



**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:	Delta Willow
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	15 November 2023
Centre ID:	OSV-0005526
Fieldwork ID:	MON-0040967

## 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
Wednesday 15 November 2023	09:25hrs to 16:30hrs	Sarah Mockler

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

This inspection was an unannounced thematic inspection of this designated centre. It was intended to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical restrictions, environmental restrictions and rights restrictions. The aim of this inspection was to drive service improvement in such areas, for the benefit of residents. Overall, the inspection found that residents living in this designated centre enjoyed a good quality of life and lived for the most part in a restraint free environment. If any restrictive practices were in place there was a clear rationale for the use of the intervention with careful consideration of alternative options if possible.

The centre has the capacity to accommodate nine residents across two separate units. On the day of inspection the inspector met with a total four of the nine residents. In addition to meeting residents, the inspector spent time with the management and staff team, observed care practices and reviewed documentation in relation to restrictive practices and other aspects of care and support.

When the inspector arrived at the first unit they were welcomed by the staff team. Three residents lived in this house. A resident was in bed at this time and the other two residents had left for their day service. The unit was a four bedroomed detached home located on the outskirts of a town in Carlow. The residents each had their own bedroom which had personal items and pictures on display. There was a large accessible bathroom and second small bathroom with a toilet and sink, a kitchen/living area, a second sitting room and a staff bedroom. The house was warm, bright and very well presented. Residents could access all parts of their home if they so wished. In terms of the environment, no environmental restrictive practices were assessed to be needed in the home. To the rear of the home there was a very large garden area that was available for residents to use if they so wished.

Residents in this home had individual support across the day and two staff available to them at night (one sleepover staff and one waking night staff). This meant that each resident had their own individualised service that could be tailored to their specific needs and wishes. For example, a resident was currently to choosing to leave their day service early, this was readily facilitated as there was sufficient staff available to support the resident. There was also a vehicle available for residents' use and the organisation had additional vehicles that could be utilised if required. Some residents were assessed as needing restrictive practices in the vehicle while travelling to ensure their safety.

Observations of care practices on the morning of inspection indicated that the resident was well supported in kind, professional and caring manner. Their right to privacy and dignity was upheld. For example, staff were observed to knock on the bathroom door before entering to help with personal care practices. They carefully explained to the resident what was happening at each part of the routine and reassured the resident as needed. The inspector had the opportunity to briefly meet with the resident when they had finished their breakfast. They were sitting at the

kitchen table and staff were sitting with them. They appeared comfortable and content. They answered questions mainly using a 'yes' or 'no' response. They were happy to have the staff member tell the inspector about their upcoming plans for the day and frequently smiled during this conversation. They had plans to go out for a walk and a meal later in the day.

Later in the day the inspector visited the second unit associated with the designated centre. This was located approximately two kilometres from the first unit. This part of the designated centre provided care and support to six individuals. On the day of inspection the inspector met with three of the residents in this unit.

The inspector completed a walk around of the home, this was a large dormer bungalow building located off a main road near to the local town. All residents had their own individual bedroom (two bedrooms had en-suite facilities), shared bathrooms, a large open plan kitchen and living area, a second sitting room, and a utility room. Upstairs there were store room, a mezzanine area and a staff sleep over room. Residents did not access the upstairs of the building. All areas of the home were clean, well presented and maintained with evidence of residents personalising their individual spaces. There were large corridors with widened doors and relevant accessibility equipment to ensure best practice in relation to accessibility. A small number of restrictive practices were in place in line with the assessed needs of residents.

The inspector briefly met with three residents in the home. One resident was watching TV and was also engaged in their preferred activity of knitting. Their walking frame had been fitted with a small storage tray so they could safely transport their items from their bedroom to other parts of the home. They smiled when the inspector spoke but did not engage in conversations with them. They appeared content and staff were seen to chat to the resident while they were relaxing in this space. A second resident arrived home from a medical appointment and was also seen relaxing in the living area. A third resident was in their bedroom and was happy for the inspector to come and speak with them. They were organising their personal belongings at this time. They spoke freely with the inspector and the staff present and spoke about an upcoming fundraising event in their day service which they had been involved with.

Due to the specific needs of residents within each home, activities for each day were planned accordingly. Some residents preferred active schedules and attended day service five days a week, whereas other residents preferred not to attend full-time day service. It was evident that the service was accommodating residents' preferences and needs around this aspect of care and support.

There were a small number of restrictive practices in use in the designated centre. The inspector found that where restrictive practices were in place, they were suitably identified, assessed and reviewed.

In summary, staff members on duty were very caring, pleasant and respectful in their interactions with residents. Residents appeared very content and comfortable in their home.

The next section of the report presents the findings of this thematic inspection around the oversight and quality improvement arrangements as they relate to physical restrictions, environmental restrictions and rights restrictions.

## Oversight and the Quality Improvement arrangements

Overall the findings of this inspection were that care and support provided for residents was of a good standard. Residents were being supported to make choices, engage in meaningful activities, and live their lives in line with their wishes and preferences, as much as possible. 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 and risk assessments. The findings of the inspection indicated that the requirements of the National Standards for Residential Services for Children and Adults with Disabilities 2013 had been met.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical restrictions, environmental restrictions and rights restrictions. These standards and the questionnaire was divided up into eight specific themes. This self-assessment was completed and submitted for review in advance of this inspection.

Following the completion of the self-assessment questionnaire the provider had developed a quality improvement plan. From the information provided on inspection it was evident that the provider had completed the majority of the actions they had identified in this action plan. For example the quality improvement plan had identified that an additional posts were required to strengthen the governance and management arrangements. Senior social care workers had been appointed and their role was to support the person in charge and complete specific delegated duties.

The provider had recently updated the policy on restrictive practices and the policy for supporting people with behaviour that challenges. Both these documents were available for review. The policies were interlinked and clearly outlined processes to be followed for both planned and unplanned restrictive practices. This included the process for identifying, recording, monitoring and reviewing restrictive practices. In addition, the policy noted that residents and/or their representatives were to be informed and consulted around restrictive practices.

In 2023 the provider formed Behaviour Support Overview Committee (BSOC) to comprehensively review restrictive practices within the centre. The aim of this committee was to "assist in development, review and oversight of the Delta centre's organisational policy around Human Rights, behaviours that challenge and restrictive practices". The members of the BSOC included the Chief Executive Officer, the residential manager, behaviour support team, person in charge and other members of the senior management team.

The inspector reviewed a sample of records in relation to restrictive practices in use in the centre and found that the identified restrictions were initially reviewed by the committee in July 2023. The referral form used to inform the BSOC about restrictive practices within the centre was detailed and required a comprehensive clinical rationale to why a restriction was put in place, what alternatives had been

considered, how the restriction would be reviewed and how was the resident informed of the process.

All restrictive practices in place had been initially reviewed by the committee and upheld or discontinued accordingly. As this process had recently commenced within the organisation further time was required for this system to fully embed. However, initial review of what was in place indicated that comprehensive oversight was in place with robust systems to review restrictions as required.

Additional oversight of restrictive practices also occurred during the six monthly unannounced inspections by the provider and in the provider's annual review.

Local level oversight and management of restrictive practice was also evident. An up-to-date restrictive practice log was kept in relation to each restrictive practice. Regular audits were completed on the use of the restrictive practices to ensure they were applied as appropriate. All restrictive practices were reviewed by the person in charge on a quarterly basis.

There was evidence of a reduction in some restrictive practices within the centre. For example, a restrictive practice had been in place whereby a front door could be locked if required. This restrictive practice had not been utilised over a number of months and therefore a decision had been taken to discontinue this restriction.

The provider had sufficient resources to support the residents to engage in their routine and reduce the necessity for restrictive measures. The inspector reviewed the staff roster and found that there was suitable staffing arrangements in place. In addition, the centre had access to sufficient vehicles to ensure residents could access the community.

The inspector reviewed a sample of staff training and found that all staff had up to date training in de-escalation and intervention techniques. Staff that spoke with the inspector were able to discuss what restrictive practices were in place and how they were applied.

Overall it was found that the provider had adopted the approach of reducing and eliminating restrictive practices as appropriate. All documentation and day-to-day practices within the centre reflected this approach.



## 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.
-----	--