



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

## Issued by the Chief Inspector

Name of designated centre:	North Circular Road
Name of provider:	Gheel Autism Services CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0002022
Fieldwork ID:	MON-0040197

## 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
Wednesday 12 July 2023	09:50hrs to 17:20hrs	Jennifer Deasy
Wednesday 12 July 2023	09:50hrs to 17:20hrs	Kieran McCullagh

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

This inspection was an unannounced thematic inspection. It was scheduled to review the provider's implementation of the National Standards for Residential Services for Children and Adults with Disabilities. This inspection focused specifically on those standards relating to restrictive practices. The purpose of the inspection was to support the provider in driving quality improvement in the management of restrictive practices in the designated centre.

This designated centre comprised of two semi-detached houses located beside each other close to Dublin City Centre. Each house was home to four residents. There were no residential vacancies in the centre at the time of inspection.

Inspectors had the opportunity to meet with many of the residents. Some residents engaged with the inspectors and informed them of their hobbies and their areas of interest. Most residents greeted the inspectors and then continued with their chosen activities as was their choice. The inspectors saw that residents appeared to be relaxed and comfortable in their home and that there were sufficient staff on duty to support the residents with their individualised activities that day.

Three residents from the first house were relaxing in their sitting room when the inspectors arrived. One of the residents was seen to be wrapped in a blanket on the couch and appeared very comfortable. Another resident joined one of the inspectors at the kitchen table and greeted them. A third resident spoke to the inspectors about their clothes and jewellery. This resident told the inspectors that the house and the staff were good.

This house was observed to be very clean and well-maintained. It had recently been fitted with new flooring. The inspectors saw that that the house was decorated with resident photographs and that it was warm, homely and welcoming.

Two residents in this house shared a bedroom and had done so for many years. The inspectors were told that the provider had identified this as a rights' restriction and was exploring options to address this issue. Other residents in the house had their own bedrooms and the inspectors saw that there was sufficient communal space to allow residents to be on their own if they wished.

The inspectors observed that staff members communicated with and about the residents in a respectful manner. Staff handovers and discussions regarding residents were completed in a separate room in order to maintain residents' privacy. Staff communicated with residents about the plans for the day and offered residents choices of activities. Some residents expressed that they wished to change their plans and this choice was respected and facilitated.

Residents in these houses were well-connected with their local community and chose to engage in many activities in the community. Some residents accessed the

community independently while others did so with staff support. A staff member described the recent achievements of one resident who had been supported to develop skills to travel to their local shop independently.

Residents in the second house were observed to be engaging in their preferred activities when the inspectors arrived. Two residents were using outdoor activity rooms to listen to music and to paint. The inspectors saw that residents had access to the equipment and materials required to engage in these activities. Other residents in the second house were observed to freely access and use their laptops or phones. There were no limits or restrictions on residents' access to the internet or smart phone applications.

Staff members in this house showed the inspectors the weekly planning meeting records. Staff described how residents were supported on an individual basis to plan their activities for the week. Some residents preferred to plan on a day-by-day basis and this was facilitated. Residents also had access to visual supports and equipment such as visual timers to support them in making decisions and understanding the timing of events.

A visual roster was in place to show residents which staff were on duty that day. Residents were seen to be familiar with staff members and knew them well. Some residents had communication support needs and used augmentative or alternative communication modes including sign language and pictures communication symbols. Staff members were seen to be knowledgeable and familiar with these systems.

Records of the residents' "voices and choices" meetings were maintained. These showed that residents were supported to understand and discuss topics including their rights and the complaints procedure. Inspectors saw that there was accessible information throughout the designated centre informing residents of their rights and of the complaints procedure.

Inspectors completed a walk-around of the second house. This house was also well-maintained and homely. There was sufficient private space for residents as well as sufficient communal space. All residents in this house had their own bedrooms. These were seen to be decorated in line with residents' individual preferences. Inspectors identified, on the walk-around some restrictive practices which had not been logged as such by the provider. These included a locked door and window restrictors. These will be discussed further in the next section of the report.

Overall, inspectors saw that residents in this designated centre were in receipt of individualised, person-centred care. Residents were seen to be supported by staff who knew them and their individual needs well. Staff members were seen to be supportive and facilitated residents' autonomy and decision-making in relation to their everyday lives. Inspectors saw that rights was discussed as a topic and that residents were informed about their rights in general in an accessible manner.

## Oversight and the Quality Improvement arrangements

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. Staff members were informed regarding the oversight arrangements and quickly made contact with the senior management team who attended the centre to support the inspection.

The inspectors found that the provider was in the process of adopting strategies to enhance their oversight of restrictive practices. A restrictive practices committee had been recently established. The first committee meeting was scheduled to occur the month following the inspection. The provider also had plans in place to establish a rights committee.

The provider had reviewed and updated their restrictive practices policy. A revised policy had been recently published. The inspectors reviewed this policy and saw that it was detailed and comprehensive. It set out clear definitions of restrictive practices and provided detail on the process by which restrictive practices would be monitored and reviewed by the provider.

The centre was adequately resourced to support the effective delivery of care in a person-centred manner. Inspectors saw that there were sufficient staff to support residents with their preferred individual activities. Staff spoken with were informed regarding restrictive practices. Staff had received training in relevant areas including autism awareness training and behaviour support training. This training was delivered in two modules. The first module covered general behaviour support training and a second, site-specific module was also completed in order to support staff in responding to behaviour that challenges in the designated centre.

The provider had set out in their policy, and through their self-assessment questionnaire, that they endeavoured to promote a restraint free environment and a culture that was upholding residents' human rights. Staff members told the inspectors that they upheld this culture by ensuring a low arousal approach was implemented and by ensuring that residents were consulted with regarding their individualised care and support.

A restrictive practices register was maintained for the centre. This was reviewed regularly. The inspectors were informed that one long-standing restrictive practice relating to the locking of a door was under review at the time of inspection. The door was required to be locked due to the assessed needs of one resident. However, the provider had identified that this restrictive practice was impacting on the rights of other residents. The provider had identified an alternative option which would reduce the impact of this restriction on other residents. The provider was in the process of exploring this option at the time of inspection.

The inspectors saw, through a walk-around of the centre, and a review of some residents' care plans that there were some restrictive practices which had not been identified as such. These included some locked doors, a clothing garment required to

be worn by one resident to maintain their dignity in certain settings and a seat belt restraint for transport. Through discussion with the person in charge and location managers, it was established that some of these restrictive practices should be added to the centre's restrictive practices register.

The inspectors also saw that one care plan required review to ensure that it was sufficiently detailed regarding when two restrictive practices should be used. The inspectors saw that a care plan set out that a mechanical restraint was required for one resident for safety when travelling in the car. However, inspectors were told that this was no longer in use. The care plan had not been updated to reflect this and the restrictive practice had not been logged on the restrictive practices register to support oversight of it.

Additionally, the care plan set out that a resident was required to wear a particular item of clothing when in the community to maintain their dignity. However, inspectors were informed that this item of clothing was only required in one particular setting. The care plan required updating to reflect this. The restrictive practices register also required updating to ensure that there was regular review and oversight of this practice.

Other care plans reviewed by the inspectors were sufficiently detailed and clearly set out the supports required to enable residents to maximise their personal development and quality of life.

Inspectors were informed that some residents accessed advocacy services to support them in making decisions and expressing their preferences regarding their living arrangements. The provider had supported the two residents who shared a bedroom to engage in advocacy services. This was ongoing at the time of inspection. The provider had identified that the shared bedroom constituted a rights restriction and was actively attempting to address this issue at the time of inspection.

Some residents in one of the houses were impacted by restrictive practices required to meet the assessed needs of one resident. The provider had implemented strategies in order to mitigate against the impact of the restrictive practices on all residents. The inspectors were told that residents were informed of the rationale for the restrictive practices however this was not documented to show that it had been completed in a manner that was suitable to support the residents' communication needs.

Additionally, there was no evidence that the person for whom the restrictive practices were required had been consulted regarding these and had given their consent for them. The provider had self-identified through their self-assessment questionnaire that improvements were required in this area. The provider set out that a restrictive practice consent form was being enhanced to ensure that it was easy-to-read and suitable to meet residents' communication needs.

Overall, the inspectors saw that residents in this centre were in receipt of care that was safe, person-centred and was being driven by a human rights approach. The provider had recently reviewed their restrictive practices policy and was in the process of enhancing their arrangements to support oversight of restrictive practices.

The inspectors found that there were some areas for improvement to ensure that there was full compliance with the standards. These areas included ensuring that all restrictive practices were logged on the centre's register, enhancing the detail in one care plan regarding restrictive practices and, informing residents of and establishing their consent to the use of restrictive practices in their home.

## 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.
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### 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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