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:	The Brook
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	18 September 2023
Centre ID:	OSV-0004871
Fieldwork ID:	MON-0040831

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
Monday 18 September 2023	10:15hrs to 17:00hrs	Mary Moore

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 improved systems for the use and review of restrictive practices. However, this inspection also found gaps and deficits in areas that informed the evidence based use of restrictive practices. These included personal planning with and for residents and, the accurate and consistent recording of incidents so that risk was more effectively assessed and responded to.

This designated centre is comprised of two houses in a mature residential area on the outskirts of the town. The houses are in close proximity to each other. One resident lives in one house. This resident has access to their own bedroom, a combined kitchen-dining area, a separate living room, a sensory room and an accessible bathroom that is shared with the staff member on duty. Two residents live in the other house. Each resident is provided with their own bedroom. One of these bedrooms has en-suite facilities. There is also a main bathroom in the house. The residents share the combined kitchen, dining and living area. Both houses have a pleasant rear garden. Residents receive a residential and day service and the range of needs that are met include higher physical and healthcare needs.

This inspection was unannounced. At arrival at the first house a staff member established that the inspector was well and free of any symptoms of illness that could have been transmitted to the resident and the staff team. The staff members on duty were busy planning and preparing for the return of the resident to the centre from their family home. The resident had been discharged to home following very recent unplanned surgery. The person in charge was on annual leave and the regional manager came on site to support both this inspection and the resident's imminent arrival back to the designated centre.

Both of these staff members were very informed as to the range of restrictive practices in use in this house, the rationale for them and any protocols in place such as for the administration of any as needed medicines. The inspector saw that the staff team and the resident's family worked closely together in relation to the support and care that was needed and provided. Staff commitment to the resident was evident in the way that a staff member extended their planned working hours on the day of inspection. This ensured the resident had the support that they needed until such time as the provider had sourced the additional staffing needed in response to the resident's increased needs. This additional staffing was confirmed to be in place prior to the conclusion of this inspection.

However, while there was much evidence available to the inspector that staff were knowledgeable and informed as to the needs and support provided, this support was not fully informed by the personal plan as this was overdue a comprehensive update.

From what the inspector read and discussed it was evident that there had been staffing challenges and challenges to consistent governance and oversight. Potentially

this was reflected in these inspection findings. For example, the updating of the personal plan as mentioned above.

The inspector gave the resident some time to settle. The resident is not a verbal communicator. The resident presented as relaxed and comfortable in the house and with the staff members on duty. The resident used facial expression to engage with the inspector each time they were spoken with. Staff were heard to speak and consult with the resident as to what they wished to do and in relation to any support needs that required attention. Staff could describe to the inspector the words the resident used to indicate what it was they wanted to do or not do. The person in charge had put in place for all three residents a range of accessible materials such as social stories in relation to their rights, restrictive practices and other significant events such as planned hospital visits. The house presented very well and was visibly clean and tidy while homely and welcoming.

The inspector visited the second house in the early evening. Again, the staff member on duty established the inspector was well prior to entering this house. One resident was present. The resident was a wheelchair user and had just returned to the house having been out and about in the local area with the support of a staff member. The resident smiled when spoken with. The staff member on duty confirmed that family were regular visitors to the house. The resident had also enjoyed a family holiday with additional support from staff. The staff member on duty explained the working of some of the restrictive practices in use in this house including the reduction plan in place for one restrictive practice. Overall, across both houses the restrictions were largely physical such as the use of bedrails, adapted delph and a device that was used as a visual prompt to delineate one resident's bedroom as their private space.

The other resident returned shortly afterwards to the house having enjoyed a trip with a staff member to a local seaside location. The resident greeted the inspector by name and enquired as to the reason the inspector was in the house before retiring to their bedroom to relax.

The inspector saw a displayed planning notice advising permission was sought by the provider for building works to this house. The regional manager confirmed that the planned works included the provision of an additional en-suite bathroom. There were residual issues with accessibility, storage and space in this house. For example, the inspector noted that what was presented as a sensory room was cluttered and used for general storage and was not easily accessible or useable. This was in contrast to the other house that had a welcoming sensory room and evidence of a good range of sensory items.

In summary, there were a range of restrictive practices in use. Medicines were also used as an adjunct to a positive behaviour support plan. The provider could rationalise the risk based need for these restrictions. The provider had improved how it demonstrated residents were consulted with and were supported to understand why these restrictions were in place. The provider was attempting to reduce and eliminate where possible the use of restrictions. However, there were gaps and inconsistencies between the houses in records and in oversight and a gap in the provider's formal quality assurance systems. This resulted in some absence of

assurance as to how the provider informed itself as to the consistent quality and safety of the overall service and not just in relation to the use and review of restrictive practices.

Oversight and the Quality Improvement arrangements

The provider had completed the Health Information and Quality Authority (HIQA) self-assessment questionnaire and had identified areas where it could improve how it used, reviewed and reduced where possible the use of restrictive practices. These improvements were evident on this inspection. However, as stated in the opening section of this report there were gaps in oversight. Consequently while there was evidence of improved practice in the area of restrictive practice more consistent oversight would have provided for better assurance and further improvement.

The provider had established a restrictive practice steering committee and had plans to establish an independent human rights committee that would oversee the sanctioning and review of restrictive practices. It was also planned to establish an annual restrictive practice survey and maintain a register of all restrictive practices in use. A register of the restrictive practices in use in this service had been put in place. Management had attended internal training that addressed the relationship between restrictive practices and human rights and it was planned that this training would be provided to all staff.

The restrictive practice committee was in the process of reviewing the provider's policy on the promotion of services that were free of restrictive practices. The final draft was not yet agreed and, based on the inspector's review of the current draft there was scope to further develop this policy.

The provider had a statement of purpose that set out the number of residents and the range of needs that could be met in the service.

There were systems in place for maintaining oversight of the use of restrictive practices. These included the review of incidents that occurred, the review of the risk assessments that informed the use of restrictive practices, ongoing clinical input and review and, quality assurance systems such as the quality and safety reviews to be completed by the provider at a minimum every six-months. However, there was based on these inspection findings gaps and deficits in these quality assurance systems. For example, there was a significant gap in the completion of the six-monthly reviews with none completed between November 2021 and January 2023.

In addition, and particularly in one of the houses, the inspector was not assured that incidents were consistently recorded so as to support accurate and effective review and monitoring. These gaps and inconsistencies were relevant not just in the context of the focus of this inspection, but also as to how the provider consistently informed and assured itself of the quality and safety of the service. For example, how the provider monitored the implementation and effectiveness of behaviour support strategies and the safeguarding of peers.

For example, in line with the provider's policy on the use of any restrictive practice there was a risk assessment in place outlining the risk based rationale for each restrictive practice. Generally these risk assessments were reviewed and updated in

line with the review completed by the person in charge of incidents that had occurred. A better link was needed however between generalised risk assessments and resident specific risk assessments such as for lone working and behaviours that challenged and posed a risk to others including staff.

The internal review of incidents was comprehensive and informed. There was evidence of corrective actions such as referral to the MDT. However, these reviews had highlighted deficits including inconsistent recording and reporting; this included peer to peer incidents. The inspector reviewed a recent record where one resident was described as very distressed and screaming. A staff member spoken with described a recent incident where one peer was removed to their bedroom to protect them from the escalated behaviour demonstrated by their peer. This may have been the same incident but this was not evident from the record seen by the inspector. This, in addition to the gaps identified by the person in charge, did not provide robust assurance that peer to peer incidents were consistently recognised and consistently recorded and reported including any strategies used by staff in response. This included strategies that were potentially restrictive on resident choice and control.

The day-to-day management and oversight of the service was delegated to the person in charge with support from a social care worker in each house. However, it was evident from speaking with staff and from records seen such as the annual service review that there had been challenges to maintaining adequate and appropriate staffing levels and consistent oversight. For example, staffing deficits had impacted on the administration time allocated to the social care worker. The time allocated each week was quite limited and probably inadequate in the context of changing needs and risks. Regular and relief staff members had been recruited and the consistency of staffing that residents needed was reflected in the sample of staff rotas reviewed by the inspector.

The review of the staff training matrix indicated that training such as in safeguarding, manual handling, responding to behaviour that challenged including de-escalation and intervention techniques had been completed by staff. Training specific to the plans and interventions in use in the service was provided by members of the multi-disciplinary team (MDT). Records were in place of regular staff meetings where there was good attendance, good discussion and good input from the staff team as to what worked and did not work so well for the resident in relation to the care and support provided.

It was evident that the care and support provided was informed by responsive input from members of the multi-disciplinary team (MDT) such as psychiatry, psychology and positive behaviour support. This was sought and co-ordinated by the person in charge. There was good evidence for example of the regular and consistent review of all medicines prescribed and of up to date positive behaviour support plans and medicine administration protocols. There was evidence that less restrictive interventions were considered and were still under consideration. For example, the possible use of a low-level bed as an alternative to the use of bedrails. It was recorded if therapeutic interventions were successful or not. For example, a programme to therapeutically support a clinical intervention had been unsuccessful.

This validated the ongoing need for interventions such as a clinical hold to facilitate the provision of medical care.

Staff spoken with described the strategies they used such as giving a resident space and time to regulate. In the context of communication challenges staff spoken with could describe how the resident communicated different needs such as emotional distress and physical pain. A review completed by the person in charge of the use of as needed medicines confirmed that staff consistently considered pain and its treatment when behaviours were expressed.

As referred to in the opening section of this report, while there may have been limits to the degree to which residents could understand the need for a restrictive practice, the person in charge had developed a range of social stories for each resident. Staff recorded the use of the social stories. There were also a range of stories in use to help residents to understand different situations and possibly reduce the risk for behaviour and restrictive interventions. For example, for going to hospital or changes in their routines.

Representatives had direct access to members of the MDT and were included in care and support decisions including any decision to implement a restriction. However, this consultation was not provided for in the restrictive practice review template that was in place for each restrictive practice in use.

There was good evidence that staff monitored resident health and well-being and took corrective actions when concerns arose. For example, in response to fluctuations in body weight. Staff spoken with were informed as to the care and support needs of residents and there was evidently ongoing discussion between the staff team, family and the MDT. The provider confirmed that in consultation with family there was an active, unresolved business case with its funding body seeking an enhanced service for one resident.

However, much of the care and support provided was evidenced on this inspection by observation, discussions with staff and in standalone documents and records. The assessment of needs and personal plan (including the progression of the resident's personal goals and objectives) reviewed by the inspector was overdue a comprehensive review and update.

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.