



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

Name of designated centre:	Silverpine House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	09 October 2019
Centre ID:	OSV-0002038
Fieldwork ID:	MON-0027554

## 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	Inspector of Social Services
09 October 2019	Ann-Marie O'Neill

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

Silverpine House is a children's respite service operated by Enable Ireland Disability Services Limited. This respite house is located in an estate in the suburbs of a town in North Co. Wickow.

The designated centre provides planned short-term respite services to children/young people with a disability. Children availing of the service are between the ages of eight to 18 years of age. The centre has capacity to accommodate up to five children at a time in the house.

The centre is a detached single story building which consists of a kitchen/dining room, sitting room, a games room, a sensory room, a number of shared bathrooms, five individual bedrooms and an office. There is a well maintained enclosed garden to the rear of the centre containing suitable play equipment including a swing, roundabout and activity centre. The entrance to the premises was accessible for wheelchair or mobility aid users.

On approach to the centre it was evident this was a child friendly service. The inspector observed Halloween decorations were hung outside and on the windows facing to the front of the centre. It was also noted some property works were underway at the time of inspection.

The inspector met with the person in charge and members of the staff team at the start of the inspection. On the day of inspection two children were due to stay the night and they were at school when the inspection started. The person in charge brought the inspector around the centre and showed the inspector the different facilities and rooms available to children to use during their respite break. First impressions of the centre were that it was a pleasant, child/young person friendly environment which was bright, well ventilated, spacious, clean and well maintained throughout.

As noted, some premises improvement works were underway. As a result of these necessary works the games room was not accessible for children to use. The person in charge had changed a very large bedroom into an alternative games and recreational space for children to use. This room was equipped with games, a large table, arts and crafts equipment, a TV, games console and a storage unit for play equipment. This was a considered and practical solution, implemented by the person in charge to ensure children's respite breaks were still enjoyable and fun while the property was undergoing necessary maintenance works.

Each bedroom was individually decorated with a specific themed wallpaper and bed linen. One room was referred to as the Paris Room. Themed wallpaper on one wall of the bedroom showed pictures of the Eiffel tower and French designs, duvets and pillows on the bed also reflected this design with a pleasant motif on another wall in the bedroom also in line with the same theme. Other bedrooms were referred to as the graffiti room, action hero room, for example each with a themed wall paper. Children could pick the room they wished to stay in during their stay with many of

them choosing the graffiti room because of the 'cool' wallpaper in that particular room.

Throughout the centre was nicely decorated and had a homely feel. The living room space was bright, spacious with comfortable armchairs and couch, wooden flooring and a large TV. The centre had been decorated for Halloween throughout, with a Halloween themed table mats and table cloth also. A transport vehicle was assigned to the designated centre which ensured children could engage in activities in the local town, the wider community and go on shopping trips and excursions to Dublin or within County Wicklow, for example during their respite breaks.

The kitchen/dining room space was modern, large and spacious with accessibility accommodations made so that wheelchair users could use the table and participate in preparing meals, for example. Children were also afforded a very large, well equipped bathroom. The person in charge informed the inspector that there were plans to change the bath in the centre. They had researched different types of baths which could provide children with a sensory based bathing experience which they knew some children would really enjoy using during their respite stay.

A number of mechanical restrictive practices were implemented in the centre. These included the use of lap-belts, bed-rails, bed-bumpers, chest harnesses, a Bungee-cuff (a cuff with an elastic attachment which allows a resident to move their arm but not the extent it can make contact with their face in order to prevent self-injurious behaviour) and various sleep systems.

The inspector reviewed a sample of personal plans, allied professional recommendations and the person in charge's oversight arrangements for the use of these restrictive practices. It was demonstrated, in the sample reviewed, that these mechanical restraints had been recommended and were required for postural management, specific personal safety needs for residents and in some instances, to ensure children's sleep requirements were managed during their stay.

Bed-rail assessments were in place and were comprehensively reviewed to ensure any associated risk with their use was managed and mitigated. Associated risk assessments for the use of restrictions were also in place and formed part of an overall risk assessment profile for each child that utilised this respite service.

Residents' communication needs were well met in this centre which ensured their rights to make choices and provide feedback was supported and promoted. Some children or young people used communication devices. In other instances children used lámh (sign language). The inspector observed pictorial Lámh signs in parts of the centre. Pictures were also used to inform children what staff were on duty during the day and at night-time.

Towards the afternoon residents arrived home from school. The inspector gave them time to settle themselves after arriving home before greeting them and sitting at the table in the dining room to hear how their day was and to have a chat. Both residents chatted with staff as they arrived to the centre and put away their jackets and school bags. They knew each other from school and got along well with each other.

They told the inspector they liked coming to the centre they said it was a nice place. One resident had made a cake during school and each resident sat at the table and had a slice of cake and a glass of squash as was their choice. They spoke to the inspector about their upcoming plans for Halloween and mentioned their costume choices. One resident spoke about their plans for that evening which was to buy a present for their sibling as it was their birthday. They discussed this also with staff who were also present. Some residents liked arts and crafts and had planned to maybe buy some materials during the shopping trip that afternoon.

Overall, it clearly demonstrated a child/young person focused service was being provided in this designated centre. Children and young people were supported to have pleasant positive respite breaks with peers of similar age group with a focus on peer compatibility taken into account as part of respite planning. It was also clearly demonstrated where restrictive practices were utilised in the centre they were in place to manage an identified personal risk or assessed need for residents. A positive approach to promoting the rights and choices of children and young people was also evident.

## Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were providing a restraint free environment for children and young adults that used this respite service. It was clear from this inspection that children's rights to their own autonomy and choice were valued and promoted as much as possible. In addition, every effort was made to ensure parental and guardian feedback was taken into consideration as part of each child and young persons' care and support during their stay.

Prior to the inspection, the person in charge had completed and returned a restrictive practice self-assessed questionnaire. The inspector reviewed this document and found that the policies and practices outlined within the document were consistent with what the inspector observed during the inspection. It was noted the provider had reviewed their restrictive practice policy and made revisions to enhance its guidance for staff to ensure it was in line with best practice.

The provider had also recognised the need for a Human Rights Committee and had made steps towards the creation of this committee. It was noted this enhanced rights restriction arrangement was in its early stages and restrictive practices implemented in this designated centre had not been referred or reviewed by this committee at the time of inspection. However, the inspector recognised the formation of such an oversight arrangement as evidence of the provider's commitment towards improved restrictive practice oversight and the upholding of the rights of residents.

The person in charge had created an oversight management tool to track and monitor the use of restrictive practices in the centre. The inspector discussed this audit process with the person in charge and further with the person participating in management at the end of the inspection during the feedback meeting.

As part of this discussion the inspector outlined where some enhancements to the audit tool could be introduced which could result in a comprehensive restrictive practice register being in place. Following the inspection, the person in charge submitted to the inspector an example of an improved audit tool they had devised as a result of the inspection which demonstrated an enhanced quality oversight arrangement. This demonstrated the person in charge and provider's commitment towards better quality standards in relation to the management of restrictive practices.

The centre was well resourced with adequate staffing arrangements in place to facilitate and support residents during the day and night. The inspector met with and spoke to staff working in the centre on the day of inspection and found them to be knowledgeable regarding the appropriate use of restrictive practices and the

personalities and assessed needs of children and young people attending the service. Staff were clear on how each agreed restriction should be implemented. All staff had received training in relation to behaviours that challenge and de-escalation.

In addition, a recent change in staffing resource allocation at night time had reduced and eliminated the use of some rights restrictions. Previously, baby monitors had been utilised at night time for some children during their stay so as to alert sleep over staff if they needed support during the night, for example. Staff arrangements at night time had changed to waking night staff. As a result the use of baby monitors had been discontinued as they were no longer required.

Where required, behaviour support plans were in place. These plans focused on proactive strategies and de-escalation techniques to mitigate and prevent the likelihood of behaviours that challenge occurring in the first instance and a proactive approach to be implemented by staff should they occur.

## 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

<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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