the centre containing with an extensive vegetable garden and green house. The garden was also used as another area where residents could relax and socialise with each other. The inspector saw, on a walk-around of the centre, that there were no locked doors or presses and there was an abundance of food choices for residents in the kitchen.

During the inspection the inspector had the opportunity to meet with the residents and staff on duty. Residents did not use 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. Residents' views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. The consensus from the review showed that residents were generally

comfortable living here and were happy with the amount of choice and control in their lives.

The inspector also asked staff how residents were supported with respect to their communication needs. Each staff member asked, said they were very familiar with the residents in this centre and are guided by the residents' body language and gestures in determining what is being communicated.

Furthermore, each resident had an up-to-date communication passport which described their communication style and supported their communication needs. Staff were also in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspector during the course of the inspection.

Staff were observed to use objects of reference to inform residents what was happening next and to support choice making. The inspector saw that there was information available to each resident to support their communication including a visual activity board and menu plans. The inspector saw staff using these visual supports with a resident to ensure that they were informed and supported to make choices.

Residents attended weekly meetings where they discussed activities, menus, the premises, and aspects of the national standards including some of the rights referred to in the standards. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. Some personal goals included wanted to participate in more activities such as going on holidays and baking.

As part of the inspection, inspector carried out observations of residents' daily routines, their engagement in activities and their interactions with staff.

Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the course of their day. Residents were observed smiling, making eye contact, gestures and verbal interactions with staff during the course of the day to express their choices and personal preferences.

On the day of the inspection, two of the residents were receiving reflexology from a local therapist, the therapist came to the centre to provide residents with this service. Another resident was getting ready to go out with staff and another resident was watching TV. A staff member informed the inspector on the walk around of the centre that one resident was getting ready to go out for coffee but indicated he had changed his mind and instead was going to have coffee in the centre.

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. They spoke nicely to residents and were observed reading to them, providing hand massages and sitting near them at times to chat or engage with them.

All staff had received training in human rights and the provider had put in place an organisational human rights committee. Furthermore, staff had training in capacity

legislation and consent. An easy-to-read charter of human rights had been developed in consultation with the provider's service user council and a specific service user working group on human rights. This charter had been reviewed in May 2023 and was in use in the designated centre.

There were some environmental restrictions implemented within the centre, which included the use of bedrails, bed bumpers and a sensor mat. The restrictive practices in use in the centre which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services.

Each of these restrictive practices had an accompanying risk assessment to substantiate and justify the rationale and risk they managed. It was also evidenced that they were implemented for the least amount of time possible and only to manage the specific risk identified. For example, doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The provider had initiatives in place to try and reduce the number of restrictions in the designated centre. For example, the provider's restrictive practice committee, which met every three months and consisted of members of the senior management team, social workers, psychologists, speech and language therapists, occupational therapists and behaviour specialists. Their role was to review referred restrictive practices and to scrutinise their purpose and rationale for their use and feedback where required.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. Where a restrictive practice was in place it was noted they had been assessed and with an accompanying risk assessment to further provide rationale for their use. For example, comprehensive bedrail risk assessments were in place which evidenced thorough reviews of these arrangements.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

Residents were observed to be supported by staff who knew them and their individual needs well. It was also clearly demonstrated that where restrictive practices were utilised in the centre, they were in place to manage an identified personal risk or assessed need for residents.

In summary, the inspectors saw that the residents in this centre were in receipt of high quality and safe care which was delivered by competent and well-informed staff. This care was effective in upholding the residents' rights and was ensuring that they were living in an environment and home that was as restraint free as possible with due regard to their health and safety and assessed needs.

## Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were striving to ensure that residents living in the designated centre were supported to live lives that were as independent and free from restrictions as much as possible.

In general, the service was promoting a restraint free environment and there were effective systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed. The person in charge had completed a self-assessment questionnaire in preparation for this thematic inspection. This self-assessment was found to be reflective of what the inspector found on inspection.

There were clear policies and procedures in place in relation to restrictive practices. Overall, the provider and person in charge promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their homes.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge worked full-time and was based in the centre. They were supported by a programme manager who in turn reported to a Director of Care. They also held monthly meetings which reviewed the quality of care in the centre.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these. Restrictive practices were considered in the provider's six-monthly unannounced visits. These visits provided good oversight to the provider of the restrictions in use in the designated centre.

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. A high staff to resident ratio was maintained in the centre, which ensured residents' specific person-centred support needs were met in line with their assessed needs.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference. Staff were found to be knowledgeable of what constituted restraint and restrictive practices. Staff were also in receipt of training in, MAPA (Management of Actual and Potential Aggression), Safeguarding, Restrictive Practices, Positive Behaviour Support and Assisted Decision Making.

The provider had recently revised the organisation's restrictive practice policy. This policy provided a comprehensive overview regarding restrictive practices. The inspector found that the provider was in the process of adopting strategies to enhance their oversight of restrictive practices.

A restrictive practices committee had been established. The committee met every three months and consisted of members of the senior management team, social workers,

psychologists, speech and language therapists, occupational therapists and behaviour specialists. The person in charge also maintained a restrictive practice log and quarterly restrictive practice reviews were also completed by the provider.

All restrictive practices were risk assessed. Residents' multidisciplinary teams were involved in the restrictive practice assessment and review process.

The inspector found that in this centre, each resident's right to autonomy, independence, privacy and dignity was promoted, while at the same time supporting their safety and wellbeing. For example, the enclosed garden at the back of the property allowed for space and privacy away from staff while considering safety and risk. The open plan nature of the communal areas of the bungalow also allowed for space and privacy in an otherwise busy household.

Overall, residents living in this designated centre were in receipt of care that was safe, person-centred and was being driven by a human rights approach.

## 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

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>

<b>Theme: Health and Wellbeing</b>	
------------------------------------	--

4.3	The health and development of each person/child is promoted.
-----	--