



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

## Issued by the Chief Inspector

Name of designated centre:	Newbrook
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	05 July 2023
Centre ID:	OSV-0002344
Fieldwork ID:	MON-0040632

## 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<sup>1</sup> 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

---

<sup>1</sup> 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 5 July 2023	10.00hrs to 16.30hrs	Jacqueline Joynt

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

Overall, the inspector found that residents living in the designated centre enjoyed a good quality of life where they were facilitated to lead active lifestyles to the maximum of their capacity while at the same time being protected. Residents were living in a safe, comfortable and homely environment. The provider and person in charge were endeavouring to balance residents' right to autonomy and liberty whilst at the same time ensuring residents' health and safety. There was a policy in place which clearly guided management and staff on the prevention, appropriate use and management of restrictive practices so that they inform quality and safe care and promote autonomy and the rights of residents. However, the inspector found that, there were times, when the policy was not fully adhered to. This meant that, at times, residents' rights were not promoted.

This designated centre provided full-time residential care which provided support to two residents with intellectual disabilities. The centre comprised of a two story semi-detached property with a modest sized garden to the front and side. Both floors have their own private entrance in a porch area accessible through the main door. The ground floor consisted of an entrance hall, a bathroom, a storage area with laundry facilities, a modest sized kitchen and dining area, a sitting room and a double bedroom. On the first floor there was a sitting room, a small kitchenette with dining space, a bedroom with en-suite facilities, a main bathroom, a toilet and wash hand basin, a staff office and sleepover room, and a small storage room with laundry facilities. The physical environment and configuration of the centre, for the most part supported an environment where residents lived as independent as possible with restrictions that were the least restrictive for the shortest duration.

On the morning of the inspection, the inspector met with one of the residents who was heading out with their staff for a planned healthcare appointment which they were happy to speak to the inspector about. After the appointment the resident had planned to attend their community day service. The resident told the inspector that they were happy for them to have a walk-around of their apartment to view their living space. The inspector met the second resident later in the afternoon. They had spent the morning at their day service and in the afternoon bought the daily newspaper and enjoyed time with their staff at the local café. Each resident was provided with their own private entrance to their home for which they had a key for.

The provider and person in charge were endeavouring to support residents lead their lives with least amount of restrictions as possible. The resident living in the upstairs apartment was able to access all areas of their apartment including the external garden spaces. While there were a small number of environmental restrictions in place, there was evidence to demonstrate that previous restrictions had been removed after appropriate review (and tracking). Previous to the inspection, there was an environmental restriction in place; which saw the locking of a sharp knife. The person in charge had found an alternative safe way of storing the sharp knife in the resident's kitchen which allowed the restriction to be removed.

In the same apartment the inspector observed a number of windows to be either locked or to have a restrictor on them. This restriction was currently in place to manage the resident's behaviour of throwing their personal property, (large valuable items), out of the windows. The inspector was informed that the resident had been consulted with about the restriction and that they were supported through a positive behavioural support plan and a personal wellbeing plan that related to the restriction.

The inspector found that some improvements were needed and this was to ensure that where the resident had been consulted with, that there was clear evidence of this process, including informed consent, in a communication format of preference to the resident, included in their personal plan.

In the downstairs apartment, the resident was also able to access all rooms in their home. However, in the kitchen there were a number of locked presses including a safety-lock on the dishwasher. In addition, the resident's bedroom window was restricted from opening out fully and the exit doors in the apartment were locked from 11pm until 8am in the morning.

Restrictive practices were in place to support the reduction of behavioural incidents occurring and overall, to ensure the health and safety of the resident. The inspector was advised that the resident had been informed and consulted with about the restrictions in place. On review of the documentation in place, the inspector found that the resident's person plan had not included any information on the consultation process that had taken place or documented if informed consent had been sought. The inspector saw that in advance of the restrictions being implemented, an assessment completed and in line with policy, had been submitted to the positive assurance management group for approval.

Where some of the locked cupboards in the kitchen included food items, there were other cupboards open which included a small number of snacks and tea and coffee making items for the resident to use. There was also a fridge available to the resident that included a small number of chilled snack items for them to choose from.

Each resident was provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. The plans included behavioural support plans and personal wellbeing support plans related to restrictive practices in use for the resident. Positive behavioural support plans included proactive and reactive strategies with a focus on support programmes. The personal wellbeing plans guided staff on how to support the resident and included information regarding the rationale for the restriction and in particular, what alternatives had been trialled and tracked in advance of implementing the restriction. However, the inspector found, that while the personal wellbeing plans stated that residents were involved in the development of the plans, there was no clear evidence of residents' involvement in a meaningful way, or in a way that was in line with their preferred communication format.

Residents were not subject to any physical interventions or physical restrictions in the centre. For the most part, environmental restrictions were documented and assessed. However, on the day of the inspection, the inspector observed a locked filling cabinet

in the hallway of one of the resident's home (downstairs apartment). The cabinet included some of the resident's toiletries, the centre's personal protective equipment and toilet roll. On the day of the inspection, on risk assessing the restriction, the person in charge removed the restriction and the cabinet was no longer locked.

The residents living in the centre used verbal communication however, they were also provided additional communication formats such as easy-to-read documents and social stories to provide better understanding and more meaningful conversations. Resident's menu plans, activity plans and houses meetings included pictures as a tool to support communication and meaning.

Residents were supported to express their views in many ways including day-to-day interactions, key-worker support meetings and by being facilitated to access the National Advocacy Service. In addition, residents were provided with weekly house meetings with their staff. Matters such as activities, menu plans, keeping safe, the complaints process, but to mention a few, were discussed and decisions made.

On speaking with three staff members, the inspector found that they were knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and preferences. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions.

The inspector was informed that a number of the staff had worked in the centre for many years which had promoted continuity of care for residents. Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. During the day, each resident was provided with one to one support by staff and at night time, there was a sleep-over staff in one apartment and a waking-night staff in the other apartment. Where there was cover for leave required, the person in charge was endeavouring to ensure continuity of care. Members of the core team took on additional shifts, core relief staff, who were employed by the provider, covered a number of shifts and where agency staff were required, primarily the same four staff were employed.

For the most part, residents living in the centre lived independent lives from each other. While there had been complaints from one resident regarding the noise levels coming from the other resident's apartment, overall, notifications regarding safeguarding incidents were low. Residents appeared to enjoy their individual spaces and from speaking to each of the residents and their staff, residents were provided with ample choice of on-site and community activities that were in line with their likes and preferences.

Both residents were provided with a day service, however, both residents also had the choice not attend their day service and instead choose another activity (with the support of their residential staff). Residents enjoyed going out for walks, shopping in the local shopping centre, having meals out, gardening, attending art classes, listening to music, but to mention a few.

## Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were striving to ensure that residents living in the designated centre were supported to live lives that were as independent and free from restrictions as much as possible. There were clear policies and procedures in place in relation to restrictive practices. Overall, the provider and person in charge promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their homes. However, to ensure the provider was in compliance with the National Standards for Residential Services for Children and Adults with Disabilities 2013, some improvements were required.

For the most part, there were satisfactory systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed. The person in charge had completed a self-assessment questionnaire in preparation for the thematic inspection and submitted it within the requested timeframe.

There was a restrictive practice policy in place in the centre and it was available to all staff. The policy had been reviewed every three years or sooner if required. The policy was in line with national policy and had made reference to other relevant legislation, regulations and enactments. In line with the organisation's policy, the provider had a very clear restrictive practice assessment process that guided staff in a step by step process.

The policy provided guidance to staff on the prevention, appropriate use and management of restrictive practices to ensure quality and safe care and promote the rights of residents. The policy described under what circumstances restrictions were permitted or not. The policy made provision for how restrictions should be implemented and how informed consent, or refusal of restriction, should be managed.

All restrictive practices were risk assessed. Residents' multidisciplinary teams were involved in the restrictive practice assessment and review process. Restrictive practices were considered in the provider's six-monthly unannounced visits. These visits provided good oversight to the provider of the restrictions in use in the designated centre.

There was a restrictive practice log in place which documented the use of restrictive practices in the centre. The log included the rationale for the restriction, the assessments that took place, tracking systems in place for the restriction, alternatives that had been tried and the review of the practice. There was a positive assurance management group, (PAMG), set up by the provider that included members of senior management. Restrictive practice assessments were submitted to the group on a monthly basis. The group reviewed the assessments and where appropriate, approved the continuation, reduction or caseation of the restriction.

The group reviewed the centre's restrictions on an annual basis or sooner if required. In line with the provider's policy, where a restrictive practice required implementation in advance of the monthly group meetings, there were systems in place where the

person in charge could contact one to three members of the group seeking interim approval of a restriction. At the month's meeting, the restriction was reviewed again and officially approved, (or not), by the group. All assessment forms were required to include appropriate evidence, such as incident reports, positive behavioural support plans and trackers, to demonstrate the rationale and need for the restriction. This information was also required at the review stage to support the removal or continuance of a restriction. There was a system in place for emergency use of restrictions however, this was only to be used in rare occasions and there was clear guidance of when it should be used.

The inspector found that most of the restrictions in place were in line with the organisation's policy and procedures for restrictive practices. However, there were some exceptions; there was no documentation to clearly demonstrate that residents had been consulted, or provided informed consent, regarding the restrictions in place. Furthermore, improvements were needed to the information governance arrangements in place to ensure that the designated centre complied with notification requirements. The inspector found that none of the environmental restraints occurring in the centre had been notified to the Chief Inspector of Social Services on a quarterly basis.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Where relief or agency staff were required the person in charge endeavoured to ensure continuity of care. On speaking with staff, the inspector found that staff were clear on how each agreed restriction should be implemented and what the rationale behind each one was.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents. All staff have been provided training relating to behaviours that challenge as well as training in person centred focus on disability. In addition, through speaking with the person in charge and on review of the most recent team meeting minutes, the inspector saw that training relating to human rights was planned for the team to attend in the coming months.

Monthly staff team meeting minutes also demonstrated that the needs of residents, and supports to meet those needs, were discussed. In addition, positive behavioural supports, as well as restrictive practices, were discussed at team meetings. The person in charge and staff reviewed the restrictions in place and discussed outcomes from tracker systems to ensure if the restrictions in place were the least restrictive for the shortest duration. Potential and current restrictions were reviewed alongside incident reports, behavioural plans and trackers to support the continuation or cessation of restrictive practices. Furthermore, information on upcoming restrictive practice thematic inspections was discussed with the team.

Overall, the inspector found that, the provider, person in charge and staff team were striving to ensure an appropriate balance of residents' right to autonomy and liberty with the need to ensure the health and safety of residents. However, some



improvements were needed to ensure that, at all times, procedures were in line with the provider's policy so that the rights of residents were promoted at all times.

## 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.

### 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
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>

<b>Theme: Responsive Workforce</b>	
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>

<b>Theme: Use of Information</b>	
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)	<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>

<b>Theme: Health and Wellbeing</b>	
------------------------------------	--

4.3	The health and development of each person/child is promoted.
-----	--