



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

## Issued by the Chief Inspector

Name of designated centre:	Stonehurst
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	18 September 2023
Centre ID:	OSV-0005463
Fieldwork ID:	MON-0040925

## 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
Monday 18 September 2023	09:00hrs to 16:30hrs	Sarah Mockler

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

This inspection was an unannounced thematic inspection of this designated centre. It was intended to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical restrictions, environmental restrictions and rights restrictions. The aim of this inspection was to drive service improvement in restrictive practices, for the benefit of residents. Overall, the inspection found that residents living in this designated centre were in receipt of good quality care, however, minor improvements were needed in the management and reduction of restrictive practices to enhance the residents lived experience.

The centre had the capacity to accommodate four residents. On the day of inspection three residents were availing of full-time residential care. The inspector had the opportunity to meet with two residents on the day of inspection. The third resident was on a home visit at this time. Throughout the day the residents were seen to leave the centre with the support of staff to pre-planned activities, for example one resident went on a drive and a second resident had an appointment with health and social care professional. Residents' daily routines were planned in line with their preference and needs. Two residents attended a separate day service and one resident choose to complete activities from their home environment. Residents' enjoyed a range of activities from family visits, to drives, walks, attending local sports events, basketball games, visiting local farms, shopping and day outings. Two residents had struck up a good friendship and would often opt to do some activities together or watch a match on the television.

The centre comprises a large detached two-storey home in a rural area in Co. Carlow. All residents had access to a vehicle in order for them to access the community as they so wished. In the home there was a large kitchen/dining area, a separate sitting room, conservatory and utility room, and downstairs bathroom. Upstairs each resident had access to their own individual en-suite bedroom. There was also a main bathroom with a bath and shower available for residents' use. One bedroom was empty and one room was assigned as a staff office. Outside there was a large well kept garden area. Residents had recently painted two seating benches in their football team's colours. There were football nets and other outdoor recreational equipment available for residents' use. In addition, to the communal spaces inside the home there was also an additional games room. This room had a couch, television and games console. It was nicely decorated and there were other activities for residents to engage in. This room was mainly used by one resident but all residents could use this space if they so wished.

The games room was subject to a restrictive practice whereby the door to this area was locked between specific hours at night. On discussions with staff there appeared to be two separate rationales to why this practice was in place. One reason for the implementation of this restriction was to reduce access to the games console in this room. This was not in line the a least restrictive approach as the whole room was locked as opposed to the games console. In addition, the restriction was in place to

promote good sleep hygiene for a resident. From speaking with staff and reviewing sleep data the impact on improving the resident's sleep hygiene had been minimal. For example, in September the resident went to bed between 3am and 6am on the majority of occasions. The restrictive practice required review to ensure it was in line with the specific needs of the resident.

On the walk around of the centre the inspector reviewed the environmental restrictions that were in place. This included the locking away of all sharp objects, televisions enclosed in Perspex cabinets, and chemicals in a locked press. Again, some of the restrictive practices in place do not lend themselves to being a least restrictive approach. For example, in relation to the locking of sharps this was due to a specific organisational policy and was not directly aligned to the individual assessed needs of the residents' with the centre. In addition, the chemical press also had everyday items such as a Hoover and iron stored in this area. These were locked in the press and this had not been considered as a restrictive practice. It had been reported that residents were encouraged to partake in day to day cleaning of the home but in order to get to certain items staff support would be required.

In addition to environmental restrictions in place, the provider also reported the use of some rights based restrictions, such as only allowing a specific set time to play a games console. The limited time allowed on this device was assessed and reported as a restrictive practice. However, the use of the games console was also directly linked to a token system. In order for the resident to get the set time they had to achieve certain tasks each day. There had been no consideration in terms of limited or no access if the resident did not achieve the set tasks. This required further review.

Residents on the day of inspection were seen to move freely around their home and approach staff for help and support. In the morning one resident was sitting in the conservatory and was waiting on staff to leave the home. The resident choose not to have breakfast at this time and choose to wear certain types of footwear. All staff were aware of this and were seen to be respectful of the resident's choices at this time. All of the core staff team had received training in a Human Rights Based Approach to care and support. Observations indicated that staff were respectful in their interactions, used professional and appropriate language when speaking about residents' specific needs.

The second resident present was seen to prepare their meals with the support of staff in line with their specific assessed needs. They were provided with encouragement and support during this time. The resident was happy to speak with the inspector and also invited the inspector to look at some craft items they were making. They appeared very happy and comfortable in their home. When asked some direct questions around restrictions they resident stated they were ok with them and were aware they were in place.

Residents, meetings took place each week. Key working sessions took place on a monthly basis and these had set agenda items in place which included speaking about human rights. There was also evidence of key working sessions carried out in relation to restrictive practices in place in the centre.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that the provider had governance and management arrangements to ensure monitoring and oversight of restrictive practices in the centre. Trending was carried out on a regular basis in terms of the use of restrictive practices. There was a restrictive practice register in place and this was reviewed on a regular basis. Monthly clinical governance meetings looked at incident trends and the number of physical interventions used.

The inspector reviewed a sample of the notes in relation to the discussions around restrictive practices. There was a number of mechanisms in place both at local and provider level to review the use of restrictive practices within the centre. It appeared that there was limited discussions in place on how restrictive practices could be reduced. The majority of the notes indicated that all restrictive practices must remain in place. The systems around considering how restrictions could be reduced required review. For example, on discussion with staff they indicated that the harness used in the car for one resident had been considered for a restriction reduction plan and this had been trialled. The process around the rationale on why this restriction was chosen was unclear. It was not based on the risk level as indicated in the individual risk management plans. Other restrictions that were in place, linked with a lower risk in individual risk management plans, had not been considered or trialled.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical, environmental and rights restrictions. These standards and the questionnaire was divided into eight specific themes. The provider completed and submitted the self-assessment for review in advance of this inspection. Overall, the completed questionnaire suggested a good level of progress towards the National Standards with seven themes reported to be meeting the requirements and one moving towards being compliant. From reviewing the document with staff it was unclear how a quality improvement plan was being developed from this document. In addition this document required to be more centre-specific.

The provider had policies and procedures in place in relation to behaviour support, restrictive practices and in the use of safety interventions within the service. Staff whom the inspector spoke with were clear on their roles and responsibilities in relation to restrictive practices.

Staff meetings took place regularly and included reviewing incidents and the use of restrictive practices. Learning from incidents were discussed and shared across the team. The restrictive practice register was also discussed as part of these meetings.

A review of staff training records demonstrated that all staff had received training in the following areas, Safety Intervention Foundational Level and Managing behaviour that challenges. In addition some of the more senior staff team had received training in Specific Management Expert training in safety interventions.

Residents had access to multidisciplinary services as appropriate to their needs, including positive behaviour support, psychiatry, clinical psychology and occupational therapy. Some of the residents within the centre had a multi-element behaviour support plan (MEBSP) in place. This document guided staff practice and was written in a way to ensure that restrictive practices, such as physical holds were to be only used as a last resort. On review of one resident's MEBSP there was a section in relation to when to use physical holds. On review of incidents and discussion with staff, it was evident that physical holds had not been used at any stage in 2023 and there was only low level incidents occurring. The resident's plan required review to ensure it was written to account for the least restrictive measures that needed to be taken.

In summary, this overall was a well-run service which was promoting a good quality of life for residents. Further work was required on ensuring a least restrictive approach was utilised in the service at all time, restriction reduction plans were in line with relevant risks and quality improvement plans were reflective of the specific practices within the centre.

## 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

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>

<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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