



Report of a Restrictive Practice Thematic Inspection of a Designated Centres for Disabilities.

Issued by the Chief Inspector

Name of designated centre:	Woodside
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	20 October 2023
Centre ID:	OSV-0004636
Fieldwork ID:	MON-0040856

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

¹ Chemical restraint does not form part of this thematic inspection programme.

areas by means of a locked door or door that requires a code. It can also include 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	Times of Inspection	Inspector of Social Services
Friday 20 October 2023	10:00hrs to 16:30hrs	Cora McCarthy

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

This inspection was undertaken on behalf of the Chief Inspector as part of a thematic programme of inspections focussed on the use of restrictive practices. The inspector found that the person in charge and the team had a good understanding of processes around review of restrictive practices. The person in charge and team leader were noted to regularly review restrictive practices with the intention of reducing or removing restrictive practices. There was good progress made in this regard and restrictive practices were only introduced or maintained as a last resort, the independence of the children was paramount.

The centre provides respite care for up to three children under the age of 18 years who have a range of complex needs including both physical and intellectual disabilities. Staff were on duty both day and night to support the children who required full care and support. There were two children visiting for respite care on the day of inspection.

On arrival at the house the inspector observed beautiful artwork on the walls in the hallway: a collage of photographs of the children on a tree mural. There was also drawings and artwork completed by the children throughout the house which made it very person centred. The children were at school when the inspector arrived, the inspector used this opportunity to do a walk-through of the centre and review policies and documentation around restrictive practices.

The house was freshly decorated, clean and homely and had recently been repainted and had new flooring completed in line with the compliance plan from the last inspection. The kitchen was dated but clean and there was a plan to upgrade it. The children had toys and art materials available to them. The centre was fully wheelchair accessible with ceiling hoists available in some rooms. One bedroom had a specialised bed called a savi knot bed which had an enclosure around it to keep the child who used it safe. A specialised high support chair (firefly chair) with a tray for eating or doing table top activities was available for the children. The use of this chair was being reviewed currently with the occupational therapist as staff felt that the child was able to support themselves to sit upright and had good posture. There was a sensory room with soft, padded sensory equipment and sensory lighting for the children to enjoy. The back garden had play equipment for the children including swings and go karts and one area which housed a boiler house was fenced off to keep the children safe. The garden was secure with side gates and staff members had keys for these to open them if required.

The inspector interacted with the children after they returned from school in the afternoon. They were happy to come into respite and one parent with whom the inspector spoke said their child really looked forward to coming into respite, 'it was like a holiday for them'. After taking care of their personal hygiene, eating a snack, and getting changed, the children went to play. They were very content for the afternoon and it was observed that they had a positive relationship with staff and that the staff members were very familiar with their needs. From activity records and

planners it was evident that the children had lots of activities and went on outings with the staff for meals out, the cinema or walks.

As many of the children were unable to verbalise their opinion they were facilitated to use visuals to support their communication and they choose meals and activities through picture exchange communication, objects of reference and one child had a notebook in which they wrote down their choices and requests. The children brought in personal items, toys, photographs and electronic tablets when they came on a respite stay and personalised their rooms in this way. The children were in the centre for short periods but they were facilitated to contact family members via phone and video call if they wished.

The inspector observed the staff supporting the children and found that they provided very person centred care. The children had high needs and required assistance with personal care, eating and dressing. The staff were noted to be very respectful towards the children and met all their needs very patiently and kindly. Throughout the children's personal files it was noted that there was consultation and communication with them regarding choice and restrictions within the house and the staff actively tried to reduce or remove restrictions where possible.

The inspector observed that most of the restrictive practices in use were necessary and were required to maintain the safety and wellbeing of the children. For example locks on side gates were in place to ensure the children did not have access to the road as some of the children had poor road safety awareness. The children were in respite for short periods of time and although there was evidence of staff completing road safety awareness with them it was difficult for them to maintain consistency in this area. Also the savi knot bed was required for one child so that they did not fall out however there was detailed documentation around it to ensure it was closed for the least amount of time possible. Lap belts were used on wheelchairs and a five point harness was used in the vehicle but only for some children. Most restrictions were specific to individual children and not blanket restrictions which affected everyone. The inspector noted that where unplanned restrictive practice was used there was very little guidance around this. For example if a door required to be locked for a child's safety there was no guidance around the length of time it was to be locked and there were no proactive measures to ensure staff members were clear what to do if they had to employ an unplanned restrictive intervention.

Overall, the service was of a good quality, and the provider maintained good oversight of restrictive practices in that they kept a register of restrictive interventions and ensured it was reviewed on a regular basis and attempts were made to reduce or eliminate restrictive interventions. There was evidence of reduction of restrictive practices in terms of time frames for use of them however a plan is required in terms of unplanned restrictive interventions.

Oversight and the Quality Improvement arrangements

The person in charge had completed the Health Information and Quality Authority (HIQA) self-assessment questionnaire and had identified good practice but also a number of areas for improvement in relation to restrictive practices. Based on these inspection findings this was a reasonable and accurate assessment of practice in the centre. For example, the scope to amend the policy to provide guidance for unplanned restrictive practices.

The person in charge outlined that they had recently become part of the restrictive practice steering committee and that this committee were currently reviewing the restrictive practice policy on promotion of a restraint free environment. It had been amended and the committee were seeking feedback from the management team prior to finalising it.

The inspector reviewed a survey that had recently been circulated to staff to gather information about the number of restrictive interventions used in the services. The survey looked at whether the restrictive practice was environmental, physical or a rights restraint (limiting of a person's choices or preferences). The survey did not account for unplanned restrictive practices which had the potential to occur according to a behaviour support plan. Had unplanned restrictive practice been included in the survey it would allow for clear guidance in the policy and been instrumental in driving quality improvement.

The person in charge had been overseeing the service for a number of years and was effective in the role. They were very familiar with the needs of the children and had the required care and management qualifications. They were knowledgeable regarding the need for restrictive practices for some children to maintain their safety and also that restrictions could be withdrawn in advance of the next group of children coming into respite who did not require them.

The inspector reviewed the staff rotas and found that there was a core staff team who had worked in the centre for several years and knew the children very well and what restrictions could be removed or reduced as they got older and were more familiar with the centre and the environment. The staff team and person in charge were also mindful to book some children into respite together as their needs and the associated restrictive interventions may be similar so as not to affect other children who may not require them.

The inspector reviewed the training record which outlined that all staff were fully trained in the mandatory training requirements. The inspector met staff in the morning and those coming on duty in the afternoon and all had a good understanding of positive behaviour support, safeguarding and protection and fire management. The provider had committed to arranging formal restrictive practice training for staff and

had scheduled it for December 2023 and all staff had signed up to complete it. Previously staff did complete training in,

- Introduction to human rights in Health and Social Care
- Role of good communication in upholding Human Rights
- Putting people at the centre of decision making
- Positive Risk taking.

The person in charge and team leader had good oversight of the centre and there was a robust governance and management system in place. There was an annual review and two six month unannounced inspections carried out and there was an action plan developed from the audits and the actions had been either completed or were actively being addressed on the day of inspection. As part of the six monthly unannounced inspections the provider would review restrictive interventions and ensure that there was a restrictive practice register which was regularly reviewed. The provider also had restrictive practice protocol and review forms in place as outlined in the provider's policy.

The statement of purpose was reviewed by the inspector and found it gave a clear overview of the centre including admission criteria, age range, staffing numbers, facilities and supports provided. The statement of purpose also included that restrictive interventions will be assessed and reviewed regularly.

Accidents and incidents were reviewed with the person in charge with the view of gaining insight into the use of some restrictive practice such as window and door locks and the use of the savi knot bed. On review the person in charge and team leader were able to rationalise the use of the restrictive practice in place. There were ten restrictive interventions in place and one of these was currently under review with a view to it being removed as it was only in use for one child who it was felt no longer required it.

The personal plans and assessment of need were reviewed as the children's needs informed the use of restrictive practices. The assessment of need was very comprehensive in that it was informed by clinicians from the school age team, the parents, staff and the children themselves. There was evidence that alternatives were suggested and trialled prior to implementation of a restrictive practice and that the least restrictive intervention was used for the shortest time required such as the 5 point harness in the car.

In summary, this was a good service and the provider itself had identified areas where it could improve and was continually working toward a restraint free environment. For example, in relation to the firefly high chair; it was currently under review with the staff team and the occupational therapist. The use of unplanned restrictive practice required review and clear guidance was required in the policy for timeframes for seclusion or holds. The staff team will also hugely benefit from formal training in restrictive practice.

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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