



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

Name of designated centre:	Sunbeam Lodge
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	03 September 2019
Centre ID:	OSV-0001932
Fieldwork ID:	MON-0027470

## 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
03 September 2019	Catherine Glynn

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

This designated centre is a bungalow located on the outskirts of a large town in County Leitrim. The centre can provide full-time residential care to a maximum of two residents and two residents on shared care placements. Services are provided to both male and female adults who have a diagnosis of a mild to moderate intellectual disability with or without autism. The aim of the service, as set out by the statement of purpose, is to provide individualised care and support; ensuring a positive experience for residents. This was evident by observations made by the inspector and discussions with staff on the day of the inspection.

The centre is adjacent to a busy road, located near bus routes and local amenities which are in walking distance. Residents also avail of transport which is provided by North West Parents and Friends Association, the provider. Individuals are supported and encouraged to participate in household, social and leisure activities. There is a large garden area to the front and secure area to the rear of the property which residents can easily access if they choose to. The residents have access to all communal living room areas in the designated centre. The bedrooms are decorated to reflect the personal choice and interests of residents. Vehicle access is available at all times.

On arrival the inspector was warmly greeted by some of the residents and staff. Residents were relaxing in their sitting room before they began their activities for the day. The inspector was invited to visit some of the residents' bedrooms. Residents present in the centre on the day of inspections did not communicate verbally but used gestures, facial expressions and objects of reference to communicate. Residents were observed to be relaxed and comfortable with staff on the day of inspection, and were supported with their needs as identified in the personal plan. The inspector interacted with residents during the inspection and found that they indicated they were happy with the service they receive through facial expressions.

The inspector observed residents' daily routines, their engagement in activities and their interactions with staff and their peers throughout the course of the inspection.

Overall, it was demonstrated residents received a good standard of support and person-centred care. It was noted residents living in this centre had a number of personal, risk, health and personal care support needs which required comprehensive management and staff support on an on-going basis.

The person in charge and the staff team were supporting residents to engage in meaningful activities both in the designated centre and in the community. Residents were observed smiling, making eye contact, and gestures with staff during the course of the inspection to express their choices and personal preferences. Each resident had a communication support plan in place which set out their individual communication styles. Some observations of choice making during the inspection included showing residents different types of drink and allowing them time to choose. Residents were consulted and supported to engage in weekly meetings. All staff spoken with were also observed to have a good understanding of each residents' communication style

and were familiar with their repertoire. This meant they were able to gather feedback from all residents' responses and communication styles. Staff also used objects of reference, spoken word and pictures to facilitate choice and as much interaction from residents as possible.

Staff in the centre demonstrated an awareness of what constitutes a restrictive practice and of the need to reduce or eliminate them in order to enhance the quality of residents' lives. Some restrictive practices were however deemed necessary in this centre. These practices related to the use of bed rails, some restricted access to the kitchen, locked presses, the use of a specific type of window blind and the use of a listening monitor.

Where bed rails were recommended this was as a result of appropriate assessment and recommendation by a multi-disciplinary team (MDT). Care plans were in place to guide the use of this restrictive practice and recorded residents' preferences as appropriate. These care plans were reviewed on a regular basis with a focus on elimination of the restrictive practice or trialling the least restrictive alternative. However, where residents had capacity to agree to the use of bedrails their files did not contain the relevant consent form giving permission for their use. This was an identified area for improvement and the provider had incorporated this into their quality enhancement plan to ensure consent from residents' or their representatives was formally obtained and recorded.

The person in charge and staff outlined that while there were locked presses in the kitchen and sitting room this was in relation to health and safety reasons, such as electrical cables and limiting access to cleaning chemicals. This did not impact on residents and they were supported to access these areas if they chose to. While it was identified that the kitchen door could be locked during the cooking of meals for safety reasons, records showed that this was not a frequent practice. This practice was recorded once in the last year as staff said it had not been necessary to close the kitchen. The person in charge said that this practice and the necessity for its use were under review.

The inspector observed a listening monitor to alert staff in the event of one resident experiencing a seizure while they were resting. This was assessed as being required to reduce the risk of injury and to assist with providing support in the least restrictive manner. Risk assessments and care plans were in place and evaluated as scheduled, however, there was an absence of recorded consent for its use. Specialised blinds were in place for another resident due to their assessed needs and preferences. These blinds limited the provision of natural light during the day for one resident. The provider had identified this as a potential restrictive practice and was awaiting recommendations from a company regarding alternative blinds.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that residents lived in a welcoming homely environment which used some restrictive practices to keep residents safe. There was room for the provider to improve its oversight of these restrictive practices to ensure that they were regularly reviewed, still necessary and based on consent.

The person in charge and staff outlined the rationale for the restrictive practices in the centre including those which were specific to individual residents. The inspector observed a positive culture within the designated centre and the staff team were effective in maximising residents' choices and autonomy.

The provider's policy required all restrictive interventions to be recorded within the designated centre. This log had recently commenced and the person in charge confirmed that this would be audited on a monthly basis and reviewed with the aim to reduce practices in place, further. The inspector was advised that following completion of the self-assessment questionnaire by the staff team in advance of this inspection, staff were more aware on restrictive practices and the importance of monitoring and reviewing with the aim of reduction or removal. In addition the provider had ensured that all staff had received training in restrictive practices, this ensured staff were guided in their practice. Restrictive practice was also now added to the agenda for monthly meetings to ensure open discussion was taking place and learning about how to reduce or eliminate the need for restraint.

Staff were also afforded comprehensive certified training in positive behaviour support. It was noted that all working in this centre on a long term basis had received this training. In addition, it was noted that staff had received up-to-date safeguarding vulnerable adults training.

The provider had ensured, in the main that appropriate staffing resources were available to residents. It had been identified by the person in charge that some residents required additional staffing support hours during the week to support their daily activity programme and to promote a meaningful day for them.

The person in charge had applied for additional staffing support arrangements in this regard and documentary evidence was available to demonstrate how they had assessed this support requirement and made representation for this. In the interim, staffing resources were arranged to support residents as much as possible each day and on review of daily activity notes it was shown they engaged in meaningful activities most days with choice of what to do respected and supported appropriately.

During the inspection, the inspector did not see evidence of regular reviews of restrictive practices in the designated centre as the recording log had been commenced prior to the inspection. The provider acknowledged that this was a gap in their practices which was recognised on completion of the self-assessment questionnaire. In addition, the provider did not have a rights restriction committee or similar mechanism for multi-disciplinary review of restrictive practices, however, referrals and reviews are completed by the local management team of the centre.

This included; the services manager, and the area manager. The provider had commenced a quality enhancement plan to ensure that a comprehensive review was commenced and monitored for the designated centre.

## 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>	
------------------------------------	--

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