



**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:	Brookvale House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	16 November 2023
Centre ID:	OSV-0004351
Fieldwork ID:	MON-0040233

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 16 November 2023	09:30hrs to 14:30 hrs	Eoin O'Byrne

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

This was an unannounced thematic inspection; the focus of which was to assess the provider's implementation of the *2013 National Standards for Residential Services for Children and Adults with Disabilities* relating to restrictive practices.

This centre provides accommodation to seven residents. At the time of the inspection, five of the residents were attending their day service programs and the other two residents were relaxing at home. The inspector had the opportunity to speak with one of the residents.

The resident sat at the kitchen table, completing some arts and crafts while listening to their preferred music. This resident also attended day service on a part-time basis. The resident chatted with the inspector with some support from a staff member and appeared at ease in their interactions with the staff members and comfortable in their environment. The second resident chose not to meet with the inspector.

While the inspector had limited conversations with residents, the inspector did review the residents' daily notes, progress reports and key working sessions. The appraisal of this information demonstrated that this group of residents were supported to live active lives. Along with attending day service programs, residents were also active in their local community and further afield. They liked to go out for food, participate in musical events and concerts, go on nature walks, go shopping, and go out for coffee.

The residents' home was large, with ample space to receive guests and for them to relax. There were two large sitting rooms and a large kitchen and dining room. Each resident had their own room that had been decorated to their preference. There was evidence of the provider and the staff team seeking to reduce restrictive practices. This was demonstrated by a restrictive practice recently being discontinued. The restrictive practices that were in place will be discussed in more detail later in the report. But, the inspector did find that the practices were in place to maintain the safety of the residents and were under regular review.

The inspector spoke with staff members regarding the methods of communication used by residents who communicated non-verbally. The staff members spoke of the use of some sign language and the use of visual aids and prompting. The inspector found that regular resident meetings were held. Residents were presented with information on topics such as maintaining their safety, the Assisted Decision Making Act and also reviewed the restrictive practices utilised in their home along with an easy-to-read document about restrictive practices. The topic of restrictive practice had been covered at a number of meetings.

At the beginning of the inspection, the inspector spoke with two staff members. The staff members demonstrated that they knew the needs of the residents. The staff members spoke of some of the activities residents liked to do, including using sensory rooms in libraries and using the sensory activities and lights that had been installed in their home. The staff members, when asked, gave a detailed response regarding the number and type of restrictive practices utilised to maintain the safety of the

residents. The staff members also informed the inspector that a restrictive practice had been discontinued following a trial period.

Staff members had been provided with appropriate training to support positive outcomes for the group of residents in their care. The staff team had completed training on topics such as the Assisted Decision Making Act, human rights training, and also training regarding restrictive practices.

The inspector also reviewed staff team meeting minutes and a sample of staff members' supervision minutes. There was good evidence of information-sharing practices being employed, and the needs of residents were discussed alongside how best to support them. There was also evidence of the staff team reviewing and discussing restrictive practices and their impact, and as noted above, the staff members who spoke to the inspector had detailed knowledge of the residents and the restrictive practices employed in the service.

The resident's home was not a restraint-free environment, but the provider and the staff team were where possible, reducing restrictive practices. There were restrictive practices in place to maintain the positioning of some residents when using their wheelchairs and whilst in bed, and there were also some environmentally restrictive practices in the form of locked doors and cupboards. However, there was clear reasoning for their introduction and their continued use to maintain the safety of the residents. The provider had ensured that restrictive practices employed were under regular review and were appropriate.

Oversight and the Quality Improvement arrangements

This service was led by a person in charge, with team leaders and care staff supporting them.

The provider had ensured that a policy regarding restrictive practices had been developed and was available for review. A human rights committee had been established which consisted of two subgroups, one focusing on restrictive practices and the second on the Assisted Decision-Making Act. The groups consisted of members of the providers, senior management members of the positive behaviour support team, persons in charge and residents.

The groups meet quarterly but could meet sooner if required. The groups were focused on promoting a restraint-free environment and ensuring that principles underlined in the Assisted Decision-Making Act were at the forefront of the service provided to residents. As discussed earlier, an example of good practice was the removal of a restrictive practice following a trial period.

The person in charge and the provider had ensured there was a restrictive practice register which accurately reflected the restrictions in place. The register was reviewed at a minimum, on a six-monthly basis, but restrictive practices were reviewed by the person in charge and senior management as part of monthly audits. Furthermore, the

person in charge submitted quarterly reports regarding the usage of restrictive practices for review by the Chief Inspector as per the regulations.

The inspector found that the provider ensured residents had access to a well-established MDT team. Support plans had been developed to guide staff when working with each resident, and behaviour support plans had been devised for residents who required them. These plans were focused on understanding the residents' behaviours and providing staff members with methods to best support each resident. There were risk assessments in place that were specific to each resident. These were again under regular review and guided staff members on maintaining the residents' safety.

In summary, the inspector found that the residents were well cared for by those supporting them. The residents had access to a large MDT team, and their needs were under regular review. Regarding the restrictive practices, there was clear reasoning for their introduction and continued use. The provider had review systems to ensure the practices were proportionate to the risk. The review of information also demonstrated that those supporting the residents sought to utilise the least restrictive practices where possible.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

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	
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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