



**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

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| Name of designated centre: | Coastguards |
| Name of provider: | Health Service Executive |
| Address of centre: | Louth |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 September 2023 |
| Centre ID: | OSV-0002567 |
| Fieldwork ID: | MON-0040234 |

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 |
|-------------------------|----------------------|------------------------------|
| Friday 8 September 2023 | 09:15hrs to 13:15hrs | Eoin O'Byrne |

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

This was an unannounced thematic inspection which focused on the implementation and management of restrictive practices in the residents' home.

The inspector was greeted by staff members and a resident on their arrival. The staff members were observed chatting with the resident in the kitchen and introduced the inspector to the resident. The resident appeared at ease in their interactions with the staff members.

The resident then showed the inspector to a part of the house. Two of the residents had already left to attend their day service programme, and the resident chatting to the inspector was waiting for transport to return so they could attend theirs.

The fourth resident decided they no longer wanted to attend their day service programme and preferred spending time with staff or relaxing at home. The inspector chatted with this resident at different times during the inspection. The resident appeared happy and relaxed with the staff. The resident was offered to engage in some activities but chose to watch T.V. Later in the day, the resident agreed to go for a coffee with staff members.

Each resident had their own bedroom. One resident had an apartment on the first floor of the house. The house was large, and residents had adequate space to take time away. The provider and the staff team had recently reviewed the living arrangements in the house. This had been done to reduce some residents' impact on their peers. The house had three sitting rooms, and residents, with staff support, had changed the rooms they spent time in. The changes had proved successful for the residents. Staff said there had been a reduction in noise levels and negative impact for some residents.

The inspector also observed the two residents who had changed rooms appeared relaxed and content. Furthermore, the person in charge showed the inspector plans for creating a second self-contained apartment, as it had been identified that this would benefit one of the residents.

At the time of the inspection, there were two vacancies. The person in charge informed the inspector that proposed residents had been identified to fill the vacancies. Compatibility assessments had been completed to ensure that the proposed new residents and current residents would be suitable to live together. The process included a review of the impact the proposed residents would have upon the current residents and the impact the current residents would have upon the proposed residents. The inspector was provided with evidence of the compatibility assessments and was informed that suitable residents had yet to be identified.

The inspector also found that renovation works had been completed in recent months. A new kitchen had been installed, and painting and decorating works had

been carried out. The residents' home was clean and well-presented on the inspection day.

As mentioned above, three current residents attended day service programmes. The inspector reviewed a sample of residents' information regarding their daily routines. The residents were encouraged to be active members of their local community. The residents lived on the outskirts of a large town and had access to various amenities. Residents regularly went out for food and coffee.

Residents had engaged with staff in identifying things they would like to do or trips they would like to go on. For example, some residents had gone on overnight breaks, attended music events or musicals, gone on holiday or, in some cases, engaged in learning activities to develop their independent living skills. There were some good examples of positive risk-taking being promoted for residents, as some had attended events or engaged in activities that they had not been able to manage in the past.

The review of daily routines also identified that no restrictions impacted the residents in their home. The provider had following reviews reduced the number of restrictive practices. This process will be discussed in more detail later in the report.

The inspector reviewed resident meeting minutes. Residents were encouraged to give their opinions and make plans. The meetings were also used as information-sharing sessions where residents would be kept up to date regarding practices in their home.

There was only one restrictive practice at the time of the inspection, and this did not directly impact the residents as it was a locked press containing cleaning chemicals on the first floor of their home. There was, therefore, limited evidence of the residents discussing restrictive practices in their home. The person in charge did identify that if restrictive practices were increased, residents would be notified through resident meetings.

The inspector reviewed the staffing rosters. There was a significant staff presence each day, with two residents receiving one-to-one support. These one-to-one staffing arrangements ensured that the residents were engaged in their preferred activities, ensured their safety and, in some instances, reduced the possibility of negative peer-to-peer interactions.

A consistent staff team was in place, and an appraisal of their training records demonstrated that they had completed training regarding human rights-based approach and training on advocacy. The staff had also completed training on managing challenging behaviours and safeguarding vulnerable adults. The staff members the inspector spoke to were aware of the residents' needs, and a staff member informed the inspector of the removal of some restrictive practices and about the existing restrictive practice.

Support plans, including behaviour support plans, had been drawn up for the residents who required them. The plans explained the residents presentation and how best to assist the residents.

The findings from this inspection were positive. In the last nine months, the provider had reduced and removed two restrictive practices, one environmental and one physical restrictive practice. Arrangements were in place to ensure that the least restrictive practices were implemented. Restrictive practices were documented and reviewed by an appropriate group quarterly. These systems will be discussed in more detail in the next section of the report.

Oversight and the Quality Improvement arrangements

This service was led by a person in charge who was supported by a team of staff nurses and care assistants. Through observations and the review of information, the inspector was assured that the person in charge and the staff team were making every effort to promote an environment with limited restrictions that maximised residents' independence.

An example of such practices was highlighted to the inspector by the person in charge whereby, it had been identified that a resident wanted to begin administering their own medication. A learning programme had been drawn up to support the resident in doing this. The inspector observed recordings of the resident preparing and administering their medication daily with minimal support from staff members.

The provider had established a group called the Positive Approaches Support Group (PASG). The group was established to assist residents with complex decisions regarding personal choice and ensure that residents' well-being and safety were maintained via a positive approach to managing risk. As mentioned above, the inspector was provided with evidence of residents successfully engaging in activities they had previously been unable to due to positive risk-taking being implemented. Critical functions of the group were the assessment granting or refusing approval for the use of restrictive practices. If a restrictive practice was granted, the group sought to ensure that the least restrictive measures were utilised.

The most recent group meeting was held on the 29.08.23. A physical intervention had been prescribed to be used as a last resort for a resident. The practice was reviewed by the group and was discontinued as the residents' behaviour no longer required such an intervention. An environmental restrictive intervention introduced regarding transportation was removed earlier in the year following review. There was also evidence of some residents choosing to have no night time checks. Checks were in place for others but had significantly reduced following an assessment of the practice. Overall, the provider demonstrated that their systems for reviewing, reducing and removing restrictions where possible were effective.

The provider had ensured that a policy regarding restrictive practices had been developed and was available for review. The policy was detailed and gave staff appropriate guidance regarding restrictive practices.

The provider had identified before the inspection that aspects of the language used in the policies and procedures required updating to reflect the Assisted Decision-Making Act to ensure that the policies reflect the wording and processes within the act. The inspector was informed that all policies will be reviewed at a meeting on the 26.09.23.

At the local level, the person in charge established a restrictive practice register containing relevant information. This was reviewed monthly, audits had also been completed. Furthermore, the person in charge was submitting quarterly reports

regarding the usage of restrictive practices for review by the Chief Inspector per the regulations.

As discussed earlier in the report, the provider had ensured that the service was effectively resourced regarding the staff team. There was a significant staff presence each day that ensured that the needs of the residents were met. There were also three vehicles available for residents to use.

The review of a sample of residents' information also showed that residents had access to a range of allied health professionals when required. Supports had been adapted following changes in needs for some residents. There was a system in place for some residents to receive regular input regarding their medication and mental health, which was positive for 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.

Compliant

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

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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 |

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| | 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> |

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