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 Lakehouse
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	20 October 2023
Centre ID:	OSV-0005334
Fieldwork ID:	MON-0040841

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 20 October 2023	10:45hrs to 16:30hrs	Julie Pryce

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

The inspector found that residents enjoyed a good quality of life in The Lakehouse, and that there was an emphasis on supporting the rights of residents.

This designated centre comprises a main house which accommodates four residents who all have high support needs, and a self-contained apartment in the grounds of the house. The apartment provides a home to one resident who is more independent than the others, and is supported to have an active life both at home and in the community.

The residents living in the main house each have self-contained part of the house, with some having shared facilities such as one of the kitchen areas. There was a high level of staff support, with some residents having two staff supporting them at all times, and others having various levels of support in accordance with their needs and preferences.

The inspector found that these two distinct parts of the designated centre were appropriate to meet the needs of all the residents. On arrival at the designated centre, in the main house, the inspector found that residents were engaged in various activities of their choosing. Residents were going about their morning routine, and this was very different for each of them, the inspector noted that the residents were being supported by a staff team who were familiar with their needs and preferences.

The residents in the main house were not all comfortable with the presence of the inspector, therefore only brief introductions and distanced observations were appropriate. However, the inspector had a short visit to each of their living spaces, all of which were individual and arranged to ensure that they suited each of their individual needs. Individual living spaces were each in accordance with the assessed needs of residents, and the inspector observed that there were preferred items in each person's individual living space.

There were some restrictive practices in place, and these were kept under regular review and were based on detailed assessments of need. The inspector found that where a restrictive intervention was applied, it was the least restrictive required to manage the associated risk.

As the inspector visited the different areas of the house, conversations with staff members indicated that they were knowledgeable and could speak with confidence about the individual support needs of each person, and their support for upholding the rights of residents.

Given that the focus of this inspection was on the use of restrictive practices, the inspector spoke to staff about their practices in this regard. Each staff member engaged by the inspector was well versed in any restrictions in place, and could describe their role in applying any restrictions, and readily discussed the rights of residents within these restrictions. All staff were aware of the requirement to only

utilise the least restrictive intervention necessary to mitigate the associated risk, and described the steps they would take prior to applying any restriction.

There were detailed personal plans in place for each resident, including positive behaviour support plans, and staff could clearly describe the guidance in these plans, and their role in implementing each stage of the plans. They outlined various stages in the escalation of behaviours of concern, and told the inspector in detail the steps that they would take at each stage, which included proactive actions as well as reactive strategies.

All of the restrictions reviewed by the inspector in the main house were found to be proportionate and necessary to ensure both the safety of residents and to maximise their opportunities. There was a clear record maintained of any physical restrictions that were applied by staff during incidents of behaviours of concern. The inspector found that there was a clear ethos of only using such interventions as a last resort, and that staff were aware of all alternatives that should be attempted prior to taking the decision to use such an intervention.

Interventions were kept under constant scrutiny, and there was a process of reviewing aspects of physical interventions three times each week, where interventions were discussed and any incidents were reviewed. A record was maintained of the attendance of these review to ensure that all staff members were involved.

The residents had access to a multi-disciplinary team which included a positive behaviour support specialist. This professional was a regular presence in the centre, and discussed any changes to behaviour support plans with staff both at the time of the visit, and again at team meetings.

The resident who lives in the apartment agreed to meet the inspector later in the afternoon. This resident was involved in multiple activities both in the centre and in the local community, and has a job in garden maintenance in a close by business. He had done significant work in the garden of the centre, and was clearly proud of his input. During the chat with the inspector, this resident said he was very happy in his home, and that he felt supported. He described various hobbies that he were involved in, and spoke about friends and family. There were no obvious restrictions in place for this resident, and he was clearly very proud of his accomplishments, and was keen to tell the inspector about this.

However, the resident was aware of the remit of HIQA, and understood the purpose of the inspector's visit and during the course of the conversation he told the inspector that he used to have an air fryer, and that he was concerned about using the main oven in his kitchen because of a fear of burns. He told the inspector that he would love to have an air fryer again so that he could prepare his own meals and snacks, and have some independence in this area.

The inspector discussed this issue with the person on charge and found that there had been a blanket ban on air fryers throughout the organisation. However, there was no person centred risk assessment in place for this individual resident. No consideration had been given to control measures that could be put in place to

support the preference of the resident to have this appliance in their home. In addition this practice had not been recognised as a restrictive practice, and was not recorded, reported or monitored as such.

At the conclusion of the inspection, the inspector held a discussion with the person in charge and the area manager in relation to this issue, and was given assurances that it would be immediately reviewed. In the days following the inspection, documentation was submitted to HIQA which indicated that this restriction had been lifted, together with control measures to mitigate any associated risks. The person in charge also submitted information about the satisfaction of the resident that this issue had been addressed, and that he was delighted with the outcome. Furthermore, the person in charge gave assurances that any such restriction would henceforth be reviewed on an individual basis.

All residents were offered the opportunity to discuss their views of care and support in the designated centre by way of a 'Weekly Individual Happiness Survey'. This involved a discussion with each resident, with cognisance of the communication needs of each person. In the event that a resident indicated they were not happy with any aspect of their life in the centre, a further, more detailed discussion was held in the form of an in-depth discussion with their identified keyworker. Staff and the person in charge described the ways in which they would elicit this information where residents did not have the communication skills necessary to verbally describe their feelings.

Strategies to maximise effective communication with residents included social stories, and the use of simple language. These strategies were also employed to maximise the potential of each resident to consent to any restrictive interventions that might be required to ensure their safety, and these social stories included pictures, for example a picture of the actual window that had a restrictor in place.

There were various examples of positive risk taking being supported, for example where a resident might engage in destructive behaviours when out shopping, there was a detailed plan in place to support their right to go shopping which included hand-over-hand support, and a positive reinforcement plan so that shopping trips were immediately followed by a preferred activity which included lollipops. Records indicated that this was a successful strategy which resulted in improved outcomes for the resident.

Oversight and the Quality Improvement arrangements

The provider had submitted to HIQA a self-assessment questionnaire, and the inspector found that the provider's self-assessment was very detailed and had included a thorough examination of all practices relating to restrictive interventions in the designated centre. With the exception of the rights issue discussed in the first section of this report, this self-assessment correlated with the findings of this inspection.

There was a restrictive practices register maintained which clearly identified each restriction, and included a detailed risk assessment including control measures

Where there had been an incident which posed a significant risk to residents, there was a detailed record of this, and appropriate follow up actions were clearly outlined. Staff were aware of this document and could describe their role in implementing control measures.

There were policies in place to guide staff practice, including a policy on the management of positive behaviour support which included information relating to restrictive practices including the emergency use of restrictions.

A suite of audits had been undertaken which included audits of personal plans, of positive behaviour support plans and of restrictive interventions. Six monthly unannounced visits on behalf of the provider had been undertaken, and these visits were documented in the form of a comprehensive audit of care and support. There was a detailed examination of upholding the rights of residents, communication, advocacy, and the rights of residents to be informed and to maintain personal space. Each resident was offered the opportunity to discuss their care and support with the auditor. Any accidents or incidents were reviewed in detail, and the management of any complaints was examined.

Any required actions resulting from these processes related to minor issues in documentation, and all were either completed or were within the identified timeframes.

Staff training was all up-to-date, both mandatory training and additional training relating to the specific care needs of resident, for example training relating to autism. Staff were all in receipt of training on human rights, and the recently enacted Assisted Decision Making Act. Staff had received training relating to positive behaviour support and all those staff engaged by the inspector spoke with confidence about their learning and the application to their practice. They gave examples of positive risk taking, for example the facilitation of community outings for a residents who sometimes engaged in behaviours of concern whilst out in the community.

In addition any new training or learning was discussed at the monthly staff team meetings. These monthly meetings also included a detailed discussion about each individual resident. Restrictive interventions were discussed, and any use of these

interventions was examined in detail at these meetings, and the learning documented.

In addition there was a dedicated quarterly meeting whereby any restrictions were reviewed. These meetings were formal and began with a review of the minutes and discussion from the previous meeting.

A governance matrix was maintained and referred to the senior management team, which included detail of any accidents or incidents. This management team reviewed the information and provided feedback to the local manager of the centre, and this feedback also included any relevant learning from other centres operated by the provider.

Regular 'clinical service conference calls' were in place attended by members of the MDT. Requests for clinical support were made at these meetings, both in relation to restrictive interventions, and in relation to other support needs of residents.

Overall the inspector found that there was clear oversight of all identified restrictive interventions, and that there was a clear ethos of supporting the rights of residents.

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.