



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

Issued by the Chief Inspector

Name of designated centre:	Birchwood
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	23 November 2023
Centre ID:	OSV-0006452
Fieldwork ID:	MON-0041099

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards for Residential Services for Children and Adults with Disabilities. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) with Disabilities) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental¹ in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

Physical restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include

¹ Chemical restraint does not form part of this thematic inspection programme.

limiting a person’s access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

This unannounced inspection was carried out during the following times:

Date	Times of Inspection	Inspector of Social Services
Thursday 23 November 2023	10:30hrs to 16:00hrs	Conan O'Hara

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

This 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 finding of this inspection was that the residents living in this designated centre were in receipt of a quality service which appropriately supported their safety and wellbeing. The inspector found that the service had good systems in place for the oversight and management of restrictive practices. In addition, the service actively promoted a restraint free environment.

Birchwood is a dormer bungalow located in a rural setting in County Wexford. The designated centre is home to three adults with a disability on a full-time residential basis. The designated centre consists of three resident bedrooms (all of which are en-suite), a kitchen/dining room, living room and staff office. It is within walking distance of the local village and local amenities such as shops, takeaways and restaurants. At the time of the inspection two vehicles were available to support residents to attend services and access the local community.

The inspector had the opportunity to meet the three residents living in this centre over the course of the inspection. Some residents used alternative and augmentative methods to communicate with the inspector. The inspector also spoke with management and staff of the designated centre, reviewed documentation and observed the interactions and support provided to residents during the day.

On arrival, the three residents were in the dining room preparing for the day. The inspector had a cup of coffee with the residents as plans were finalised for the day. Later in the morning, the inspector observed one resident accessing the community with the support of staff. The other two residents decided to stay in the centre for the morning and were observed relaxing in the sitting room and their bedrooms. In the afternoon, the resident returned to the centre and was enjoying dinner in the dining room. The two residents were supported to go for a walk in the local community. Overall, the residents appeared comfortable in their home and in the presence of the staff team.

The inspector completed a walk-through of the centre and found that the house was generally well maintained and decorated in a homely manner. Resident bedrooms were personalised with pictures of people important in the residents' lives and their personal possessions. The inspector was informed of areas of the centre being recently repainted and plans for new curtains to be fitted in a number of rooms.

There were a 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. There was also evidence of recent restraint

reduction in the centre. For example, two doors (kitchen and stairs) and press were previously locked. After a recent review, the locking of the doors and press was removed and now they remained open at all times.

In summary, the inspector observed caring, pleasant and respectful interactions between the residents and the staff team. The service had adopted a least restrictive approach to delivering care and support and were found to be actively reviewing and reducing restrictions where possible.

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, there was a clearly defined management system in place which ensured a good level of oversight of care and support in the designated centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was also responsible for one other designated centres and a Clinical Nurse Manager 1 was in place to support the person in charge in their role.

The provider had established systems in place for the identification, assessment and review of restrictive practices. The provider had a policy on restrictive practices which was available for review. The policy outlined 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. The inspector was informed that the policy was undergoing a further review at the time of inspection.

The restrictive practices in use in the centre included transport harness, lap belt, external door locks, night-checks and times of increased supervision. These restrictive practices were reviewed by the provider's Rights Review Committee. The members of the Rights Review Committee included the Director of Nursing, representative of senior management, Person in Charge, patient and service user officer and independent advocate. The inspector reviewed a sample of records in relation to restrictive practices in use in the centre and found that the identified restrictive practices were previously reviewed in February 2023.

The provider also had other means to monitor restrictive practices in use in the centre. These included quality assurance audits such as the annual review and six-monthly provider unannounced visits. In addition, the inspector found that restrictive practices were reviewed regularly at a local level by the person in charge. The inspector also reviewed a sample of staff meeting minutes and found that restrictive practices were discussed. Staff members spoken with demonstrated a good awareness as to what a restrictive practice was and the restrictive practices in place in the centre.

The inspector found that the provider ensured that the designated centre 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. The three residents were supported by three staff during the day and two waking staff at night. In addition, as noted, the centre had access to two vehicles for transport.

The inspector reviewed a sample of staff training and found that all staff had up to date training in de-escalation and intervention techniques. The provider had also supported the staff team to complete training in consent and positive behaviour support. In addition, some of the staff team had completed training on human rights.

There was evidence that residents were consulted in the running of the designated centre and in the use of restrictive practices. For example, weekly residents' meeting

took place to discuss and decide on meals and activities for the week. In addition, the provider had developed consent indicators for each resident. This supported the staff team to recognise when a resident may communicate non-verbally that they did not consent or consented to the use of a restrictive practice including transport harnesses or lap belts. Behaviour support plans in place for the residents who required them. The plans guided the staff team in supporting the residents with the emotions and behaviour.

In addition, learning plans had been developed for residents following an assessment of supports required for the management of finances and self-administration of medication. The learning plans aimed to support the residents to actively participate in the management of their own finances or medication at a level adapted to their own ability.

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.

Overall, the completed questionnaire suggested a good level of progress towards the National Standards. The self-assessment suggested that a quality improvement was required in relation to residents' management of monies and that specific data was needed to be reviewed and analysed in relation to the use of restrictive practices.

In relation to the residents' management of monies, as noted above, learning programmes had been developed at a local level for the active participation of residents in the management of their own finances at a level adapted to their own ability.

Turning to the specific restrictive practice data to be collected, reviewed and analysed, the provider had developed a report in relation to relevant data which would be utilised on a six-monthly basis to trend the usage of restrictive practices within the centre. The first report was drafted in September 2023 and reviewed the use of restrictive practices for the last four quarters. The information provided in the reports would be used to reduce or eliminate restrictive practices accordingly.

Overall Judgment

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

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

The National Standards

This inspection is based on the *National Standards for Residential Services for Children and Adults with Disabilities (2013)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for adults and children for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of adults and children with disabilities in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Individualised Supports and Care** — how residential services place children and adults at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for children and adults , using best available evidence and information.
- **Safe Services** — how residential services protect children and adults and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and development for children and adults.

List of National Standards used for this thematic inspection (standards that only apply to children's services are marked in italics):

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each person and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

Theme: Use of Resources	
6.1	The use of available resources is planned and managed to provide person-centred, effective and safe services and supports to people living in the residential service.
6.1 (Child Services)	<i>The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.</i>

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service.
7.2 (Child Services)	<i>Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.</i>
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of people living in the residential service.
7.3 (Child Services)	<i>Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.</i>
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	<i>Training is provided to staff to improve outcomes for children.</i>

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred/child-centred, safe and effective residential services and supports.

Quality and safety

Theme: Individualised supports and care	
1.1	The rights and diversity of each person/child are respected and promoted.
1.2	The privacy and dignity of each person/child are respected.
1.3	Each person exercises choice and control in their daily life in accordance with their preferences.
1.3 (Child Services)	<i>Each child exercises choice and experiences care and support in everyday life.</i>
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	<i>Each child develops and maintains relationships and links with family and the community.</i>
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	<i>Each child has access to information, provided in an accessible format that takes account of their communication needs.</i>
1.6	Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.
1.6 (Child Services)	<i>Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.</i>
1.7	Each person's/child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services	
2.1	Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.
2.1 (Child Services)	<i>Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.</i>
2.2	The residential service is homely and accessible and promotes the privacy, dignity and welfare of each person/child.

Theme: Safe Services	
3.1	Each person/child is protected from abuse and neglect and their safety and welfare is promoted.
3.2	Each person/child experiences care that supports positive behaviour and emotional wellbeing.
3.3	People living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been

	assessed as being required due to a serious risk to their safety and welfare.
3.3 (Child Services)	<i>Children are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.</i>

Theme: Health and Wellbeing	
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4.3	The health and development of each person/child is promoted.
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