Health Information and Quality Authority

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:	Clarey Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	25 August 2023
Centre ID:	OSV-0003386
Fieldwork ID:	MON-0040972

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[1] 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 times:

Date	Times of Inspection	Inspector of Social Services
Friday 25 August 2023	10:00hrs to 16:00hrs	Sarah Cronin
Friday 25 August 2023	10:00hrs to 16:00hrs	Marie Byrne

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

From what inspectors observed, and what residents communicated on the day of the inspection, it was evident that residents were well supported in their homes to engage in activities of their choosing. Through discussions with staff and a review of documentation, it was clear that there was a person-centred approach to care which focussed on human rights and that every effort was being made to reduce restrictions in line with residents' assessed needs.

The designated centre is home to four residents with complex needs. It is a large bungalow which is in a rural area outside a small town in Co. Kildare. The centre is subdivided into three separate living spaces. The first space consisted of a sitting room, a bedroom and a bathroom. This resident spent time in other communal areas of the house as they wished. On arrival to the centre in the morning, the resident was seated in one of the communal kitchen areas speaking with staff. They chose not to engage with inspectors, but gave consent for them to visit their apartment.

The second space is home to two residents and comprises a kitchen and living room area, a bathroom and two bedrooms. This space had double doors to a large back garden. Residents' personal spaces reflected their individual interests. For example, one resident had a large blackboard wall in their sitting area as they enjoyed art and graffiti. A room had been sound-proofed to enable them play their vinyl collection. Another resident had all of their soft toys and photographs in their room. The garden had a picnic bench, a paddling pool and a swing for residents to use. There was an outdoor room for another resident to store their music equipment and play their records. One resident was observed using their visual schedule to request an item of their choice. They were supported to go out in the car and preparing to go home. Another resident came into the office and engaged with inspectors and spoke about their plan for the rest of the afternoon.

The third space was home to one resident and this was a highly restrictive environment. The resident had a bedroom, sensory room, bathroom and sitting room in their apartment. Outside their apartment, the resident had access to their own garden space which had a swing, some sports equipment and a paddling pool. The resident was observed through a window eating their breakfast. Inspectors entered their apartment in the company of the team leader and the person in charge. However, the resident indicated that they did not wish to engage.

Residents living in the designated centre communicated in a number of different ways. One resident primarily used speech, while others had some words and used a combination of these words with Lámh, body language, eye contact and facial expressions to communicate. A number of visual supports were used in the centre such as first/ next boards, token boards and schedules. Residents had communication passports in place and there were clear guidelines for staff on how best to support residents' communication within their behaviour support plans. Interactions between staff and residents were noted to be respectful and responsive. Staff were observed using a low arousal approach, using visual supports and simplifying their language where required. Residents appeared to be content in the company of staff.

There was a high level of restrictions used in the centre. These were environmental restrictions, physical restraints and a small number of rights restraints. Each of these restrictions had been assessed. All residents had individual risk management plans and those who required a multi-element behaviour support plan had one in place. Within these documents, authorised restrictive practices were detailed for staff to ensure consistent and safe practice. Residents had access to a number of health and social care professionals within the service such as an occupational therapist, speech and language therapist and a behaviour specialist.

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.

Restrictive practice review meetings were being completed quarterly. It was evident that there was a focus on reviewing the impact of restrictions for residents, particularly relating to their privacy and dignity and on restrictive practice reduction and positive risk taking. Environmental restrictions relating to having coded access points had been reduced and in some cases eliminated for some residents recently. For another resident, an assessment was underway to ascertain their support needs in relation to administering medication to enable them have more control over their medication.

Staff in the service whom the inspectors met with had done training on restrictive practice and in taking a human rights–based approach in health and social care. As part of this handover, one of the principles of the FREDA approach (Fairness, Respect, Equality, Dignity and Autonomy) was also used and staff were asked to give practical examples of how they would put that into practice that day. For example, the morning of the inspection, staff had been asked how they would apply the principle of fairness that day. Staff reported that they would ensure that residents' choices were respected within their daily routine.

Staff had received training in safety interventions to enable them to carry out physical holds as a last resort where they were required. The team leader told inspectors that each morning staff practised physical holds in order to ensure that there was clarity and confidence for the team each day. Where a physical hold was used with residents, a debrief was carried out with both the resident and the staff member afterwards. Staff competencies and knowledge were also reviewed by the Behaviour specialist who evaluated staff's ability to implement a multi-element behaviour support plan for residents. This identified any areas requiring improvement. Staff told inspectors that they could easily access additional training or the support of a member of the clinical team if it was required.

Oversight and the Quality Improvement arrangements

Overall, inspectors found that the provider had effective governance and management arrangements to ensure monitoring and oversight of restrictive practices in the centre. Trending was carried out on a weekly basis and a root cause analysis was completed where a trend of incidents or an increase in the use of restrictive practices was noted. 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.

A sample of incident reports which had involved the use of a physical hold was reviewed by inspectors. Reports of incidents were well documented and outlined clearly the actions taken by staff when engaging with residents and on the decision-making process when a restrictive practice was being implemented.

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, including actions they would take in the event of the use of an unplanned restrictive practice. However, the provider's policy on restrictive practice did not give explicit guidance on actions to be taken by staff in such an event.

The provider had completed a self-assessment questionnaire on the use of restrictive practices in the centre and developed a quality improvement plan. The person in charge clearly described to inspectors the areas where they had identified improvements were required. However, the documentation was not fully reflective of this and needed to be more centre-specific. Improvements were also required in the staff handover log in the centre. Staff described handovers to inspectors and detailed how they practiced and discussed different physical holds in addition to ensuring that staff responsibilities relating to restrictive practices were outlined for the following shift. However, this was not detailed in handovers which meant that it was unclear that different holds were being practiced by all staff to ensure ongoing development.

There was a Statement of Purpose available in the centre and this was regularly updated. However, it did not contain sufficient detail on the specific care needs that the service can meet. It did detail the procedures to be followed in the event that the service was no longer meeting a residents' needs.

Staff were in receipt of formal supervision, during which incidents, residents' support plans and risk assessments and the use of restrictive practices were regularly discussed. Forms included a review of staff knowledge in relation to residents' behaviour support plans, the proactive and reactive strategies to support them and their knowledge on the use of restrictive practices. On-the-floor mentoring was completed which reviewed staff knowledge and competencies around implementing restrictive practices in line with residents' behaviour support plans and risk management plans. Where any gaps in knowledge or training was identified, this was actioned through additional supervision sessions, allocated reading time or additional training courses.

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.

In summary, this was a well-run service which was promoting residents' quality of life and using the least restrictive options for residents in line with their assessed needs. It was evident that the provider was developing confidence and competence in staff to drive quality improvement relating to both positive behaviour support and restrictive practices. There were some minor areas which required improvement. These were as follows:

- The Statement of Purpose required review to ensure it was clear on the exact care and support needs it was equipped to cater for.
- The provider had a policy on the use of restrictive practices. This did not explicitly outline the procedures for staff to follow in the event of an unplanned restraint.
- Documentation relating to staff handovers and the quality improvement plan required review to ensure that it was reflective of the specific practices in 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.

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.

Appendix 1

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)	*The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.*

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)	*Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.*
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)	*Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.*
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	*Training is provided to staff to improve outcomes for children.*

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)	*Each child exercises choice and experiences care and support in everyday life.*
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	*Each child develops and maintains relationships and links with family and the community.*
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	*Each child has access to information, provided in an accessible format that takes account of their communication needs.*
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)	*Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.*
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)	*Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.*
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)	*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.*

Theme: Health and Wellbeing	
4.3	The health and development of each person/child is promoted.