



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	26 October 2023
Centre ID:	OSV-0003392
Fieldwork ID:	MON-0040717

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
Thursday 26 October 2023	11:15hrs to 18:20hrs	Gearoid Harrahill

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

This unannounced thematic inspection was carried out to assess the registered provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. The aim of this inspection was to drive service improvement in these areas for the benefit of residents. In the main, the finding of this inspection was that the provider had ensured that restrictions implemented were relevant to risks identified for each resident, and had taken some steps towards planning to phase out some restrictive practices, however there was substantial work still required to ensure that restrictive practice were identified, managed and reviewed in line with provider policy, best practice, and the national standards.

The inspector had the opportunity to meet with residents and their support staff and read commentary about the centre provided by residents. One resident was relaxing in a TV room organising his large collection of DVDs and watching James Bond movies, which were his favourites. One resident went for drive with staff and went for a walk and got lunch in the community. One resident was away visiting family on the day of this inspection. The inspector observed daily notes which indicated that one resident regularly got out of bed in the middle of the afternoon and went back in the evening. Frontline staff explained how they were trying to encourage this resident to engage in meaningful activities in the house and as part of the community in the limited time they may show an interest.

Residents explained in surveys what preferences and wishes they had around matters such as activities in the community and mealtimes. Some residents commented that they enjoyed contributing to household chores, gardening and doing shopping for the house. One resident had helped decorate the house for Halloween.

Some restrictive practices in the centre were accompanied with alternate measures to reduce their impact. For example, where lighters were not permitted to be carried by residents, a wall-mounted device for safely lighting cigarettes was provided. The provider noted that some residents were aware of codes for opening secured doors, however were not physically capable of entering them. The inspector found limited evidence of formal risk assessments conducted where restrictive practices affected people other than those for whom the restraint was introduced, however there was evidence of conversations had with the residents advising them after they were in place. Provider policy outlined systems by which the resident or their representative was invited to contribute to assessments on restrictions which related to their behaviour or risk in line with best practice. However there was limited evidence to confirm this was consistently happening.

All residents had property belonging to them stored in a locked safe accessible only to centre management. It was not evident how residents had been supported to maintain safe ownership of their own property, or for what risk this was identified to be the least restrictive control measure.

Oversight and the Quality Improvement arrangements

The inspector found that the provider had a policy in place regarding the use and regular review of restrictive practices, and a structure described to monitor evidence related to their use and justification. Review was required to ensure the provider's policy was implemented in practice, and development was required on how restrictive practices and systems impacting residents' rights were identified and risk assessed with a view to reducing or eliminating same.

In advance of this inspection the provider had self-assessed their compliance with the national standards across eight themes including use of resources, use of information and workforce planning. The provider assessed themselves as meeting the national standards in seven of the eight themes, identifying development required to assess impact of restrictive practices on residents.

The provider had a policy in effect related to the identification, use and evaluation of restrictive practices. This policy was detailed and incorporated content from most recent national policies and guidelines. However, some elements of this policy were not observed to be reflected in practices observed on this inspection.

A number of environmental and rights-based restrictive practices were in use in this designated centre. This included internal and external doors and gates locked with key codes, alarmed bedroom doors, window restrictors, internal car cameras, use of plastic plates and cups, and sharp items and resident money locked in the staff office. Some of these practices were implemented for all residents due to centre policy, as opposed to being implemented based on each person being assessed as requiring the intervention as the least restrictive means of controlling a risk relevant to them. The inspector also observed some references made by staff and centre audits to residents' phones being locked in the office and to personal communications being monitored.

The provider did not have an established group or committee responsible for overseeing and steering the use or reduction of restrictive practice, in line with national policy and best practice. All restrictive practices in this centre were reviewed by the Person in Charge and their deputies, and co-signed by the behavioural specialist. The inspector reviewed minutes of review meetings held every three months. These records primarily listed out all restrictions active in the centre, without evidence of using trending or analysis of incidents or relevant risks to re-assess each practice to be the least restrictive control measure.

Some restrictions had been in place for a long time in this centre with limited evidence of strategies to remove same. In one example, window restrictors and bedroom door alarms had been introduced to prevent a resident from absconding from the house or climbing out the window, however there was no evidence to indicate the person had made any attempt to do so in a number of years. Some restrictive practices were continued from residents' previous living environment, and many of the staff who spoke with the inspector indicated that some restrictions

implemented were in effect due to behaviours which the staff had not observed in the time they had worked with the residents.

The inspector was not assured that all restrictive practices in effect had been implemented as a last resort option. In one example, a resident had gone for a short walk and returned to the house without telling staff beforehand, and the response for this was to introduce magnetic locks on the premises to prevent them from leaving. However, these locks were not installed until six months after this event with no incidents or near-misses recorded in the interim to suggest the person presented a high risk of absconding from the house.

However, for some more recently-introduced restrictive practices, the person in charge had developed a time bound strategy to eliminate the practice. In an instance in which the pantry was locked, a chart was being maintained to record incidents or near-misses related to the rationale for which it was introduced, with the view of disabling the lock if a certain time passed without incident. There was evidence that this plan had been discussed with the affected residents.

The inspector reviewed a sample of records for incidents in which staff used physical interventions with residents in response to behaviour which posed a risk to other people. These contained evidence to provide assurance that other de-escalation techniques had either been exhausted, or would not be effective in addressing the risk before holds were utilised.

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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