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:	OCS-KH
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0005338
Fieldwork ID:	MON-0040981

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
Wednesday 6 September 2023	09:45hrs to 15:00hrs	Sarah Cronin
Wednesday 6 September 2023	09:45hrs to 15:00hrs	Karen Leen

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

This unannounced inspection took place to assess the provider's compliance against the National Standards for Residential Services for Children and Adults with Disabilities (Health Information and Quality Authority, 2013) relating to restrictive practices. From what the inspectors observed and what residents communicated, it was evident that residents were being supported to engage in meaningful and motivating activities and that every effort was being made to promote residents' rights to living in a restraint-free environment.

The designated centre is a large two-storey house located on a busy road in North Dublin. It is home to three young people with a diagnosis of autism. The house is sub-divided into two living spaces. There was a self-contained apartment on the ground floor which was home to one young person. They had a kitchen, a dining room area, a sitting room, bedroom and an accessible bathroom. The resident had direct access to the back garden through double doors. The garden was equipped with a large trampoline. The main part of the house was accessible through an internal door and comprised a sitting room and kitchen, two bedrooms, both of which were en suite, a staff office and bathroom, a small sitting room and an art room. The house had some renovations done since the last inspection, including refurbishing the kitchen. These refurbishments had enabled a significant reduction in having locked cupboards. Both kitchens had previously required a high number of locked cupboards. However, residents now had full access to their kitchens, with no locks on cupboards containing food or crockery. One resident was observed going in and out of his kitchen and helping themselves to some food on the morning of the inspection.

Residents in the centre presented with complex communication needs and this required staff to know them well to best support them and respond to their communication. Residents used a combination of some speech, body language, Lámh signs, facial expression and demonstrating what they wanted by pointing or reaching for what they wanted. There were visual supports available to residents to use which included visual schedules and easy-to-read information. There were a number of symbols in the office to ensure staff had easy access to regularly used symbols. Residents also had access to tablet devices.

Inspectors met each of the residents briefly in line with their preferences. One resident came into the office with a staff member and greeted inspectors. They were supported to use their tablet device. The second resident was seated in the sitting room relaxing. They were listening to their favourite music on their tablet and requested to go to a shop. They responded to questions using Lámh and some speech. The third resident was walking around their apartment and into the kitchen and helping themselves to some snacks. They appeared happy and comfortable in their living space.

Residents in the centre were supported to maintain relationships with those important to them. Staff told the inspector that a resident had independently video called a family member recently, which was an achievement for them. Another resident was

facilitated to use video calling with a family member and were facilitated to visit them when they asked to do so. Community connections were encouraged and staff described how staff in the local garage knew one of the residents well and understood what they liked.

There were a number of restrictions in place in the centre. For the most part, these were environmental restrictions such as coded key pads to the access doors and the locking of some cupboards storing chemicals, art supplies, finances, medication and toiletries. Some physical restraint was used such as a lap belt on a wheelchair and a harness while a resident was using transport. All of these practices were identified, logged and risk assessed and regularly reviewed.

Each resident had a personal plan in place which promoted positive risk taking and engagement in residents' local communities. For example, residents had been supported to access busy holiday resorts, one had travelled by aeroplane to another country and one resident was now accessing public transport every week. Within their home, residents now had access to items which were previously locked. For example, the remote control for the television was now available to residents without it being locked away due to risks associated with PICA. For another resident, some jigsaws were now available without being locked to further promote residents' independence. Where previously the office door and door to an art room were locked at all times, these were now locked for shorter periods when staff were not present in those areas of the house.

Residents had positive behaviour support plans in place and input from health and social care professionals such as psychology, behaviour support, speech and language therapy, occupational therapy in addition to psychiatry. Where restrictive practices were assessed as being required, there was clear documentation on the rationale for each restriction which was in place. Input from members of a multidisciplinary team were involved in discussions, decision-making and review of these practices. Restrictive practices were reviewed every quarter and reduction plans were in place where agreed upon, in line with residents' assessed needs. Human-rights assessments had been completed to ensure ongoing review of the impact of any restrictions on residents' rights and both staff and residents had access to a human rights officer for additional guidance where it was required.

It was evident that every effort was made to give residents information, to seek consent and to keep them informed about their care, including any restrictions in the centre. For example, for a resident who engaged in self-injurious behaviour, they were offered the use of a padded helmet when they were engaging in this behaviour as a protective measure. However, where the resident refused the helmet, this right was respected and additional control measures were in place to keep the resident safe. Residents meetings took place on a weekly basis in the centre and meetings covered information on complaints, advocacy services and on rights. An easy to read letter had been sent to each resident on the restrictions were in place which impacted upon them.

Staff had completed training on human rights, including on the FREDA principles. The person in charge reported that staff had begun to question practices more since completing the training Staff whom the inspectors spoke with had worked with residents for a number of years and were familiar with their assessed needs and using restrictive practices. They described some achievements and challenges for the young people in the centre, and were noted to be very knowledgeable in their roles.

Oversight and the Quality Improvement arrangements

Inspectors found that both the provider and staff in this centre made every effort to promote an environment which used limited restrictions to maximise residents' independence and autonomy. The provider had a number of policies in place which related to restrictive practices, such as a policy on positive behaviour support, a policy on human rights and a policy on promoting a restriction-free environment. The provider was in the process of updating the restrictive practice policy in line with up-to-date guidance on restrictive practices. The policy contained clear guidance for staff on the actions required following any emergency use of a restrictive practice.

The provider had a restrictive practice committee and a human rights committee in place, with some members of these committees being external to the organisation. Restrictive practice statistics were collated and overseen both of these committees. An annual review of all restrictive practices was carried out by the Quality and Risk department.

The provider had completed a self-assessment prior to the inspection taking place to measure their performance against the National Standards for Residential Services for Children and Adults with Disabilities (HIQA, 2013) as they related to restrictive practices. Overall, this suggested that the provider was regularly reviewing practices and ensuring that learning was shared across the organisation and within the team to continue to drive quality improvement.

Within the centre, the person in charge logged all restrictive practices and convened restrictive practice reviews once each quarter. As previously outlined, these reviews were completed with members of the multidisciplinary team and these were escalated to the Quality and Risk Manager within the organisation. Monthly reviews of incidents took place and was carried out by the person in charge and the person participating in management, which identified any trends.

Staff meetings took place in the centre on a monthly basis. Minutes of these meetings indicated that these meetings were resident-focussed in nature. Incidents and accidents and restrictive practices were standing agenda items to ensure that relevant learning and updates were shared within the team. Where a significant incident had occurred, a de-brief was facilitated by the person in charge with the staff members on duty that day.

Inspectors found that while there were vacancies in the centre, the impact of these vacancies on residents was minimised through the use of regular staff to do additional shifts or some identified agency staff who knew residents well. A number of new staff members had commenced in the weeks prior to the inspection and there was a clear induction schedule in place. These staff members had also been discussed with residents to best prepare them for this change.

As outlined in the opening section of the report, staff had completed training in human rights and in FREDA principles. All staff had completed training in managing behaviours of concern. The person in charge had sought additional training for staff in autism and sensory integration. Some staff had done advanced training on using a low arousal approach with residents. At a recent staff meeting, the organisation had delivered training on restrictive practices for staff.

In summary, this was found to be a well-run centre which was providing a person-centred service to the residents by a staff team who were well-informed and knowledgeable to promote residents' rights to living in a restraint-free environment.

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.

Compliant	Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use 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.