



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

Name of designated centre:	Good Counsel Service
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	27 September 2019
Centre ID:	OSV-0002586
Fieldwork ID:	MON-0027448

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 date:

Date	Inspector of Social Services
27 September 2019	Andrew Mooney

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

During the day of inspection, the inspector met and spoke with 20 residents living across the three separate parts of the centre. From speaking with residents and from what the inspector observed over the course of the day, it was clear that residents were happy in their home and they were supported to live a good quality of life. Residents were facilitated to engage in activities that were meaningful to them. Residents told the inspector they liked the people they lived with and they were proud of their home.

The designated centre comprises of three premises which consist of ground floor, first floor and three storey accommodation. The three premises are located in south county Dublin suburbs, close to a variety of local amenities. They are all a short driving distance from each other. Two units are located in a community settings and the third is located on the first floor of a large building on a campus. Each resident has their own bedroom and there is suitable private and communal spaces in each part of the centre.

There were a number of environmental restrictions implemented within the centre, which included exit doors being locked across the three buildings, a locked knife drawer in a kitchen and some presses locked that contained cleaning products. While these restrictions were in place to mitigate the risk for some residents, all residents were impacted equally. This adversely impacted residents' normal access to parts of the centre. For instance one building within the centre had a secure back garden; however, residents were not able to freely access this area because the backdoor was locked. Furthermore, while sharps were locked due to a risk associated with one resident, all residents were restricted. Post inspection the provider confirmed that after a review, this restriction had been removed.

During the inspection the inspector met with staff and observed staff practice throughout the day. The inspector observed very positive interactions between residents and staff. Residents appeared very comfortable in the company of staff and clearly told the inspector that staff were very kind and supported them with anything they needed. The inspector also found staff to be knowledgeable regarding restrictive practice. Staffing support was provided 24 hours a day, seven days a week by nursing staff and care staff. The inspector noted that while the numbers of staff present was sufficient to support residents within their home, it was sometimes difficult to organise frequent community based activities with the level of staff present. Furthermore, the centre relied heavily upon agency staff to maintain safe staffing levels. This had negatively impacted staff continuity within the centre. However, the provider had looked to negate the impact of using agency staff by ensuring that where possible familiar agency staff were used. Additionally, the provider had begun to fill some of the vacant posts on a permanent basis.

Despite some staffing limitations the culture of the centre was one that supported a homely and happy environment. Residents were busy during the day and were encouraged and supported to pursue their interests. Some residents attended day

services and others were engaged in hobbies that included local community knitting clubs, cooking and music lessons.

Residents were engaged in weekly client forum meetings where a variety of topics including respect, safeguarding and complaints were discussed. Residents were given the opportunity to raise concerns, which could include concerns relating to restrictions. Having reviewed documentation and having spoken to residents the inspector did not identify any complaints in relation to restrictions

The supportive culture within the centre was none the less accompanied by a strong desire to keep people safe. In this regard the provider did need to further develop awareness and knowledge of what constitutes restrictive practice. For instance the provider had initiated money management plans for all residents. Whilst these were implemented to safeguard resident's finances, they were still restrictive in nature as residents did not have full access to their own finances. Further work was needed to ensure that where such restrictions were implemented, capacity building initiatives such as skills teaching was introduced to support greater independence in money management.

The inspector also observed restrictive plans in place for supporting residents with their health needs. However, these plans did not always clearly note that residents had given informed consent for the implementation of these restrictions. These plans included supporting residents to manage their cigarette consumption. In consultation with medical practitioners, smoking reduction plans were put in place. However, the plans put in place were not always applied consistently in practice. For instance, a resident who had a smoking schedule in place was restricted access to a lighter, despite the residents not requiring this type of restriction.

Oversight and the Quality Improvement arrangements

Residents received a good, safe service but their quality of life would be enhanced by improvements in the oversight of some restrictive practices. This included the clear assessment of restrictions and where appropriate the development of restrictive practice reduction plans.

The oversight of restrictive practices within the centre included the person in charge reviewing restrictions quarterly with the quality and risk committee. Furthermore, the support of a behaviour support specialist and other relevant professionals such as occupational therapists was available. However, the oversight arrangements required further improvement to ensure the use of restrictions was being trended at a provider level. The person in charge outlined how a process for had begun where relevant staff had received training which would help enhance the providers oversight of restrictive practices in the future.

Prior to the inspection, the provider had completed and returned a restrictive practice self-assessed questionnaire (SAQ). The inspector reviewed this document and found that the response was well considered and very detailed. Broadly speaking the inspection process verified the responses documented within the SAQ. The inspector found that the policies and practices outlined within the document were consistently applied within the centre.

The provider had self-identified some areas requiring improvement within the SAQ. In response to this, the provider had reviewed its approach to managing restrictive practices. This had a positive impact on the lived experience of residents as it had led to a reduction in some restrictions within the centre. However, not all restrictions within the centre had been identified in this process or were the least restrictive practice available and the provider committed to reviewing these.

The inspector met with and spoke to a number of staff and found them to be knowledgeable regarding the appropriate use of restrictive practices. All staff received positive behaviour support training and this training enabled staff to provide care that reflected up-to-date, evidence based practice. This promoted a culture of positive behaviour support within the centre and this reduced the need for unnecessary restrictions. There was also a process in place for the use of emergency restrictions and staff were clear on this.

The provider outlined how permanent staffing arrangements had been recently increased within the centre and this would enhance staff continuity, which in turn would to support residents with their assessed needs. These enhanced staffing arrangements were identified as being key to enabling residents with specific support needs to live in a restraint free environment.

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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