



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

## Issued by the Chief Inspector

Name of designated centre:	DC1 - Praxis Care 1 (Navan)
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	05 February 2020
Centre ID:	OSV-0001907
Fieldwork ID:	MON-0028267

## 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	Inspector of Social Services
Wednesday 5 February 2020	Andrew Mooney

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

During the day of inspection, the inspector met and spoke with 11 residents living across the two separate parts of the centre. From speaking with residents and from what the inspector observed over the course of the day, it was clear that residents were happy in their home. Residents appeared comfortable with the people they lived with and were comfortable in the company of staff.

The designated centre comprises of two, two story bungalows a short walk from each other. The bungalows are situated a short drive from a large town in County Meath. It provides full time care and support for up to 11 adult residents diagnosed with an intellectual disability. Each bungalow was homely and comfortable and each of the residents had their own bedroom which was decorated in line with their wishes. There was adequate communal space in both bungalows with kitchen-dinners and separate large living rooms in each bungalow. In general the centre was well maintained and had been designed to meet the needs of residents. Residents had access to a number of vehicles to access their local community and leisure activities.

During the walk around of the centre the inspector noted most food within one bungalow was stored and locked in a utility room. While this was to negate a risk associated with a residents assessed needs, it adversely impacted all residents' normal access to food within the centre. The inspector did observe a limited amount of snacks available within the centre but these were not adequate to constitute appropriate access to food. These restrictions maintained the safety of residents but did not promote a restraint free environment. The culture within the centre was one that emphasised keeping residents safe but this at times led to risk adverse practices. As a result the provider did need to further develop its awareness and knowledge on how to devise and implement restraint reduction plans.

There were a number of environmental restrictions within the centre, which included exit doors and windows being alarmed. While these restrictions were in place to meet the assessed needs of a small number of residents, it adversely impacted all residents within the centre. The inspector noted that throughout the day alarms frequently sounded and this adversely impacted the homeliness of the centre. A further review of these measures and implementing a strategy to reduce the impact of these restrictions upon residents would enhance the quality of life of residents.

The inspector found staff to be knowledgeable regarding restrictive practice. Staffing support was provided 24 hours a day, seven days a week by care staff. However, at points during the day staffing levels were reduced and staffing arrangements were staggered. It was unclear if staffing arrangements were sufficient during these staggered times and this appeared to contribute to the necessity of using some of the above mentioned restrictions.

The inspector observed some very good examples where informed consent was established regarding the implementation of rights restrictions. This included a resident's restricted access to cigarettes. The provider recognised the residents will and preference on this matter and balanced this with the residents' health concerns.

The resident was supported to access all appropriate medical advice on smoking and devised a health strategy in conjunction with the provider. The resident agreed to restricted access to cigarettes and a smoking schedule. After speaking with the resident, the inspector noted the residents' willingness to engage with the support plan. It was clear that informed consent had been received by the provider to implement this restriction. Furthermore, the resident and staff understood that the resident could opt out of the support plan, if they so wished.

There was a calm atmosphere in the centre on the morning of inspection and pleasant interactions, between staff and residents, were observed. Staff members were observed assisting residents with their lunch in a supportive and dignified manner. A staff member who met with the inspector explained how residents communicated their preferences. Staff members were observed to be able to actively communicate with residents and appeared to have a good understanding of resident's individual communication needs.

Residents appeared very comfortable in the company of staff and told the inspector that staff were very kind and supported them well. In the evening the inspector observed residents engaging in table top games in their kitchen and relaxing in communal areas. It was clear to the inspector that this was a common occurrence and residents appeared comfortable and at ease in their home.

Residents were engaged in monthly forum meetings where a variety of topics including respect, safeguarding and complaints were discussed. Residents were given the opportunity to raise concerns, which could include concerns relating to restrictions. Having reviewed documentation and having spoken to residents the inspector did not identify any complaints in relation to restrictions.

The inspector noted that the provider had facilitated an independent advocate to meet residents and explain the supports available through their advocacy service. The inspector also observed that advocacy details were readily available in the centre. This illustrated that the provider was committed to supporting residents and respected their will and preference.

## Oversight and the Quality Improvement arrangements

Residents received a good, safe service but their quality of life would be enhanced by improvements in the oversight of some restrictive practices. This included the clear assessment of restrictions and where appropriate the development of restrictive practice reduction plans.

The provider had a policy in place to guide staff in the identification, use and review of restrictive practice. This policy was found to be in keeping with national guidance and evidence based practice.

Prior to the inspection, the provider had completed and returned a restrictive practice self-assessed questionnaire (SAQ). The inspector reviewed this document and found that the response was well considered. Broadly speaking the inspection process verified the responses documented within the SAQ.

The oversight of restrictive practices within the centre included the review of restrictions by the person in charge, the assistant director and the director of care. However, the inspector found that the providers approach to individualising restrictions to ensure they didn't adversely impact others required improvement. The provider had recently commenced a Human Rights Committee. However, this oversight arrangement had only met once and was in the early stages of its formation. The inspector noted this as a positive development and one that could enhance the current governance arrangements in place.

The inspector met with and spoke to a number of staff and found them to be very knowledgeable regarding restrictive practices. Staff were very clear on how each agreed restrictions should be implemented and were also clear on when not to use them. The inspector found staff to be knowledgeable about residents' needs and the agreed supports that were in place. All staff received positive behaviour support and restrictive practice training. While there was adequate numbers of staff it was unclear if the current shift patterns promoted a restraint free environment. The staggered nature of staff deployment required review to ensure it wasn't negatively contributing to the use of some 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.

<b>Substantially Compliant</b>	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>	
------------------------------------	--

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