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:	SVC - BERA
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	12 December 2023
Centre ID:	OSV-0008121
Fieldwork ID:	MON-0041398

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
Tuesday 12 December 2023	10:30hrs to 17:00hrs	Maureen Burns Rees

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

From what the inspector observed, it was evident that residents living in the centre had a good quality of life where they were facilitated to enjoy each day to the maximum of their capacity while at the same time being protected. However, at the time of inspection there were a number of staff vacancies, which had the potential to have a negative impact in terms of consistency of care and implementation of arrangements for restrictive practices. It had been assessed that the needs of one of the residents were not being appropriately met with the layout of their current apartment. A new purpose built home had been designed and was in the process of being built for this resident within the community.

The residents living in the centre presented with complex needs. Consequently, it had been assessed and agreed by a multidisciplinary team that a number of restrictions were required to support the residents, and to ensure their safety and welfare. Restrictions in place were subject to regular review and were considered to be the least restrictive environment possible, considering the identified risks for the residents. There was evidence of reduction trials and plans for the restrictions in place.

There were plans to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". Each of the residents had been identified to transition to more suitable accommodation within the community. A defined time-line for the de-congregation of the residents had not yet been determined. A purpose built home specifically designed to meet the needs of one of the residents was in the process of being built. A discovery process had been completed with each of the other residents and their respective families to ascertain their will and preferences in relation to their future life plans as they transition to live in their own home within the community. The provider was in the process of identifying suitable accomodation for these residents within the community. The provider had a 'transforming lives' lead who was responsible for coordinating the de-congregation process and supporting staff in this process. A number of management and staff had completed enhanced quality 'good lives' training for de-congregation.

The centre comprised of six separate self contained apartments within the one building. The centre was registered to accommodate a total of six residents. There were no vacancies at the time of this inspection. Each of the residents had been living in the centre for an extended period.

The centre was found to be comfortable and accessible. Each of the apartments had a kitchen area, sitting area and separate bedroom and bathroom for the sole use of the resident living there. There were limited kitchen facilities in two of the apartments due to the assessed complex support needs of the two residents living in these apartments. The single occupancy apartments had been personalised to the individual taste of each resident. This promoted the residents' independence and dignity, and recognised their individuality and personal preference.

Four of the apartments had their own garden area and two of the apartments shared a garden space. A number of the garden spaces had planting and garden furniture for outdoor dining. A small number had minimal items in the garden as was the identified preference of the residents living there. Residents also had access to larger communal gardens within the campus itself which it was reported that residents enjoyed using for walks.

On the day of inspection, the inspector met briefly with three of the six residents living in the centre. Warm interactions between the residents and staff caring for them was observed. One of the residents was observed to enjoy a trip out with staff for a coffee. Another resident had a visit with family and meeting with their family dog which it was evident that they had really enjoyed. One of the residents had their weekly massage with an attending massage therapist. Other residents were reported to have enjoyed walks within the campus, going out for food and a shopping trip.

One of the residents met with, told the inspector that they were happy living in the centre and that staff were 'good' to them. A number of the residents were unable to tell the inspector their views of the service but appeared in good form and comfortable in the company of staff. Staff reported to the inspector that they felt the residents were happy living in the centre and that staff had a close relationship with each of the residents. The inspector did not have an opportunity to meet with the families of any of the residents but it was reported that they were happy with the care and support provided in the centre.

There was an atmosphere of friendliness in the centre. A number of the residents chose to have minimal items in their apartment. Other residents had personalised their spaces with some soft furnishings and pictures of their families and friends. A number of the residents had put up their Christmas decorations which provided a festive feel to their apartment.

Residents and their representatives were consulted and communicated with, about the environment and restrictions in place and their review. It was noted that a number of restrictions had been reduced and or removed in the preceding period in consultation with the residents and their families. For example, locks on some internal doors had been removed and other resident had been provided full access to their kitchen. There was evidence of consultation with the residents in relation to their needs, preferences and choices regarding restrictive practices in the centre.

Residents rights in relation to the use of restrictive practices were being upheld in the centre. While retrictive practices were deemed necessary, it was considered that these were being implemented in a way that did not unduely compromise the dignity and quality of life of the individual resident. It was observed that staff treated residents with dignity and respect and that their privacy was respected. Residents were supported to develop an awareness of restrictive practices through regular key working meetings. They were provided with information about restrictive practices in an accessible format which was appropriate to their communication needs and preferences. There was minimal impact of specific restrictions for other residents as each resident had their own individual apartment. Human rights assessments were completed for each resident to ascertain the impact of any restrictions in their own

apartment on their rights. It was noted that restrictive practices in place were discussed as part of resident's individual annual reviews with family members present.

Staff were observed to interact with residents in a caring and respectful manner. For example, staff were observed to knock and seek a residents permission before entering their apartment and staff were observed to support a resident with personal hygiene after eating in a kind and respectful manner.

The residents' were actively supported and encouraged to maintain connections with their friends and families without unnecesary restrictions. This included video and voice call and visits to the centre and to their family homes. There were no unnecessary restrictions on visits in the centre.

The residents were supported to engage in meaningful activities in the centre, which were not subject to unnecessary restrictions. Through key working meetings and resident house meetings, residents' will and preference were ascertained regarding their day-to-day lives, links with the community and activities that they wanted to undertake. There was evidence that positive risk taking was supported in facilitating residents' choices and preferences in a non restrictive manner. A number of the residents were engaged in minimal activities as had been assessed as their choice and suitable for their assessed needs.

Some residents were reluctant to engage in many activities. None of the residents had a formal day service programme. However, a dedicated staff member was allocated to work with each of the residents daily who engaged in individualised activities with them. Following a staffing needs review within the previous 12 month period, a new position was identified and put in place for a staffing position during the day. This staff member provided additional support for individual residents to engage in activities within the community. Examples of activities engaged in by the residents included, Jigsaws and board games, walks to local scenic areas, arts and crafts, listening to music, trips using public transport, shopping and meals out, shows and music festivals and massage therapy. There was a gym and a swimming pool located on the campus which it was reported that a number of the residents enjoyed using on occassions. There was also a horticulturist working on the campus and residents had access to a weekly session to work with them. One of the residents had their own vehicle which could be used by staff to support this resident to access activities within the community. The centre also had its own vehicle which was used by the residents to access activities within the community.

Staff met with, had a good knowledge of what constitutes a restrictive practice and of the restrictive practices which had been assessed as required in the centre. Staff spoke of evidence to support the use of specific restrictive practices following assessment of the support needs of individual residents. Staff were concious of the risks involved and the impact that the use of restrictive practices had on an individual resident's rights and liberty. All restictive practies used were subject to regular review with the purpose to reduce or eliminate where possible their use. There were detailed behaviour support plans in place to provide guidance and direct staff regarding supporting residents and the use of restrictive practices.

Oversight and the Quality Improvement arrangements

The provider and staff made every effort to promote an environment that had the least possible restrictions so as to maximise residents' independence and autonomy. However, there were a number of staff vacancies at the time of inspection which had the potential to negatively impact consistency of care and restrictive practice arrangements. The assessment of one of the residents had identified that their apartment layout did not fully meet their needs. Plans were being progressed to build a new dwelling for this resident within the community.

The centre was managed by a suitably qualified and experienced person. The person in charge was on planned leave on the day of this inspection. The inspection was facilitated by the clinical nurse manager (CNM1). The person in charge was spoken with on the phone on the day of inspection. The person in charge was a registered nurse in intellectual disabilities and held a degree in intellectual disability nursing studies. She had more than six years management experience and presented with a good knowledge of the support requirements for each of the residents and of the regulatory requirements. She was in a full time position and was not responsible for any other designated centre. There were regular staff meetings and all restrictive practices were discussed at these meetings.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the clinical nurse manager, grade 3(CNM3), who in turn reported to the service manager. The person in charge and CNM3 held formal meetings on a regular basis and reviewed restrictive practices as part of these meetings.

The appropriate governance and management systems in place ensured that restrictive practices were accurately recorded, monitored and regularly reviewed with the aim of reducing and or eliminating restrictive practices where possible. The CNM3 completed six monthly unannounced visits which included information on all restrictions used in the centre in that period. The person in charge and CNM3 reviewed all incidents relating to RPs. There was a humans rights committee which met on a regular basis. The provider had a human rights officer in place for advice and support. The multidisciplinary team held regular meetings to review all restrictive practices. Their objective was to have oversight of the appropriateness of all restrictive practices in use in the centre.

At the time of inspection, the full complement of staff were not in place. There were two and a half whole time equivalent staff vacancies. Recruitment for these positions was underway and reportedly in the final stages for two of the positions. The vacancies were being covered by a small number of regular relief and agency staff. This provided some consistency of care but there remained the potential for a negative impact in terms of consistency of care and implementation of arrangements for restrictive practices.

All staff had received appropriate training specific to residents' need. Training provided included safeguarding and managing challenging behaviour. The provider had developed a training programme specific for restrictive practices which focused on reducing or eliminating restrictive practices. However, only a small number of the staff team had completed that training at the time of inspection. Suitable staff supervision arrangements were in place to ensure that staff used the least possible restrictive practices for the shortest duration, in accordance with best practice.

There were policies and procedures in place for restrictive practices which were in line with national policy and legislative requirements. The centre's statement of purpose had recently been reviewed and outlined the specific needs that could be met in the centre and the admission criteria. Staff resource and support requirements were determined for each resident based on an assessment of their needs. Each of the residents' needs were assessed from a rights perspective as well as a safety perspective.

Records were accurately maintained of all restrictive practices in use. This meant that the provider could identify notable features or trends. This provided assurances that restrictive practices were being used in accordance with how they were prescribed and provided opportunities to reduce of remove restrictive practices were possible. There was a restrictive practices register in place which was subject to regular reviews. All restrictive practices were agreed and signed off by the individual and their families. All restrictive practices were reviewed with a team approach on a regular basis and at a minimum of a six monthly period.

All restrictive practices in use in the centre had been identified and appropriately assessed. These assessments considered the specific circumstance for their use, the appropriateness of the restriction being used, the identified risk and if a less restrictive measure was possible. There was evidence that advice would routinely be sought from the provider's clinical nurse specialist in behaviour support on alternative strategies to ensure the least possible restriction was put in place. It was noted that in the preceding period a number of restrictions had been reduced or removed in the centre. For example, removal of swipe locks from some doors to increase individual residents independent access to areas. A new kitchen had been designed and installed in one apartment to enhance skill development and independent access for the resident living in that apartment. A garden had been upgraded to allow unrestricted access for the resident living there. Improved windows and glazing had been put in place in a number of areas which removed the need for protective screens in most areas. There was evidence of previous unsuccessful trials and reduction plans for other restrictions. These trials were considered to have caused residents' distress and to have negatively impacted upon aspects of their daily lives. Other reduction trials were ongoing and subject to regular review.

A number of the residents presented with complex behaviours which could be difficult for staff to manage. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in supporting the resident and aimed at reducing restrictive practices in place. The residents and staff team had access to support from a psychologist and a clinical nurse specialist in positive behaviour support.

There were measures in place to protect the residents from being harmed or suffering from abuse. All safeguarding incidents had been appropriately responded to. The provider had a safeguarding policy in place and a staff member spoken with was aware of safeguarding procedures. The person in charge and staff were aware of the safeguarding risks inherent in using restrictive practices and made every effort to promote the least restrictive environment possible. It was considered that the restrictions in place did not unduely impact on residents' physical behavioural and psychological well being.

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.

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.