



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Bay House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	27 October 2023
Centre ID:	OSV-0008296
Fieldwork ID:	MON-0040845

## 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
Friday 27 October 2023	11:00hrs to 18:00hrs	Karena Butler

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

Overall, on the day of the inspection, the inspector observed that residents living in this designated centre were supported by staff who promoted their safety and understood and supported their needs.

The centre was made up of a two storey detached house on the outskirts of a town. The house had five residents' bedrooms, a combined kitchen and dining room, utility room, a sitting room, a sunroom, a staff office, and two bathrooms. Two residents had en-suite facilities.

During the walk around of the centre, the inspector and a staff member discussed the restrictive practices that had been previously notified to the office of the Chief Inspector. The inspector found that, restrictive practices were notified as required and the rationale for their implementation and continued use was clear. Restrictive practices included, a harness for use when using a wheelchair, lap belts for use when using a wheelchair or comfort chair, a locked storage room for the storage of residents' files, bed rails, bed bumpers, residents' medication and finances were locked with staff only having access, a specific type of seatbelt lock was in use, and an audio monitor to monitor for signs of a seizure for one resident.

On the day of the inspection, the inspector had the opportunity to meet with four of the five residents that lived in the centre as one resident was visiting family. One resident had attended their external day programme and afterwards relaxed in their room upon returning to their home. The three remaining residents were supported by staff who appeared to know them well. One resident was observed to have jovial interactions with some staff members and the inspector observed staff members using respectful communication when speaking to residents. One resident went for a drive and another resident had an appointment to get their nails done in a salon. The other resident relaxed in the house.

The inspector observed from documentation that some activities residents participated in were repetitive and on some days activities that residents participated in were limited in nature. The person in charge communicated to the inspector that they were working with other professionals to promote activity sampling and support residents to partake in more varied activities and in turn support them having a more meaningful day. The inspector had observed some documentation that confirmed this was the plan.

Residents were observed at different times of the inspection in their home. Some residents had alternative communication methods and did not share their views with the inspector, one resident spoke briefly with the inspector to say hello and that they had a nice day. Another resident said they were happy in their home and they understood staff wanted to keep them safe.

The number and skill mix of staff was found to be appropriate to the needs of the residents. Staff spoken with were familiar with residents' support needs and they

were familiar with residents' communication styles and preferences. They demonstrated a good understanding of restrictive practices and were able to communicate the restrictive practices used in the centre and the reasons they were in place. One staff member spoken with said that, if they any concerns regarding any practices including restrictive practices that they would comfortable bring this to the attention of the person in charge.

Following an assessment of need, there were personal plans in place for individuals, for example in the area of intimate care and communication. This was to support staff to understand what supports a resident may require, what their preferences were and how best to communicate with them to promote understanding for the individual. In addition, there were positive behaviour support plans in place completed by a behaviour specialist to help guide staff as to how best to support residents that may display behaviours of concern.

Staff received training in the management of behaviours of concern including de-escalation intervention techniques and in the case of the particular training they received it included a module on restrictive practices. Additionally, the majority of the staff team had training in positive behaviour supports. This was to help guide them in how best to support residents when they may be experiencing times of distress. Furthermore, one staff member and the person in charge had received additional training in the area of human rights. The person in charge stated that it was the provider's intention to have all staff trained in the area of human rights.

The inspector spoke with the staff member that had been trained in human rights. They communicated that, after having received the training, it supported them to support residents to be themselves and support them to make their own decisions. They gave an example, that in the past if a resident wanted to go for a walk but it was a cold day that they may have tried to discourage the resident from going out in order to protect them from the weather. They said that now they would be more supportive of the resident's decision and would ensure they were wrapped up warm for the walk if that was their choice.

There was a complaints process available for the residents and their families should they require it. There was one complaint in 2023 up to and including the day of the inspection and it was not related to the area of restrictive practice. The centre had received seven compliments and again none were related to restrictive practices.

Residents were informed about the running of the centre through regular residents' meetings. The inspector observed that easy-to-read information in the form of social stories had been provided to the residents about why specific restrictive practices were in place in the centre. Although no specific dates of discussion were recorded for this it appeared from speaking with the person and charge and a staff member that this was a documentation error. Consent was also sought from either the residents' themselves or a family representative.

In addition, one resident was supported to avail of the services of an external advocate with regard to gaining access to a particular banking account.

## Oversight and the Quality Improvement arrangements

Prior to the inspection, the previous person in charge had completed a restrictive practice self-assessed questionnaire. The inspector reviewed this document and found that the practices outlined within the document were consistent with what was observed during the inspection.

The provider had a policy on restrictive practices and a policy on the provision of behavioural support that were reviewed in April 2021. The policies were available in the centre for staff to refer to and provided guidance for staff. The inspector observed that some areas of the restrictive practice policy required review in order to align some of the practices happening in the centre with what was described in the policy. The inspector was assured that the policy was under review along with all the processes to ensure consistency for going forward.

The inspector observed that restrictive practices were reviewed during the monthly governance reports that were completed by the person in charge and senior management. In addition, they were reviewed in September 2023 by some multi-disciplinary professionals that called out to the centre, for example an occupational therapist. They were also reviewed every quarter at the multi-disciplinary team (MDT) meetings. Furthermore, the person in charge also completed restrictive practice review on a monthly basis.

The person in charge maintained a restrictive practice register which was periodically reviewed and was last reviewed in September 2023. Additionally, there were written risk assessments conducted regarding risks that required the need for restrictive practices.

From a review of staffing rosters the inspector observed that there were maintained planned and actual staff rotas in place that reflected the staffing levels in the centre. The centre was resourced with a high staffing to resident ratio. For example, four staff were rostered during the day hours. Staffing levels were appropriate in meeting the needs of the residents which in turn reduced the likelihood of other restrictive practices potentially being introduced.

The inspector observed evidence of restrictive practices being discussed at staff team meetings to ensure staff were familiar with them.

There was a statement of purpose (SOP) completed for the centre and described the specific care and support needs of the residents. Additionally, it described what supports from a variety of healthcare professionals a resident may receive if required. As per the SOP residents had access to those healthcare professionals and services as appropriate to their needs. For example, a speech and language therapist to support their communication and a positive behaviour support therapist to support them around behaviours that may cause distress.

Overall, the inspector was assured that the provider and the person in charge had good systems and oversight in place. In addition, the inspector was assured that restrictive practices were appropriately kept under review.

## 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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