



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

Issued by the Chief Inspector

Name of designated centre:	B Bettystown Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	09 August 2023
Centre ID:	OSV-0002364
Fieldwork ID:	MON-0040193

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	Times of Inspection	Inspector of Social Services
Wednesday 9 August 2023	14:30hrs to 18:40hrs	Jennifer Deasy
Thursday 10 August 2023	11:00hrs to 13:00hrs	Jennifer Deasy

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

This inspection was an unannounced thematic inspection of the designated centre. It was scheduled to assess the provider's implementation of the national standards relating to restrictive practices and to drive service improvement in this area.

The designated centre is located in a suburb of Dublin and home to three residents. The inspector had the opportunity to meet with all three of the residents over the course of the two day inspection. Conversations with the residents and staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

Overall, the inspector found that residents in this centre were in receipt of person-centred care which was endeavouring to uphold residents' rights. Residents in this house placed particular importance on their right to privacy and autonomy in their everyday lives and staff promoted a culture of positive risk taking to support this. There were some areas for improvement required, including in the staffing arrangements and the management of financial supports and complaints.

The designated centre provided full-time residential care to residents who were supported to live semi-independently. A staff team was available to the residents at specific times during the day. The house was unstaffed at other times which supported the residents' to have autonomy in their daily activities. One of the areas identified for improvement by the inspector was the staffing arrangements. Some residents' needs had changed in recent years and a review of the staffing arrangements was required to ensure that these needs were adequately supported. This will be discussed further in the oversight and quality improvement section of the report.

A staff member greeted the inspector on arrival and informed her that two of the residents were out at work and day service while a third resident was in bed as per their choice. The designated centre was seen to be homely and welcoming. It was very clean and tidy. Some premises works had been completed subsequent to the last inspection of the centre. A new kitchen had been fitted and the centre was seen to be generally well-maintained.

One resident returned home from work shortly after the inspector's arrival on the first day of inspection. They showed the inspector their work badge and spoke about their work and their experiences of living in the designated centre. They told the inspector that they had lived there for a several years and that, although they were happy there, they would like to get their own home in the future. Staff informed the inspector that this resident was on the council housing list and the provider's internal housing transfer list. The inspector saw that there was a plan in place to support the resident to progress their goal towards independent living.

The resident said that they generally got on well with the other residents. They said that they liked not having staff there all the time and that this meant that they could go out in the community and go to bed at times of their choosing. The resident spoke about how staff provided support with reading and with keeping the house clean. This resident described having many positive links in their community through having a job and accessing the local sports and social club to listen to music and play pool and darts.

The resident told the inspector that the dishwasher was broken, staff told the inspector that it had been broken for approximately three weeks. The provider's maintenance team had attended the centre however, the resident did not know when the dishwasher would be repaired. The resident informed the inspector that they were not happy about this but had not lodged a complaint to the provider.

The resident however, was well informed regarding the complaints procedure and understood how to make a complaint if they wished to do so. The inspector was informed that complaints tended to be resolved locally in the centre. While this was in line with the general management of complaints, some additional review in this area was required to ensure that the provider's complaints procedure was being fully adhered to and will be discussed further in the next section of the report.

The resident said that they understood about human rights and advocacy. They told the inspector that they had their own bank card and how it was stored securely in the centre. They told the inspector that they had lost their bank card before and that this experience had been stressful for them so this secure arrangement formed part of the way in which they wished to keep their bank card safe.

While staff supported the resident to manage their finances and stored the bank card securely, as per the resident's request, the resident did not have access to their bank card at all times as staff were not always present or working in the centre. Staff spoken with said that they had discussed this arrangement at a recent staff meeting that this could constitute a financial restriction and were in the process of reviewing this practice.

Another resident told the inspector that they had lived in the centre for a very long time. They spoke about having a good relationship with the new person in charge and staff team. They were aware of the complaints procedure and said that they had made a complaint a long time ago, and were happy with how it had been resolved.

The resident said that they availed of some community activities although they mostly preferred to watch television at home. The resident said that they felt safe and that they liked having their own key to the front door and to their bedroom. The resident expressed how the centre was supporting their autonomy and said that they could leave at any time without telling anyone. They spoke about having their own bank card and how they managed their own money and medications. The resident showed the inspector their bedroom and the inspector saw that it was personalised and nicely decorated.

The third resident was on an outing with their day service on the first day of inspection. The inspector had the opportunity to meet them on the second day. The resident told the inspector that they had lived in the centre for 18 years and that they liked it. They had plans that day to attend a medical appointment supported by staff and to visit a tailor to have a suit jacket altered. The resident was looking forward to a family wedding which was taking place in the coming weeks and had been supported by staff to book their accommodation for this event.

The person in charge had completed the restrictive practices self-assessment questionnaire prior to the inspection. This detailed that there were no restrictive practices in place in the designated centre. The inspector saw on a walk-around of the premises that there were no locked presses or doors, aside from some bedroom doors which were locked by the residents with their own keys as per their preferences.

As outlined earlier, the inspector was told by one resident that there were supports in place with regards to their finances. It had not yet been established by the provider if these supports constituted a restrictive practice and a referral had not been made to the provider's restrictive practices committee at the time of inspection for review and oversight. This will be discussed further in the next section of the report.

All of the residents in this centre communicated verbally. Some residents required written information to be supplemented with pictures and photographs in order to support their literacy skills. The inspector saw that there was visualised information available in the centre and in residents' files. This information included visual schedules, an easy to read complaints procedure and easy to read care plans. The inspector saw staff supporting residents to engage with this information over the course of the two days.

The inspector also saw that interactions between residents and staff were gentle and caring. Staff were seen to be supportive and were mindful of upholding residents' autonomy. For example, staff were heard planning with a resident how best to structure a conversation with a healthcare professional in advance of an appointment. Staff helped the resident to prepare for this appointment by reminding them to write down important information and reassuring the resident that staff would be available to support them if required during the appointment.

Overall, residents in this centre told the inspector that they felt safe and were happy with the level of support that they received. Residents spoke about being free to come and go from the centre as they pleased and were well connected with their local community.

The inspector saw that residents were in receipt of person-centred care that was respectful and kind. Staff were mindful of residents' rights to autonomy in their daily lives and were attempting to balance their duty of care to protect residents while upholding residents' rights and respecting their will and preferences.

There were some minor areas for improvement required to ensure that staffing levels were appropriate and that the provider's policies were fully implemented.

Oversight and the Quality Improvement arrangements

There were clear lines of authority and accountability in the centre. The person in charge and the service manager were on leave at the time of inspection. The staff on duty were informed of the oversight arrangements and made contact with the acting service manager. The acting service manager arranged for additional staff to attend the designated centre in order to support the inspection process.

The provider had put in place a series of audits to support oversight of the quality and safety of care in the centre. These audits included an annual report and six monthly unannounced visits by the service manager. The inspector saw that these audits were comprehensive and included information on the views of residents and staff of the quality of the service.

However, there were inconsistencies in the reporting of staffing issues across the audits. For example, in the annual report, staff had reported that a review of the rostering arrangements was required to allow for increased support in certain areas to better meet the overall health and well-being of residents. This was not reflected in the six monthly audit completed in March 2023 where there were no issues with staffing or rostering identified and therefore, no action plan was put in place in this regard. The centre's quality enhancement plan had been last updated in February 2023 and also documented that there were no issues with the staffing arrangements.

However, the inspector was informed by staff that the roster was short approximately 0.5 whole time equivalents. The inspector reviewed the staff roster for the centre from July 2023. It was found that there were gaps in the roster amounting to 91 hours that month which were required to be filled by relief staff. The inspector saw that these hours were filled by a small panel of four of the provider's regular relief staff.

While this was somewhat supporting continuity of care, the inspector was informed by staff that there was an impact on the quality of care being delivered. The inspector was told that it was difficult to support some resident's care needs with the current staffing levels and rostering arrangements. This was also reflected in one resident's sleeping care plan which detailed that it was difficult to implement the recommendations with the current shift patterns.

The inspector was informed by staff that rostering reviews had been completed locally and that the staffing issues had been discussed at meetings between the person in charge and service manager. The inspector was unable to review records of these meetings on the day of inspection as staff on duty did not have access to them and both the person in charge and service manager were on leave.

Staff in this centre were in receipt of regular supervision and support through monthly staff meetings and regular supervision meetings. The inspector reviewed the minutes of staff meetings and saw that they discussed risk assessments and provider

policy updates. Staff also received training in areas such as positive behaviour support.

Resident's files were reviewed. The inspector saw that residents had an up-to-date assessment of need which was written a person-centred manner. Care plans were in place for assessed needs. In many instances, care plans had been made accessible or supported with visual information to support residents' comprehension and ensure residents were consenting to supports and interventions identified.

Some residents' needs had changed in recent years and staff described how some residents had been impacted by the COVID-19 pandemic. Staff spoke about additional supports that had been implemented to support residents in re-engaging with their communities. These supports included recruiting volunteers and supporting residents to participate in previously enjoyed hobbies or interests such as art classes and brunch clubs.

There were comprehensive policies in place to guide staff in supporting residents' rights and in managing restrictive practices. These policies included a complaints policy, a policy on the use of restrictive practices and a positive behaviour support policy. The policy on the use of restrictive practices was reviewed by the inspector and was found to provide clear guidance to staff on the type of restrictive practices and the provider's philosophy and culture regarding these. This policy also set out the terms of reference for the provider's restrictive practices committee.

Through discussion with staff on the first day of inspection it was identified that keeping a resident's bank card in a secure place in the centre, although requested by the resident, would likely meet the definition of a restrictive practice as set out in the provider's associated policy. A review of this practice was therefore required to ensure that it was recorded and monitored in line with the policy.

Additionally, the inspector found that the resident required further education to ensure that they were informed of their rights and of the impact of this arrangement. While the resident's financial support plan set out a plan for how much money the resident should withdraw weekly, it did not provide information on what staff should do if the resident requested additional money. It also did not provide information to the resident on how they could choose to opt out of the agreed arrangement if they wished to do so.

Residents' meetings were held regularly in the centre. Records of these meetings were maintained and the inspector saw that residents had opportunities to discuss the running of the centre, complaints and their rights and responsibilities. Some residents told the inspector that they had completed courses in human rights in their day services and that they understood their rights.

The inspector was informed that a previous restrictive practice relating to access to cigarettes for one resident had been reviewed and removed subsequent to the last inspection of the designated centre. This demonstrated that staff were proactively attempting to reduce restrictive practices in the centre. The culture in the designated

centre was one which promoted the dignity of each resident and aimed to ensure residents were living in a restraint free environment.

While residents were informed regarding complaints and had been supported by staff to make complaints, there was enhancement required to ensure that these were managed in line with the provider's policy. On reviewing a resident's file it was noted a complaint had been made in early 2023. This was resolved locally by staff and the outcome was documented in the resident's file. However the complaint had not been recorded on an associated complaints form in line with the provider's complaints policy. This required improvement to ensure that the person in charge had a comprehensive record of complaints managed in the centre.

Overall, the inspector saw that staff were endeavouring to provide support that was person-centred and respectful of residents' rights, choices and preferences. However, the quality of care was impacted somewhat by the current staffing arrangements.

A review was also required of the local implementation of the provider's policies to ensure that all restrictive practices and complaints were identified and monitored as such and that residents were informed of and consenting to any restrictive practices that were impacting them.

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.

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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