



**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:	Community Houses Dundrum
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	14 December 2023
Centre ID:	OSV-0004647
Fieldwork ID:	MON-0040642

## 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
Thursday 14 December 2023	11:00hrs to 16:20hrs	Marie Byrne
Thursday 14 December 2023	11:00hrs to 16:20hrs	Sarah Cronin

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

This short announced thematic inspection was completed to assess how the provider was implementing the National Standards for Residential Services for Children and Adults with Disabilities (2013), in relation to restrictive practices. Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service and they were being supported to live their lives in line with their wishes and preferences.

Community Houses Dundrum is a community-based residential service for adults with an intellectual disability operated by the Health Service Executive. There are two semi-detached houses a short distance from each other in South Dublin. One of the houses is home to three residents and the other house is home for four residents. There was a welcoming atmosphere in both houses and residents who were home appeared very comfortable in their homes. A number of improvements had been made to the houses since the last inspection which contributed to them appearing more comfortable and homely. There are shops, cafes and other amenities close to the houses, and there are good public transport links in the areas.

Some residents were out and about when the inspectors of social services arrived at their homes. As the inspection was short announced five residents who knew they would not be home when inspectors visited had completed questionnaire in advance of the inspection. In these questionnaires residents indicated that they were happy living in the centre. Two residents indicated that they liked sharing their home with their "friends", and one resident indicated that they liked the staff team. One resident wrote that they have a "nice room" and that the "food is ok". They all indicated that they were aware of the complaints process.

The inspectors had an opportunity to meet and speak with two residents during the inspection, as there was one resident home in each of the houses visited. They both appeared relaxed and content in their home. They appeared very comfortable in the presence of staff and staff were found to be knowledgeable in relation to their care and support needs, familiar with their communication preferences and to take time to chat with residents. Both houses were nicely decorated with Christmas trees and decorations.

One resident answered their front door when the inspector and person in charge visited their home. They had just returned from day service and spoke with the person in charge and inspector about their day. They spoke about how they get to their day service. They spoke about how they liked to spend their time and about the important people in their life. They said they would tell the person in charge or any member of the staff team if they had any complaints or concerns. They had been relaxing in the living room watching sports on the television before the visit and once they had a chat returned to watch the television. This resident had recently transitioned to the centre from another designated centre. They told an inspector that they were very happy in their new home. They said they liked the house and the

people they were sharing their home with. They spoke about recently enjoying meeting up with people they used to live with for a Christmas party.

In the other house a resident also answered the door and showed the inspector around their home which was nicely decorated for Christmas. They told the inspector they were happy in their home and happy living there. They spoke about their plans to go shopping after dinner to buy a Christmas jumper.

There were a small number of restrictive practices in place to support residents' safety and well-being and these were recorded as such and regularly reviewed. Where a restriction may impact on a residents' privacy and dignity this was considered and efforts were made to ensure to remove them or ensure that the least restrictive practice was in place. For example, there was evidence of recent restraint reduction in the centre. There had been a door alarm in place but this was removed following a review of the effectiveness of existing controls measures.

For the most part, residents could freely access their home and garden. There was a locked side gate in one of the properties for safety and security. This was risk assessed and regularly reviewed. There were thumb locks on the inside of external doors and residents had the keys to their front door. There were regular restrictive practice review meetings and restrictive practices were regularly discussed at resident and staff meetings. The potential impact of restrictions for everybody living in each of the houses was kept under review. There were monthly audits of restrictive practices by the local management team. In addition, the provider's human rights committee and quality and safety committee were discussing restrictive practices.

Residents were supported to understand the rationale and impact of the restrictions in place. There was easy-to-read information on "my choices", rights, complaints and restrictive practices. Restrictive practices, rights, and advocacy were being regularly discussed at resident and keyworker meetings. A number of residents living in this centre were active members of a local advocacy group. Resident's views and those of their representatives were captured as part of the provider's annual review. Across all documentation reviewed by inspectors person-centred and rights-based language was being used. For example, choice, autonomy and independence were words that were used throughout residents' personal plans. Positive risk taking was also in practice and seen as a means to promote residents independence and quality of life. This was also the case when inspectors spoke with staff in the houses and members of the management team.

Overall, residents who met with inspectors appeared happy and content in their home and those who completed questionnaires also indicated this. Residents were busy attending day services and taking part in activities they enjoyed. They were supported to freely access their home and possessions. There was a clear rationale in place for any restrictive practices in the centre.

## Oversight and the Quality Improvement arrangements

Overall the findings of this inspection were that care and support provided for residents was of a high standard. Residents were being supported to make choices, independently access day services and activities of their choice, and live their lives in line with their wishes and preferences. They were being supported to stay safe in their home, with a small number of restrictive practices in use in line with their assessed needs. The provider and person in charge were meeting the National Standards for Residential Services for Children and Adults with Disabilities 2013 in relation to the use of restrictive practices. The provider was focused on moving beyond compliance and continuously working on quality improvement initiatives. From speaking with residents, staff in the houses, members of the management team, and from reviewing documentation, it was evident that there was a clear human-rights based approach to care and support in the centre.

The provider had effective governance structures in place and these were ensuring the effective delivery of a good quality of care and support for people using the service. The policies in place were guiding staff practice and ensuring that person-centred care and support was delivered using a human-rights based approach. Where restrictive practices were implemented, this was done in line with the provider's policy, national policy, and evidence based practice. Policies and practice promoted a restraint-free environment. The provider's restrictive practice policy was in the process of being updated at the time of the inspection following input from the most recent quality and safety, and human rights committee meetings.

There were systems in place for recording and monitoring restrictive practices in the centre. These included risk assessments, and a restrictive practice form and log and regular reviews meetings. Their restrictive practice logs had a section for reductions plans. These reduction plans included an action plan which was then audited by a member of the management team monthly. In addition, a member of the local management team was visiting each house on a weekly and monthly basis and they were checking the environment, observing practice and discussing restrictions with residents and staff. Restrictive practices in place were discussed every two months at the provider's quality and risk meeting and were a standing agenda item at staff and management meetings. Restrictive practices were also reviewed as part of the provider's annual and six monthly reviews.

The provider was effectively planning and managing resources to ensure that restrictive practices were not used to compensate for a lack of resources. Staff had completed training such as complaints, safeguarding, goals training and positive behaviour support training. Bespoke onsite behaviour support training was also provided by the clinical nurse specialist. Inspectors viewed a sample of staff supervision records and found that restrictive practices and residents' rights were being discussed regularly. In addition, staff had completed one module of human-rights training and were planning to complete the other three. Inspectors spoke to two staff who described the positive impact of completing this training. They spoke about the impact it had on their day-to-day work such as reminding them that each

resident had the same human rights as everybody else. One staff spoke about how it highlighted the importance of taking the time to listen to residents, and of giving them the time to process information and then returning to discuss their choices and decisions. Another staff spoke about how the training made them realise how important it was for residents to stay in touch with the important people in their lives. They also said that it highlighted the importance of staff not limiting resident's freedom in any way and of their responsibility to support residents to be independent and make their own choices and decisions every day.

Overall, through a review of documentation, a review of the environments, and discussions with staff, it was evident that efforts were made to reduce restrictive practices, where possible. Where restrictive practices were in place they were assessed and regularly reviewed to ensure they were the least restrictive for the shortest duration. Every effort was being made to promote an environment where residents' independence was encouraged. They were keeping busy going to day services, spending time with their family and friends, and engaging in activities they enjoyed in their local community.

## 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

<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.
-----	--