



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

Issued by the Chief Inspector

Name of designated centre:	Corlurgan Community Home
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	19 November 2019
Centre ID:	OSV-0002446
Fieldwork ID:	MON-0027714

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
19 November 2019	Ivan Cormican

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

Residents who lived in this centre were supported to live a good quality of life. A review of files and discussion with the person in charge indicated that in the past, some residents did not have opportunities to visit local amenities and engage in activities which they may like. In the recent past, the staffing allocation had increased and a further change in the approach to care meant that residents enjoyed a good social life and with careful planning and encouragement some residents were now shopping for their own clothes and groceries. Community involvement was also highlighted as a very important goal for one resident and significant progress had been made to improve their quality of life. Life within the centre also appeared to be pleasant and activities such as baking, music and massage were available if residents wished to participate. On the day of inspection, residents were busy out in the local community. Two residents attended their day service for the day and three residents dropped into a local day service for a short period of time before they went for dinner in a local restaurant. Overall, the inspector found that the increase in the staffing allocation and the change in care practices meant that all residents had opportunities to engage in activities which they enjoyed and also to be active members in the local community.

The centre was a large split level detached house which was located within a short drive of a large town in the North of Ireland. Each resident had their own bedroom which was painted with warm neutral colours. Residents also had photographs of family and personal events in their lives placed throughout their home. There was a large sitting room for residents to enjoy and a small relaxation room was also available for residents to use. The kitchen and dining area had an open plan style and a rear garden was used during the summer to plant flowers and vegetables. Although resident's individual bedrooms were cosy and comfortable, communal areas would benefit from additional soft furnishings to enhance the home-like qualities of the centre. There was one restrictive practice where personal files and information were locked in a large set of presses in the communal dining area. The inspector noted that alternative storage arrangements for these files would also assist in improving the homeliness of the centre.

The inspector conducted the inspection from the communal kitchen/dining area where some care practices could be observed. Throughout this time, residents appeared relaxed and were going about their daily routines. Staff were observed to be supportive in nature and were also observed to work intuitively and patiently with residents. There was also a nice atmosphere in this centre and a jovial, informal approach to care was evident throughout the inspection. Staff had a very good knowledge of residents needs including behavioural support, communication and the rationale for the use of restrictive practices. Positive behavioural support plans were comprehensive in nature and they used a traffic light system to guide staff as to when behaviours may be escalating. Staff members could clearly explain this system and they could also recall additional individual nuances which may indicate that some residents may require additional space and time to transition between daily routines or tasks.

Throughout the inspection, staff members were observed to be able to communicate with residents and residents were also observed to be able to make themselves understood. Residents mainly communicated through non-verbal means but some single words and phrases were also used. Staff members could detail how residents may indicate that they were happy or upset and throughout the inspection residents were able to let staff members know if they needed assistance or would like a cup of tea. Staff members also used pictures to keep residents informed of upcoming activities and events such as birthday parties. Pictures were also used during residents' meetings and a review of records indicated that some residents clapped and appeared happy when pictures of certain activities and events were used. Pictures were also used to help residents to understand topics such as safety and the complaints process. A review of resident's individual personal plans had limited information in regards to supporting residents to communicate, but the person in charge stated that a referral had been made to a newly appointed speech and language therapist for a complete communication review for all residents. Overall, the inspector found that the staff team had a positive approach to communicating with residents and further review by the speech and language therapist would assist in building on the positive care practices which were observed.

There were several restrictive practices in place on the day of inspection such as, locked doors, locked kitchen drawers, access to the kitchen during cooking, access to the kettle, lap belts and travel vests. As mentioned earlier, staff had a good understanding of the rationale for the use of these practices and restrictive practices such as access to the kitchen was observed to be used as little as possible. The person in charge demonstrated that oversight of these practices was an ongoing process and comprehensive risk assessments, protocols and logs of usage were detailed in nature. On a three-monthly basis, restrictive practices were removed and carefully monitored to examine if documented risks remained for residents. Detailed logs of these events were recorded and indicated that risks remained for residents should the restrictive practice be removed. This level of oversight indicated that management of the centre and the staff team were aware of the impact that the use of restrictive practices had and were actively trying to reduce their usage where possible, in addition, the practice of locking the hot press door had been recently removed following this review process. The use of some restrictive practices had been prescribed by allied health professionals and these were subject to regular review. Guidance which was issued in regards to the use of these practices also stated that the resident was to be made aware and fully informed as to when these practices were to be applied. The person in charge had also informed the resident's representatives in regards to the use of individual restrictive practices. Overall the inspector found that staff members had a good understanding of the use of restrictive practices and that the local governance arrangements would ensure that they were subject to ongoing review.

There were no formal arrangements in place in which the rights of residents would be assessed; however, throughout the inspection, the inspector observed that interactions between staff members and residents were very respectful. An advocate had visited the centre on two occasions, to highlight the role of advocacy with residents and their representatives. There was also a complaints process in place, and as mentioned above this process was regularly discussed with residents. During the

feedback on the findings of the inspection, senior management of the centre outlined plans for the introduction of a rights committee which would provide additional oversight in regards to use of restrictive practices and promote the rights of residents.

Overall, the inspector found that residents were supported to live a good quality of life and where restrictive practices were required these were implemented with careful consideration and subject to ongoing review.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that the person in charge had a very positive and open approach to the use of restrictive practices and it was apparent that the aim of the service was to reduce and/or eliminate these practices where possible.

The provider had a policy in place on the oversight arrangements for the use of restrictive practices. It was clear that there were suitable governance and management practices at a local level which ensured that implemented restrictive practices had a clear rationale for their use, were regularly reviewed and risk assessed. However, some improvements were required to this policy as it focused mainly on the use of restrictive practices in the response to behaviours of concern and did not clearly account for the oversight arrangements for the use of either environmental or physical restrictive practices which were implemented in regards to safety concerns or in response to specific care needs.

As mentioned previously, the person in charge had oversight arrangements in place which ensured that the use of restrictive practices was carefully monitored. Comprehensive risk assessments and records for the use of these practices were evident throughout resident's personal plans and careful consideration was given in regards to the use of these practices in the centre. A review of staffing arrangements indicated that residents were supported by familiar staff, who were appropriately trained. The centre was also well resourced and the inspector found that the oversight and implementation of resources ensured that residents were supported to live a good quality of life.

Overall, the inspector found that careful consideration was given in regards to the use and implementation of restrictive practices. However, improvements in regards to the provider's policy and some aspects of communal areas of the centre would further benefit the many overall positive and responsive care practices which were observed throughout the inspection.

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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