



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

Issued by the Chief Inspector

Name of designated centre:	Ashley House
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	31 October 2023
Centre ID:	OSV-0008171
Fieldwork ID:	MON-0041290

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
Tuesday 31 October 2023	10:45hrs to 16:30hrs	Conor Dennehy

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 these areas for the benefit of residents. Overall, the inspection found that there were some restrictions in place but most were prompted by safety reasons or the needs of residents. There was one restriction on residents' privacy but efforts were being made to reduce this.

At the time of this inspection two residents were living in this centre, both of whom were present during the inspection. The residents would normally be attending school on weekdays but as this inspection happened during the mid-term break, both were being supported in their home by staff members. When the inspector arrived at the centre, both residents were in the centre's sitting room. A staff member introduced the inspector to the residents. Neither resident communicated verbally and so were not able to tell the inspector about their lives in the centre. Aside from occasionally looking at the inspector, the residents did not interact with the inspector during the inspection.

While the inspector did occasionally overhear the vocalisations of one resident, the atmosphere in the centre throughout the inspection was relaxed and sociable with music heard playing at times. It was indicated to the inspector shortly after he arrived that residents would be going trick or treating later in the day. One of the resident's representatives arrived later on with a costume for the resident to change into. Staff members praised the resident when they saw the resident in their costume. This resident then left the centre with their representatives to go trick or treating. While they were gone, the other resident was supported to change into a Halloween costume. Again staff members praised this resident's appearance as they got ready to support the resident to go trick or treating.

During term times residents were supported to attend school and also availed of activities such as swimming, shopping, visiting a library, going to discos, and attending a nature park. Access to such activities was helped by the vehicle that was provided for the centre. After the first resident returned to the centre from trick or treating, this vehicle was used by staff to take the second resident out. Before this vehicle left, the inspector did observe that the insurance disc on display had expired 11 days before this inspection. This was queried with the person in charge who initially indicated that an updated insurance disc may have been taken in error for another of the provider's vehicles. The inspector was later informed that an updated insurance disc for the vehicle had been posted out by the insurance company but that

this had yet to be delivered. It was stressed that valid insurance was in place for this vehicle.

The inspector also observed the premises that had been provided for residents to live in. Each resident had their own bedroom with an ensuite bathroom. The bedrooms were located side-by-side. Both bedrooms were seen by the inspector and found to be nicely furnished, presented, and personalised to residents with items such as photographs, posters, and toys present. The main communal area in the centre was the sitting room which was presented in a homely manner with photographs of the residents, couches, a dining table, and a television in place.

Just off this sitting room was a kitchen area which was observed to be clean and modern in its general appearance. It was apparent that the kitchen area was small and narrow. While one of the residents was seen to enter this kitchen at times, the other resident, who used a wheelchair, could not enter the kitchen due to its size. This limited the resident's ability to be involved in or be present during food preparation. This had been identified by the provider as a restriction on the resident. Other restrictions were also used in the centre. These included the use of an arm splint, a chest strap, bedrails, and bed bumpers. There were also keypads on the centre's front door which residents could not open independently. The inspector saw a sign on display at the front door highlighting that residents could ask staff to open the front door. Such restrictions were indicated as being in place due to safety concerns and the assessed needs of residents.

Due to the particular needs of one resident, a tiered approach was used with the resident to help them with aspects of their care and support. This tiered approach was intended to use the least restrictive approach as possible but, if required, staff could provide some physical intervention to assist the resident. This resident and their peer were also monitored at night by a staff member which involved both residents' bedroom doors being left open and a staff member sitting outside the bedrooms. There was a sign on display between both bedroom doors that highlighted this and, while this impacted residents' right to privacy, the inspector was informed that this was done for safety reasons. However, it was also suggested by one staff member that they did not think this necessary for one of the residents.

This monitoring of the residents had been recognised by the provider as being a restriction on them. In response a bed sensor (to be used by one resident) and new bedroom doors with viewing panels had been ordered for the centre. The delivery and installation of this equipment would allow the residents' bedrooms doors to be closed at night. The doors' viewing panels and the bed sensor would allow for less intrusive monitoring. This would enhance residents' privacy but until these were in place, the inspector was informed that the existing monitoring arrangements would remain. Given the close proximity of both residents' bedrooms, the practice of

keeping the doors open, and as one resident could vocalise, the inspector queried if the other resident had ever been woken by their peer at night. It was suggested to the inspector that they had not, but the inspector read one recent entry in a resident's daily notes that indicated otherwise.

The staff members present in the centre during this inspection were observed and overheard to interact with residents in a warm and respectful manner throughout. This contributed to the sociable atmosphere encountered by the inspector. The staff spoken with demonstrated a good awareness and understanding of the residents' needs and made efforts to ensure that they were able to express choice, for example, while supporting a resident with a meal, one staff member provided the resident with a communication device that allowed them to indicate if they wanted more food. Records reviewed indicated that staff working in this centre had completed training in human rights. One staff member spoken with outlined how this training had encouraged them to let residents express their choice and used an example of letting a resident stay a little longer in bed as the resident appeared happy.

In summary, while the two residents in this centre did not communicate directly with the inspector, a sociable atmosphere was present in the centre on the day of inspection. This was contributed to by staff members' interactions with the residents. Residents were supported to attend school and various activities. Some restrictions were in use in the centre with these generally being used for safety reasons or to support the specific needs of residents. Attempts were made to adopt the least restrictive option and to reduce a restriction on the residents' privacy.

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

The provider had processes in operation for the assessment, approval, and review of restrictions in the centre. These processes were in keeping with the provider's procedures manual in this area, although multiple versions of this manual were seen during this inspection. Appropriate staffing arrangements were found to be in place to ensure that residents were not restricted from availing of community-based activities.

In advance of this thematic inspection the provider was invited to complete a self-assessment questionnaire 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 self-assessment were divided up into eight specific themes. This self-assessment was completed and submitted for review in advance of this inspection. The completed self-assessment highlighted that seven of the eight themes needed quality improvement. Specific issues flagged included additional training for staff, nominating a restrictive practices champion, and reviewing restrictive practices in the centre. The inspector was informed that a quality improvement plan arising from the self-assessment had been completed but this was not present in the centre on the day of inspection. The inspector requested that the quality improvement plan be provided the day following the inspection but it was not submitted at that time.

Discussions with the person in charge suggested that some of the areas highlighted in the self-assessment, such as additional training for staff, had not progressed at the time of inspection. However, it was apparent that there was progress in other areas, including a review of restrictive practices in the centre. This had involved discussions with staff and observations of practices in the centre. Through the review, completed in July 2023, some additional restrictions were identified as being in use in the centre. This increased awareness and reporting was reflected in the notifications submitted regarding the centre to the Chief Inspector of Social Services. The restrictions that were in use at the time of this inspection had been since gone through a process of assessment, review, and approval which involved the provider's multidisciplinary team. Documentation reviewed relating to this process indicated that for most restrictions alternative options were considered before a particular restriction was approved for use.

Documentation indicated that no alternative options were put forward for consideration for the resident who could not access the kitchen even though it did appear that there were some potential options that could have been explored further. In addition, the reviewed documentation relating to the use of some physical interventions to support a resident with particular areas of their care and support did

not explicitly mention the use of the tiered approach that had been indicated to the inspector.

The use of specific documentation and the process for the assessment, review, and approval of restrictions was set out in the provider's procedures manual on restrictive practices. This contained guidance on what a restrictive practice was and also promoted a restraint-free environment. During an inspection of another of the provider's designated centres in September 2023, the inspector had been provided with a copy of the procedures manual on restrictive practices dated August 2023. Despite this, during the early stages of this inspection, the inspector came across two different versions of this manual in this centre, one dated March 2021 and the other dated June 2023. This was highlighted to the person in charge and it was later indicated that the manual had been updated again in October 2023. The person in charge ensured that the most recent version of the manual was available in this centre. It was also noted that a copy of the 2013 National Standards was already present for staff review.

It was apparent during this inspection that staff spoken with a good understanding of what a restriction was. These staff had completed training in human rights and such training was used to promote residents' rights around choice with an example provided by a staff member spoken with. Further detail on this example has been included in the 'What the inspector observed and residents said on the day of inspection' section of the report.

Aside from this training, arrangements had been made to ensure that residents were provided with sufficient staff support to enable them to exercise their rights to avail of community-based activities. There was a minimum of two staff in the centre at all times when residents were present and even when one resident went home at weekends, two staff worked in the centre. During weekdays an additional third staff was provided to facilitate community-based activities after school hours. This third staff, which could be an agency staff sourced from an external organisation, was provided most weekdays but it was highlighted that there could be some days when they were not in place. This could limit the range of community activities residents could engage in but staff rosters reviewed and discussions with staff suggested that this was a rare occurrence. It was also indicated that the provider was seeking to change the staff skill mix in the centre and it was hoped that a staff nurse would join the centre shortly after this inspection to better support the needs of residents.

Staffing and restrictive practices are areas that should be considered as part of visits to the centre by representatives of the provider when reviewing the quality and safety of care and support received by residents. Such visits are required by the regulations to be conducted every six months and to be unannounced. During this inspection the person in charge initially suggested that they did not think that such a visit had been

completed since January 2023, but that they had been provided with a schedule of when such visits were to be carried out. Providing such a schedule to the person in charge would not be consistent with the regulatory requirement for these visits to be unannounced. Later on in the inspection, the person in charge indicated that they had not been provided with such a schedule and that one six-monthly visit had been completed since January 2023. A report of this visit was provided which confirmed that staffing and restrictive practices were considered. A process was also in place for restrictions to be reviewed on a quarterly basis by the person in charge. There was evidence that this was being implemented as planned in this centre.

Nine days after this inspection had been completed a copy of the quality improvement plan arising from the self-assessment was provided to the inspector. This confirmed what been found during the inspection which included the provider's procedures manual on restrictive practices being updated and restrictive practices in the centre being reviewed with input from the provider's multidisciplinary team. The self-assessment had highlighted that person-centred planning theory and practice training was required for staff working in the centre with the quality improvement plan indicating that this was being sourced. In addition, the self-assessment also outlined that an analysis document on the use of restrictive practices was to be developed. Information provided in the quality improvement plan highlighted that more time was needed for this. No time-frames were indicated for completing this action nor the staff training referenced.

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.
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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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