



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

Name of designated centre:	Manderely Lodge
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	07 October 2019
Centre ID:	OSV-0002445
Fieldwork ID:	MON-0027401

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 environmental¹ 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	Inspector of Social Services
07 October 2019	Michael Keating

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

Overall it was clear that residents enjoyed a good quality of life where they were facilitated to lead active lifestyles to the maximum of their capacity while at the same time being protected. Residents were living in a safe, comfortable and homely environment.

Manderely Lodge provides full-time residential care to five residents. The centre is a two storey detached house. The ground floor consists of an entrance hallway and four rooms. These consist of a main kitchen come dining room, a sitting room, a utility room and a double bedroom which caters for one resident with mobility issues, which is ensuite. On the first floor there were four large bedrooms and a main bathroom. Each resident had their own bedroom which promoted their privacy and dignity. The physical environment and configuration of the centre supports the provision of a restrictive free environment.

The inspector met with two of the residents on the day of the inspection, and was shown around the house by one of the residents. This resident also showed the inspector her bedroom and it was noted that the resident carried her own key to her bedroom and locked her door when she was not using the room.

In general the residents were supported to lead their lives without any restrictions; in addition residents had been consulted about previous restrictive practices such as locked presses. The inspector read minutes of restrictive practice reviews with residents which described how residents had been involved in the decision making process in order to remove restrictions. This included the removal of a lock on a press in the kitchen which had prevented access to cleaning materials. Within this review a resident had commented how this now meant she could complete the task of filling the dishwasher and turning it on without needing to ask staff for dishwashing tablets.

Measures had also been taken to improve access to outside space for residents. The centre was surrounded by a courtyard which had been recently resurfaced to improve access for all residents including one resident who used a wheelchair when mobilising outside the centre. All doors leading to the outside could also be opened by residents.

Each person had a personal plan which detailed their needs and outlined supports they required to maximise their personal development. For example, in line with the changing needs of residents all residents were now being supported to take at least one day off from their day service each week and were doing activities of their choosing on this day. In addition, it was noted on the day of inspection that residents were offered the choice of attending their day service or not.

Residents were not subject to any physical interventions or restrictions in the centre. All known environmental restrictions were clearly documented and assessed. However, the impact of the practice of carrying out hourly checks throughout the night on all residents' had not been considered. This meant that staff were entering each residents bedroom throughout the night and there was no assessed need identified to support this practice. This practice compromised the privacy of residents

many of whom required little or no support during the night.

All residents has various verbal communication methods and it was clear that staff on duty could understand them and support them to communicate with the inspector. In addition, staff had received specific training in Lámh which helped support the communication needs of one resident. Residents were supported to express their views in many ways including day to day interactions, resident meetings, key-worker supports and through being facilitated to access the National Advocacy Service.

Staff has a good knowledge of residents and on how to engage with residents according to each residents' preference. It was also clear that there was a very positive relationship between residents and the staff on duty. It was also noted that most staff had worked in the centre for many years which has promoted continuity of care for all residents. There was a suitable number of staff with the appropriate knowledge and skills appropriate to the needs of residents. In general, there was two staff available during the day to support residents and one staff member during night-time. There was also flexibility amongst the staff team to respond to special requests of residents such as to attend concerts, go horse riding or attend the gym. On many occasions an additional staff member was deployed to facilitate extra activities for residents.

Residents also appeared to very much enjoy living together and staff and residents described particular relationships between individuals. The records of incidents demonstrated that there had been no incidents between residents in many years. In addition, family relationships were very much supported and promoted where family members could visit at any time and residents were supported to visit and stay over with family members.

Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were committed to ensuring that the residents in this centre were supported to live lives that were as independent and free from restrictions as possible. There were clear policies and procedures in place in relation to restrictive practice and positive behaviour support that were in line with legislative requirements and national policy. This inspection found that the provider was meeting the requirements of the regulations in relation to restrictive practice and were striving to meet the associated requirements of the National Standards for Residential Services for Children and Adults with Disabilities 2013.

In general, the provider was promoting a restraint free environment and there were effective systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed. The person in charge had completed a self-assessment questionnaire in preparation for this thematic inspection. This self-assessment was found to be reflective of what the inspector found on inspection. In addition the provider and person in charge had developed an improvement plan which outlined work that had been done to review and reduce environmental restrictions such as the number of locked presses.

There was a restrictive practice register in place which documented any potentially restrictive practices. This included the use of a postural lap-belt for one resident who was assessed as requiring this support when she was using her wheelchair. This intervention was only required when the resident used the wheelchair to access the community. However, the times the lap-belt was used was recorded and reviewed on a monthly basis. Furthermore all restrictive practices were monitored by a senior clinical psychologist, a senior occupational therapist and the director of nursing.

There was no emergency use of restrictive practices or interventions permitted in the centre. Positive behaviour support plans where required, focused upon support programmes and included proactive and reactive strategies and did allow for any form of restrictive intervention.

In one instance following a coughing/choking incident more than two years ago a resident had been referred for a SALT assessment. The outcome of this assessment was that the resident was to avoid eating toast. However, staff had now referred this resident back for review as they felt that the resident no longer required this restriction on her diet.

Overall it was found that the restrictive practices were kept to a minimum and were used as prescribed in the case of the lap-belt. However, as referred to previously in the report the practice of checking residents throughout the night had not been reviewed as a restrictive practice and therefore the impact of this practice on the rights of residents was not considered.

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.
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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

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)	<i>The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.</i>

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)	<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>

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)	<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>

Theme: Health and Wellbeing	
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4.3	The health and development of each person/child is promoted.
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