



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

Name of designated centre:	Drogheda Unit Sean O'Hare
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	29 April 2019
Centre ID:	OSV-0002530
Fieldwork ID:	MON-0026813

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 environmental¹ 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	Inspector of Social Services
29 April 2019	Catherine Glynn

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

The designated centre was registered to provide residential service for 6 residents with a primary diagnosis of an intellectual disability. Three residents currently reside in this service on a full time basis, and two residents avail of the service on a shared, part-time basis. Residents receive day programmes based in the centre and there was transport in place for residents to access local community services.

Residents who used this service were non-verbal and required a high level of support. The inspector met with three residents who were receiving support in their daily activities and were settling into their own routines. Some residents were facilitated to remain in bed in response to their aging needs as seen in their personal plans. There was a very calm and relaxed atmosphere and the inspector found that staff knowledge and interactions assisted in maintaining this atmosphere. Residents were supported by nursing staff, care assistants and household staff in the centre. Training records indicated that all staff members had received training as required by the regulations. There was also a refresher training programme in place to ensure that staff were kept up-to-date with new developments in the provision of care. It was evident that staff had a good knowledge of residents' care needs and additional efforts had also been made in regards to supporting residents' communication needs. This included communication boards, pictures and pictorial schedules.

The inspector met with the person in charge, and a staff member during the inspection. The inspector found that there was a positive attitude to the provision of care and that the quality and safety of care which residents received was of the utmost importance. There was a detailed discussion in regards to the use of restrictive practices, how resident's rights were promoted and how safety within the service underpinned the provision of care.

There were a number of restrictive practices in use in response to safety concerns, healthcare needs and environmental facilities – these included bed-rails, bed bumpers and wheelchair lap-belts, key-codes on front and rear doors, and shared bedroom facilities. Each resident's personal plan contained documentation which clearly stated the concerns which resulted in implementation of restrictive practices. Personal plans also contained protocols for their use and detailed logs for the times of use and duration they were implemented. In addition, each resident's plan contained details of multidisciplinary input where required and also ensured that all practices in place were implemented as recommended by an allied health professional, and reviewed as scheduled. The inspector found that these systems assisted in ensuring the oversight of these practices was maintained to a good standard.

The centre was a ward setting within a small hospital facility, which was located on the outskirts of a large rural town. The grounds of the centre were spacious and were well maintained. The centre was substantial and had ample communal areas; however residents' bedrooms were located in shared dormitories which did not promote residents privacy and dignity. Residents were provided with communal areas within the centre which were spacious and provided resident's opportunity for time

alone if they wished. The provider had put a plan in place to address the congregated facilities through the provision of alternative accommodation which was due for completion by December 2019. The inspector found that this plan would potentially reduce the use of some of the restrictive practices and also have a positive impact on the rights and dignity of residents. For example; the removal of locked doors to the centre and the removal of shared bedroom facilities.

Overall, it was apparent that the ethos and culture was focused primarily on the wellbeing of the residents and where a restrictive practice was implemented it was done with consideration. The person in charge could clearly account as to why restrictive practices were used and the information that was captured on associated risk assessments highlighted ongoing safety concerns which resulted in the restrictive practices being implemented. The person in charge and staff engaged in the inspection process in a positive manner. The inspector found that there were systems in place for the oversight and review of restrictive practices that the provider was awaiting reconfigurations to reduce the practices in place in the centre; which included, shared bedroom facilities, and the use of locked doors to access the centre.

Oversight and the Quality Improvement arrangements

The provider had systems in place which ensured that any restrictive practice which was implemented was done so following careful consideration. The person in charge had good oversight of the use of restrictive practices and clear risk assessments and protocols for their use had been implemented. A restraint register was in place which was reviewed on a monthly basis. The provider had produced a policy on the use of restrictive practices which sought to ensure that there was good oversight of these practices. However, review of this policy did highlight some issues, as the current policy focused on supporting the use of restrictive practices in the management of behaviours of concern and did not offer a holistic oversight of restrictive practices which could have been implemented. Even though some improvements were required with this policy, it was clear that there was good oversight of restrictive practices and some improvements to this document would further support the good level of care which residents received. These issues were openly discussed with the person in charge who indicated that this policy had been highlighted for review at the time of inspection.

The staffing allocation ensured that residents received a good quality of care and support. Staff had received training in supporting residents with behaviours of concern and meaningful interactions with residents were observed throughout the inspection. The provider had received and completed a self-assessment questionnaire prior to the inspection which indicated that residents received a good quality of care. The person in charge detailed the current quality improvement plan in place which was reviewed and monitored by the management team.

On the day of inspection the inspector observed that staff care and supported residents with dignity and respect at all times. Staff approached residents and were heard speaking in a clear and appropriate tone, Residents were observed to interact in a group and one to one activities throughout the day. Some activities provided were specific to the assessed needs of residents as specified in their personal plans.

Overall, it was evident that residents care was promoted and a careful balance between residents' safety and quality of life was in place. As mentioned earlier in the report, the inspector found that the person in charge had a good understanding of the residents' care needs and they were open to implement changes which aimed to reduce or potentially eliminate some restrictive practices. Staff members who met with the inspector also had a clear understanding of residents' needs and they spoke about residents in a very warm and knowledgeable manner. Overall, from observations, documentation and conversations the inspector found that the ethos and culture of the centre was one which placed the resident at the centre of care but, further improvement in regards to the current environment, would further promote residents' rights and assist in implementing the least restrictive practice possible.

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.
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The National Standards

This inspection is based on the *National Standards for Residential Services for Children and Adults with Disabilities (2013)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for adults and children for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of adults and children with disabilities in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Individualised Supports and Care** — how residential services place children and adults at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for children and adults, using best available evidence and information.
- **Safe Services** — how residential services protect children and adults and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.

- **Health and Wellbeing** — how residential services identify and promote optimum health and development for children and adults.

List of National Standards used for this thematic inspection (standards that only apply to children’s services are marked in italics):

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each person and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

Theme: Use of Resources	
6.1	The use of available resources is planned and managed to provide person-centred, effective and safe services and supports to people living in the residential service.
6.1 (Child Services)	<i>The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.</i>

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service.
7.2 (Child Services)	<i>Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.</i>
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of people living in the residential service.
7.3 (Child Services)	<i>Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.</i>
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	<i>Training is provided to staff to improve outcomes for children.</i>

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred/child-centred,

	safe and effective residential services and supports.
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Quality and safety

Theme: Individualised supports and care	
1.1	The rights and diversity of each person/child are respected and promoted.
1.2	The privacy and dignity of each person/child are respected.
1.3	Each person exercises choice and control in their daily life in accordance with their preferences.
1.3 (Child Services)	<i>Each child exercises choice and experiences care and support in everyday life.</i>
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	<i>Each child develops and maintains relationships and links with family and the community.</i>
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	<i>Each child has access to information, provided in an accessible format that takes account of their communication needs.</i>
1.6	Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.
1.6 (Child Services)	<i>Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.</i>
1.7	Each person's/child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services	
2.1	Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.
2.1 (Child Services)	<i>Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.</i>
2.2	The residential service is homely and accessible and promotes the privacy, dignity and welfare of each person/child.

Theme: Safe Services	
3.1	Each person/child is protected from abuse and neglect and their safety and welfare is promoted.
3.2	Each person/child experiences care that supports positive behaviour and emotional wellbeing.

3.3	People living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.
3.3 (Child Services)	<i>Children are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.</i>

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