



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

Name of designated centre:	Community Living Area 15
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	28 August 2019
Centre ID:	OSV-0003753
Fieldwork ID:	MON-0027445

## 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
28 August 2019	Andrew Mooney

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

During the day of inspection the inspector met with seven residents living in the centre and spoke with five of them. Staff supported residents with additional communication support needs to speak with the inspector. From speaking with these residents and from what the inspector observed over the course of the day, it was very clear that residents were very happy in their home and were facilitated to engage in activities that were meaningful to them. Residents told the inspector they were comfortable with the people they lived with and they loved their home. However, improvements were required in the manner in which some restrictive practices were implemented and reviewed. Additionally, during the inspection it was not evident that there were clear plans in place to reduce or minimise the use of certain restrictive practices.

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. Residents were engaged in their local community and were supported to maintain good relationships with family and friends. Staffing arrangements were designed to enable residents to engage in their local community. There were appropriate staffing arrangements during the day and this allowed staff to respond to the support needs of residents, to deliver positive behaviour support and promote a restraint free environment. During the inspection residents spoke fondly of staff members and said they were kind and they knew them well. Residents who spoke to the inspector said they did not feel restricted within their daily lives and were supported by staff to live full lives. The inspector observed residents being facilitated to engage in meaningful activities throughout the day. The inspector observed residents accessing all parts of their home and they were free from unnecessary restrictions. Staff interactions with residents were observed to be positive and staff supported residents to make choices.

This designated centre comprises of two houses; both houses are in Co. Kildare. One of the houses is a large dormer bungalow in a rural setting. There are four bedrooms in this house, two upstairs with en-suite facilities and two downstairs (one with an en-suite). On the ground floor there is a sitting room, a conservatory, and a kitchen-dining room which opens out on to a landscaped garden. The centre had a very homely feel and was decorated in accordance with residents' wishes. The second house is a large bungalow situated in a small cul de sac. There are five bedrooms, two with en-suites. There is a bathroom, a kitchen-dining room and two sitting rooms. There is a large garden to the rear and front of house.

In the main the centres configuration positively contributed towards avoiding the necessity for any environmental restrictions. Necessary adaptations had been made to ensure residents could use all parts of the centre, these adaptations included accessible bathrooms and mobility rails throughout the centre. Residents were free during the day to use their environment unrestricted and this enhanced residents lived experience within the centre. However, night time arrangements within one of the houses required review. A stair gate was in place to prevent a resident, who slept

upstairs, from going downstairs when staff were sleeping. The inspector observed initiatives that were in place to try and limit the impact of this restriction, which included the allocation of a seating area upstairs.

It was clear from a review of daily reports that one resident regularly woke during the night and appeared to want to go downstairs. The use of the stair gate had been documented as measure to reduce the likelihood of a fall. However, the impact of this measure on restricting the movement of the resident had not been considered.

The provider had a clear restrictive practice assessment process that guided staff in a step by step process. However, during the inspection it was evident that some restrictive practices within the centre had not adhered to this assessment process. For instance, not all restrictive practices within the centre had been appropriately identified and therefore they had not been assessed. This included the use of an audio monitor at night which had been introduced as an interim measure to support a resident who was diagnosed with epilepsy. Additionally, an assessment that was in place regarding the use of the stair gate required review, as the rational documented within the assessment did not correlate with the rational presented by the person in charge. Furthermore, some risk assessments that were in place required further review as the information contained in them was no longer pertinent. For instance, the use of a lap belt for a resident was noted as a restrictive practice within a risk assessment as it indicated the resident was unable to open the belt. However, having reviewed the practice with the person in charge, it was clear the resident had been supported to learn how to open and close the belt independently.

Residents were engaged in regular meetings where a variety of topics were discussed, which included all aspects of the running of the house. Residents were given the opportunity to raise concerns, which could include concerns relating to restrictions. The inspector did not identify any complaints from residents in relation to restrictions. Residents had access to advocacy and this was promoted by the provider.

## 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 restrictive practices. Night time staffing resources required review to enhance the quality of life of some residents living within the centre.

The oversight of restrictive practices within the centre included the person in charge reviewing restrictions with the regional director at least annually. Furthermore, the support of the behaviour support team and other relevant professionals such as occupational therapists was available. However, this oversight arrangement required further improvement to ensure each restriction was assessed correctly and reviewed by the appropriate allied healthcare professional. For example the use of the stair gate at night was assessed as being required by an occupational therapist but its continued use was not clearly subject to a review from the same discipline. Additionally, the support of the behaviour support team may have been beneficial when reviewing this particular restriction.

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 policies and practices outlined within the document were not always consistently applied within the centre. Additionally, despite having self-identified an area requiring improvement within the SAQ the provider had not initiated a quality improvement plan to enhance this area of service provision.

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. This promoted a culture of positive behaviour support within the centre and this reduced the need for unnecessary restrictions.

The provider outlined how staffing arrangements had been recently increased during the day and this enabled the centre to support residents with individualised requests. These enhanced staffing arrangements were key to enabling residents with specific support needs to access meaningful community activities. This level of support was verified through conversations with residents, staff and a review of staff rosters.

## 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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