



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 10
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	18 August 2023
Centre ID:	OSV-0005842
Fieldwork ID:	MON-0040328

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 18 August 2023	09:25hrs to 14:50hrs	Michael Muldowney
Friday 18 August 2023	09:25hrs to 14:50hrs	Kieran McCullagh

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

From what inspectors observed and were told during the inspection, it was clear that the quality and safety of care and support provided to residents living in the centre was of a good standard, and appropriate arrangements were in place to ensure that they were supported to lead a good quality of life.

The centre comprised a large single-storey building located on a large campus setting operated by the provider. The campus was close to many amenities and services including cafés, supermarkets and public transport. Inspectors carried out a thorough walk-around of the centre with a staff nurse. The premises comprised residents' bedrooms, vacant bedrooms, bathrooms and toilets, storage areas, sitting rooms, kitchen, offices, large living area, and dining room. The provider had plans in the future to convert a vacant room into a sensory room. There was also a large and inviting garden with outdoor furniture for residents to use.

Overall, the centre was very clean and well maintained, and inspectors observed good fire safety precautions and infection prevention and control measures, and the equipment used by residents was kept in good working order.

However, parts of the premises were institutional in aesthetic due to its large size and layout. The number of residents living in the centre had reduced from ten to six, and the provider was engaging with their funder to consider potential long-term plans to move the remaining residents to a smaller home.

It was noted that the provider had made efforts to make the premises more homely, for example, the centre had been freshly painted, the furniture provided for residents was homely and comfortable, and nice paintings and photographs were displayed throughout the centre. Residents' bedrooms were very personalised and decorated in line with their personal preferences and interests. One resident had recently celebrated their birthday, and there were balloons and decorations in the living room to signify the important occasion.

Residents' main meals were supplied by a central kitchen. Inspectors observed a good selection and variety of alternative foods in the centre for residents to choose from. Inspectors were also told by the staff nurse that some residents like to bake in the centre, and also enjoyed eating out in local cafés and restaurants. The staff rota and menu was displayed in the dining room and staff used pictures to aid residents understanding of the information. There was also easy-to-read information in the centre on complaints, independent advocacy services, restrictive practices, and safeguarding of residents.

Inspectors observed a low number of restrictive practices in the centre including physical and environmental restrictions. The purpose of the restrictions that were in use were to ensure residents' safety however, some improvements were required to better demonstrate that restrictions in place were managed in line with the provider's restrictive practice policy.

Overall, inspectors observed that the residents were living in an unrestricted environment and could move about freely and independently in their home and with staff assistance, if required.

Inspectors met all six residents that lived in the centre on the day of inspection. Residents did not verbally communicate their views to inspectors, but did engage with the inspectors through eye contact, gestures, shaking hands, and some words.

Inspectors observed residents engaging in different activities, such as reading magazines, watching television, listening to music, and playing games with staff. Some residents also went on community outings such as bus drives and to coffee shops. There was a dedicated vehicle available to transport residents to community activities, and some also occasionally used public buses to visit the city centre and local shopping centres. Residents' activities were planned on a weekly basis and activity planners were displayed on a noticeboard in the living area. The recent planners reflected different activities, such as trips to the zoo, farm, swimming, gym, walks, and cafés.

Residents attended weekly meetings where they discussed activities, menus, the premises, and aspects of the national standards including some of the rights referred to in the standards. In addition to the residents' group meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

Some residents' families were involved in decisions about their care and support and attended relevant meetings as required. Inspectors did not have the opportunity to meet any residents' families however, the recent annual review noted positive feedback from one family member which indicated satisfaction with the service provided to their loved one.

Overall, inspectors observed that residents appeared relaxed and comfortable in their home. Staff engaged with them in a very warm and kind manner. They attended to their needs in a timely manner, and it was clear that they knew them and their associated needs well. Staff were observed attending to residents' needs in line with their individual care plans, for example, inspectors observed that their lunch-time meals were prepared as per their feeding, eating, drinking and swallow (FEDS) care plans.

Inspectors spoke with a staff nurse (who facilitated the inspection in the absence of the person in charge), a programme manager, the Director of Care, and healthcare assistants during the course of the inspection. The nurse told inspectors that there was one restrictive practice in the centre (sensor mat), and spoke about the arrangements for implementing and reviewing its use. However, from speaking with staff and from observations, inspectors noted that there were other potential restrictions being implemented in the centre. This matter is discussed further in the next section of the report.

The nurse told inspectors that residents were happy and safe living in the centre, and were being supported to exercise choice and control in their lives. They shared a

recent example of how a resident was supported to make decisions; they were supported to move into a bigger vacant bedroom however, they did not like the new room and their decision to return to their original bedroom was respected. They said that residents had opportunities to engage in different community activities and that the staff complement was sufficient to meet their needs.

The programme manager agreed with the nurse's view that residents received a good quality and safe service, and they had no concerns. They told inspectors about some of the measures in place which promoted a restraint free environment in the centre, such as discussing restrictions at staff and multidisciplinary team meetings, reviewing the use of restrictions, training for staff on human rights, consultation with residents, and adherence to the provider's relevant policies and procedures. They also spoke about how the provider was sharing learning from thematic inspections in their other centres to enhance their practices.

A healthcare assistant told inspectors that residents received a very good and person-centred service that promoted their rights. They spoke about how residents were offered choices and control in their daily lives, for example, they chose their meals, daily routines, and activities. They told inspectors about activities residents enjoyed, such as beauty treatments, shopping, games, cinema, day trips, and eating out. They had completed training in human rights and told inspectors that it had affirmed the positive practices in the centre.

They told inspectors about the rationale for the sensor mat used by one resident, and the measures to promote a human rights based service, for example, implementation of residents' care plans and discussions on rights at residents' meetings. They had no concerns about the care and support provided to residents, but said that they could escalate any concerns to the management team.

Oversight and the Quality Improvement arrangements

Overall, the provider and person in charge had made good efforts to promote an environment that maximised residents' independence and autonomy, and reduced the need for restrictive practices. However, inspectors found that some of the arrangements required enhancement to meet optimum standards.

There was a full staff complement comprising the person in charge, nurses, healthcare assistants, and a day services staff. Residents also had good access to the provider's multidisciplinary team services as appropriate to their needs, including social work, positive behaviour support, speech and language therapy, and physiotherapy.

The person in charge worked full-time and was based in the centre. They were supported by a programme manager who in turn reported to a Director of Care. There were good arrangements for the management team to meet and monitor the service provided to residents, for example, they met regularly and completed management reports. The provider also had oversight systems to monitor the quality and safety of service including on the implementation of restrictions. The recent six-monthly provider led audit reviewed the implementation of restrictions in the centre and had identified actions for improvement. The provider has also established a restrictive practice committee with responsibility to review and approve restrictions.

Staff working in the centre were required to complete training in a wide range of areas as part of their professional development, including training that promoted residents' rights, such as positive behaviour support, human rights, and the Assisted Decision-Making (Capacity) Act, 2015. The training logs provided to inspectors showed that three staff had not completed training in positive behaviour support and human rights. However, the provider had prepared written policies on positive behaviour support and restrictive practices, and these policies were available in the centre for staff to refer to, and staff had signed them to indicate that they were read and understood. Restrictive practices also were a standard agenda item discussed at staff team meetings to raise awareness on this topic.

Prior to the inspection, the person in charge had completed a restrictive practice self-assessment questionnaire. The questionnaire noted one restrictive practice; a sensor mat which was used to alert staff if a resident got out of bed during the night to reduce the risk of them falling. The rationale for the mat was clear, and reflected in an associated protocol. The use of the restriction was recorded nightly to ensure that it was used for the shortest duration necessary, and it had been approved by the restrictive practice committee. The protocol noted that the resident had been consulted with about use of the mat and the staff nurse told inspectors that it was regularly discussed by them. However, it was not documented in the associated protocol, when the restriction was last discussed with them. Alternative interventions had been considered and the sensor mat was deemed to be the least restrictive option.

During the inspection, inspectors identified other restrictive interventions (bed rails and specific orthopaedic aids) which had not been included in the self-assessment questionnaire and had not been recognised as being restrictions by the provider. The use of these interventions was overseen by the local management team (and in some cases, members of the provider's multidisciplinary team).

However, the interventions had not been subject to a comprehensive risk assessment, and it was not demonstrated that residents had consented to their use. There was also an absence of clear protocols to adequately guide staff on the durations of use, and this posed a risk to the safe implementation of the interventions.

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.

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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