



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Group J - St. Anne's Residential Services
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	27 September 2023
Centre ID:	OSV-0005158
Fieldwork ID:	MON-0040970

## 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	Times of Inspection	Inspector of Social Services
Wednesday 27 September 2023	08:30hrs to 13:30hrs	Sarah Mockler

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

This unannounced thematic inspection was completed to assess how the provider was implementing the National Standards for Residential Services for Children and Adults with Disabilities (2013), in relation to restrictive practices. Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service, but improvement was required to some documentation relating to the management of restrictive practices in order to ensure full compliance with the standards.

This designated centre consists of a large two-storey detached home in a quiet residential area in Co. Tipperary. It provides a home for four individuals. The house consists one bedroom, shared bathroom, kitchen/dining area, utility room and sitting room downstairs. Upstairs there are three bedrooms, one of these bedrooms had en-suite facilities, a second shared bathroom, a visitor room and a room allocated as a staff office/sleep over room. There was a very large well-kept garden area. The residents took particular pride in this area and entered a gardening competition each year. Residents had access to a vehicle to attend day services and to access their local community.

On arrival at the centre all four residents were up and about and getting ready to leave for their day service or other scheduled appointments. There were two staff present at this time that welcomed the inspector in and completed relevant sign in procedures. The inspector had the opportunity to spend time with all four residents before they left the centre.

The inspector had met all the residents on previous inspections and some of the residents greeted the inspector by name. They were happy to speak with the inspector and show the inspector around their home. One resident was sitting in their bedroom, it was their birthday and they were looking forward to having their favourite dinner later in the evening. When all residents had left for the day, staff were seen to decorate the home with birthday balloons and banners to prepare for the evening celebrations. The resident frequently smiled when spoken too and was happy to interact directly with staff. They appeared very comfortable in their home and were seen to move freely from room to room and make hot drinks for themselves.

Two other residents were present in the kitchen and sat down at the kitchen table to speak with the inspector. They spoke about holidays they had taken, sporting events, day trips and items they had recently purchased. It was evident from speaking with residents that they had busy active lives. They had particular interest in local sporting events and were observed to speak to staff members about local hurling matches that they had attended. When asked direct questions, such as 'Do you like living here', residents responded positively. Interactions between residents and staff at this time were familiar, caring and professional. Residents freely approached staff for help and staff were observed to give choices around different elements of care and support.

Later in the morning the fourth resident spent some time with the inspector. They had appointments with health and social care professionals so were attending their day service later in the day. The resident spoke to the inspector about the reason for the appointments. They also spoke in detail around a recent holiday to Co. Kerry and the music concerts they attended. They stated they had really enjoyed the holiday. They showed the inspector their room. They had recently moved rooms and were adjusting to this change. They spoke about how staff were helping them with this.

A staff member facilitated the walk around of the premises. The inspector viewed all aspects of the home. The home was well kept, warm and very homely. Pictures of residents and important family members and friends were on display in bedrooms and communal areas of the home. There was a notice board in the kitchen with easy-read information on the Assisted Decision-Making (Capacity) Act (2015) and advocacy services. Each resident's room was individualised to their specific tastes and interests. A resident spoke to the inspector about paint colours and curtains there were choosing for their room.

Overall in the home there was a very small number of restrictive practiced in place to support residents' safety and well-being. Improvement was required in identifying all restrictive practices. In addition, the process to assess, review and record restrictive practices needed to align with the provider's policy and best practice.

On the walk around of the premises, it was noted that a cupboard containing chemicals had a key lock present. The key was in the lock and the cupboard was open. Staff explained that this was locked at night and the key was stored in a lock box. This had not been identified as a restrictive practice. Additionally there was a second cupboard in the kitchen with chemicals present this was always left open. Further consideration was required on the rationale for locking chemicals away to ensure it was in line with a specific rationale and residents' relevant assessed needs.

Recently a restrictive practice has been introduced in the form of an alarm sounding to alert staff when a door was opened upstairs. This restrictive practice was introduced for one resident's specific needs but due to its location it impacted on a second resident within the home. The staff member spoke in detail around the rationale for its use and described the incident that had occurred to warrant the use of the restrictive practice. However, documentation in relation to this restrictive practice, as required by the provider's policy, was not available to review on the day of inspection. There was also limited evidence on how residents were supported to understand the rationale and impact of the new restrictive practice in place.

All staff had completed training in a Human Rights Based approach to service provision. Staff spoke to the inspector about this training and how it impacted their ability to provide better services. They gave examples around how recently residents' access to manage their own finances had increased. The staff explained how the training in Human Rights help them implement this change which was a positive outcome for each resident.

Staffing arrangements included sufficient staff to meet the needs of residents and were in line with the statement of purpose. There were one staff vacancy in the

centre. To support continuity of care, the existing staff team and familiar relief staff who were familiar to residents were utilised to cover this vacancy.

Overall, residents were supported to freely access their home and possessions. There was a clear rationale in place for any restrictive practices in the centre, but a small number of restrictive practices were not recognised or reviewed as a restrictive practices. Some improvements were also required to policies and documentation relating to restrictive practices and these will be discussed further in the next section of the report.

## Oversight and the Quality Improvement arrangements

Overall the findings of this inspection were that care and support provided for residents was of a very good standard. Residents were being supported to make choices and live their lives in line with their wishes and preferences, as much as possible. Positive risk taking was implemented to ensure all residents could avail of opportunities. Residents were being supported to stay safe in their home, with a small number of restrictive practices in use in line with their assessed needs and risk assessments. The provider and person in charge were striving to meet the requirements of the National Standards for Residential Services for Children and Adults with Disabilities 2013.

The restrictive practice policy and procedures document in place in the centre had been updated in April 2022 and was available to all staff. All staff had signed a document indicating that they had read and understood this document. Some minor improvements were needed in this document to ensure it was aligned with the most up-to-date evidence based practices. For example, it differentiated clinical holds from physical holds in terms of restrictive practices. This required review to ensure it was in line with the most up-to-dated practices. Of note this hold was not used in the current designated centre.

The policy detailed the systems that were required to be put in place for recording and monitoring a restrictive practice. The process included an assessment document, risk assessments, a restrictive practice register and quarterly review meetings. It was found that as not all restrictive practices had been identified these were not being accounted for or reviewed in line with this policy. For example, one resident had a risk assessment stating that they had to remain in specific seating in the house vehicle. This had not been identified as a restrictive practice. As previously mentioned there was limited documentation available to review in relation to the introduction of a new restrictive practice. Additionally, there appeared to be no restrictive practice log or quarterly review of restrictions.

One restrictive practice that had been in place since 2021 and not been utilised to date, had good evidence of how it was introduced, reviewed and stated criteria for reduction. The inspector reviewed the notes of the review of this restriction by the restrictive practice committee and found it comprehensive in nature.

For the most part, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high-quality, safe and effective service for residents. The inspector found, however, that there were gaps in the staff that had completed positive behavioural training. A small number of staff required refresher training in this area and one staff member had not completed this training to date.

Overall, through a review of documentation, a review of the environment, and discussions with staff team, it was evident that efforts were made to promote an environment where residents' independence was encouraged at all times. There were some areas where improvements were required to ensure full compliance with the standards. For example, the providers restrictive practice policy required review, a small number of restrictive practices were not recorded or reviewed, documentation to demonstrate residents' involvement in the decision making process for the use of restrictive practices required review and some staff required up-to-date training in the area of positive behaviour support.

## 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.



### 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

<b>Theme: Individualised supports and care</b>	
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.

<b>Theme: Effective Services</b>	
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.

<b>Theme: Safe Services</b>	
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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