



# 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 11
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	16 August 2023
Centre ID:	OSV-0005856
Fieldwork ID:	MON-0040728

## 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

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<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 16 August 2023	10:30hrs to 16:00hrs	Karen McLaughlin

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

This inspection was an unannounced thematic inspection of the designated centre. It was scheduled to assess the provider's implementation of the national standards relating to restrictive practices and to drive service improvement in this area.

The centre consisted of two large residential bungalows situated on a congregated campus setting in west Dublin, with bus routes nearby and local amenities which are within walking distance. Residents availed of transport provision afforded, by the provider, to the designated centre. The centre had the capacity for a maximum of 12 residents, at the time of the inspection there were 11 residents living in the centre full-time.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

On arrival to the centre, the inspector was greeted by a staff member on duty who informed the person in charge who made themselves available throughout the course of the inspection.

The person in charge accompanied the inspector on a walk around of the centre. The centre was seen to be homely and well-maintained with one bungalow scheduled for painting and decorating the next day as part of the provider's general upkeep and maintenance of the premises. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

Both bungalows had a kitchen, communal living room, a number of shared bathrooms/shower areas, individual bedrooms and a staff office. Residents' bedrooms was decorated individually to reflect their personality and interests, with one bungalow having devised a poster for each resident based on their likes/dislikes and interests.

The inspector saw, on a walk-around of the centre, that there were no locked doors or presses. The food presses in both bungalows were well stocked and there were visual menu plans displayed in both kitchens. Food moulds were used for structuring modified consistency food to resemble what it originally looked like for residents who required a soft diet. The kitchen in one bungalow had adapted a cooking appliance so that residents could participate in the preparation and cooking of their meals. One bungalow had a music room and sensory room and staff told the inspector these rooms were used daily by the residents.

The other bungalow had an activity/chill out room equipped with a TV, play station and a music system. During the inspection, one resident was using this room to watch a movie, the inspector met with this resident who was supported to engage in conversation by the person in charge. The resident was supported to tell the inspector what activities they liked such as going to the cinema or the local pub.

Both bungalows had well-maintained enclosed gardens to the rear of their respective premises which were thoughtfully landscaped to provide adequate safety and supervision while also providing residents with privacy.

One bungalow had a 'sun-shed awning' to offer protection from the sun and afforded residents the opportunity to sit outside on warmer days. Staff had recently planted lavender in the flowerbeds and there was a little pathway with a water feature and a potting shed at the bottom of the garden. The other bungalow, had a newly fitted fire pit and the inspector was informed that a family BBQ day had been organised for the residents of this bungalow, the fire pit was sourced so that all residents could participate in the event.

The person in charge explained that there were plans in place for one of the bungalows to de-congregate and move to the community. They told the inspector that as part of this transition residents had been accessing the local community where the new house was situated. The floor plans for the new house were displayed in a large frame in the activity room of the bungalow.

During the inspection the inspector had the opportunity to meet with the residents and staff on duty. The inspector spoke with the programme manager, the person in charge, nurses (including a student nurse), a social care worker and household staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

Residents did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. However, the inspector reviewed the most recent annual review which contained feedback from residents on the quality and safety of care provided. Resident's views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here and were happy with the amount of choice and control in their lives. One resident indicated he would like more access to the community and another suggested a heater for the patio would be nice.

The inspector asked how residents indicated choice and preference and was told that staff were very familiar with all the residents' communication styles and cues including gestures, facial expressions and vocalisations.

The inspector saw that there was information available to the resident to support their communication including a visual activity board and a picture exchange board. Some residents had digital communication pads to support their communication and all staff had received training in their use.

There was an abundance of assistive technology, in one house in particular, including a switch to support residents to turn on/off appliances like the microwave, a mixer and a stereo system in the kitchen. Residents were supported to make choices around what they wanted to watch on TV using a play station handset which they could control. The

inspector saw staff using these supports with the resident to ensure that they were informed and supported to make choices.

Each resident had an up-to-date communication passport to support their communication needs. Staff were also in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspector during the course of the inspection.

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

The inspector observed residents' daily routines, their engagement in activities and their interactions with staff. On the day of the inspection, two residents from one bungalow were going out on the provider's bus, the remaining residents were watching TV. In the other bungalow, residents were watching the women's soccer world cup semi-final, another resident was busy making a Lego model and another resident was listening to music in the kitchen.

Residents enjoyed a good quality of life and were facilitated to lead lifestyles of their choosing. Systems were in place to ensure they were supported to stay safe and their home was observed to be comfortable, warm and welcoming. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions. They were jovial in their interactions with residents and were observed engaging in age appropriate activities relevant to each resident's likes and dislikes.

Families played an important part in the residents' lives and the person in charge and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. In line with many of the residents' wishes, families visited residents in the designated centre or residents went out of the centre to visit their families. Families were consulted for feedback in the provider's most recent annual review and they reported they were satisfied with the quality of care and support provided in the centre saying they were happy with the level of communication they receive and always feel welcome when they visit.

All staff had received training in human rights and the provider had a human rights committee. The inspector asked staff about their training in human rights and how they implemented it into their professional practice. One staff member described how their human rights training had enhanced the delivery of care in the centre, with one resident getting a pet cat as part of his personal planning and goal setting.

Another staff member had identified through key-working and personal planning that one resident, by choice, spent a lot of time her bedroom. In order to make the environment more appealing staff placed flower boxes on the window and positioned

bed so the resident could look out to the garden therefore improving the resident's view.

There were two restrictive practices implemented within the centre, both of which were the utilisation of sleepsuits at night to protect residents' dignity, manage specific personal risks and maintain their skin integrity. The restrictive practices in use in the centre which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector.

Both restrictive practices had an accompanying risk assessment to substantiate and justify the rationale and risk they managed. It was also evidenced that they were implemented for the least amount of time possible and only to manage the specific risk identified. Furthermore, consent was obtained in consultation with the resident and persons important to the residents through key-working meetings and the utilisation of an easy-to-read document, as part of the process.

The provider had a restrictive practice committee was in place, which met every three months and consisted of members of the senior management team, social workers, psychologists, speech and language therapists, occupational therapists and behaviour specialists. This initiative was in place across the organisation to try and reduce the number of restrictions in the designated centre.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. For example, each restrictive practice had been evaluated with an accompanying risk assessment to further provide rationale for their use. Each staff member was familiar with both restrictive practices and the protocol for them.

Overall, it was clear that residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection. For example, on the day of the inspection jigsaws and Lego sets with marvel characters were being constructed with one resident and another resident had music set up in kitchen.

Residents were observed smiling and interactions with staff were seen to be familiar and friendly. Residents were seen to be supported by staff who knew them and their individual needs well. It was also clearly demonstrated that where restrictive practices were utilised in the centre, they were in place to manage an identified personal risk or assessed need for residents.

In summary, the inspector saw that the residents in this centre was in receipt of high quality and safe care which was delivered by competent and well-informed staff. This care was effective in upholding the resident's rights and was ensuring that they were living in as restraint-free an environment as possible.

## Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were striving to ensure that residents living in the designated centre were supported to live lives that were as independent and free from restrictions as much as possible. The service was promoting a restraint free environment and there were effective systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge was supernumerary to the roster and had defined responsibilities including rostering and supervision of staff. From conversations with the person in charge it was evident that they were very aware of what constituted best practice and they were endeavouring to ensure it in this designated centre.

They were supported by a programme manager who in turn reported to a Director of Care. They also held monthly meetings which reviewed the quality of care in the centre. A series of audits were in place including monthly local audits and six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. Resources in the centre were planned and managed to deliver person-centred care. A high staff-to-resident ratio was maintained in the centre, which ensured resident's specific person-centred support needs were met in line with their assessed needs. For example, one resident's day activation was dependant on the amount of bed rest they received. The plan for the day was discussed at handover time with this in mind and focused on the hours the resident would be able to engage in an activity. It was also identified that the resident required a quieter area in the house so that they could rest comfortably without disturbance.

All staff spoken with during the course of the inspection demonstrated an excellent knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference. Staff were found to be knowledgeable of what constituted restraint and restrictive practices. They were familiar with the restrictive practices in place in both bungalows and their accompanying protocol.

Staff were also in receipt of training in, MAPA (Management of Actual and Potential Aggression), Safeguarding, Restrictive Practices, Positive Behaviour Support and Supporting Decision Making.

The provider had recently revised the organisation's restrictive practice policy. This policy provided a comprehensive overview regarding restrictive practices.



A restrictive practices committee had been established. The committee met every three months and consisted of members of the senior management team, social workers, psychologists, speech and language therapists, occupational therapists and behaviour specialists. The person in charge also maintained a restrictive practice log and quarterly restrictive practice reviews were also completed by the provider.

In general, the residents were supported to live their lives to the full with some minimal environmental restrictions in place to support their safety. Additionally, there was no emergency use of restrictive practices or interventions in the centre.

There were procedures in place to protect the resident from abuse. Allegations of abuse were reported, documented and responded to in a timely manner and in line with statutory frameworks. Safeguarding plans were implemented where required.

Positive behaviour support plans where required, focused upon support programmes and included proactive and reactive strategies however, it was observed that the environmental restriction in place in this service were not used in relation to behavioural issues, but more so to promote residents rights to autonomy, independence, privacy and dignity, while at the same time supporting their safety and wellbeing.

For example, there was significant improvements with regards to communication and assistive technology were observed to be in place since the previous inspection. This positive improvement supported residents to better communicate their will and preferences, inclusion in their personal goal planning and day-to-day routine management where activities were observed to be resident lead.

It was evident to the inspector that the centre was effectively implementing the National Standards which were explored as part of this thematic inspection. The result of this was that the resident was in receipt of a good quality and safe service that was upholding their human rights.

## 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>	
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4.3	The health and development of each person/child is promoted.
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