



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

## Issued by the Chief Inspector

Name of designated centre:	Lisrath
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	26 October 2023
Centre ID:	OSV-0001517
Fieldwork ID:	MON-0040840

## 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
Thursday 26 October 2023	10:30hrs to 15:30hrs	Julie Pryce

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

The inspector found that residents enjoyed a good quality of life in the designated centre, and that there was an emphasis on supporting the rights of residents to gain and maintain independence, and to make choices for themselves including positive risk taking.

This designated centre comprises a main house which accommodates four residents. Each resident had their own individual bedroom which was decorated to their preference, and contained their personal items and possessions. There were various communal areas, and sufficient space for residents to choose to spend time together or not. One of the areas had been converted into a small gym, and residents enjoyed using this facility.

On arrival at the designated centre, the inspector found that residents were occupied in their daily activities with the support of staff, and that all residents appeared to be content and comfortable in their home. Residents were engaged in various activities, and some of them were happy to have a conversation with the inspector.

One of the residents invited the inspector into their personal bedroom where they were relaxing, and the first thing they told the inspector was that they had been rally driving. The inspector was surprised by this as the resident was registered blind, and given that the resident clearly had a good sense of humour, initially thought it was a joke. However, it transpired that this activity had indeed been supported, and the resident went to a rally driving facility that supported people with additional needs. The operators of this facility provided personal protective equipment, and a co-driver in the car who instructed the resident when to turn, to accelerate and when to brake. The resident was clearly delighted to be engaged in this activity, and spoke with enthusiasm about their experiences.

There was a register of restrictive practices that was well maintained, and included reference to all the restrictions in place in the designated centre. It was clear that any restrictive practices related to the behaviour or medical diagnoses of residents,

There were detailed behaviour support plans in place which had been regularly reviewed. These plans included details in relation to the preferred communication of residents. There was a clear assessment of any behaviours of concern, for example where a resident had a significant issue relating to regulation of appetite, there was a clear support plan in place which provided guidance to staff as to how to support the resident, and included the necessity to place a restriction on their access to the fridge and the pantry.

Cognisance had been given to the rights of residents, and there was information that supported the ethos in the designated centre of only implementing the least restrictive strategies to ensure the safety of residents.

All efforts had been made to ensure that each resident understood the reason for any restrictions, and to include them in the decision making process. For example, the positive behaviour support plan for one of the resident's allowed for choice within the

necessary restrictions to ensure their wellbeing. Where there were dietary restrictions in place for one of the resident's, there was a plan in place to ensure that the resident was aware of the timetable involved, and that they knew from a clear timetable the times of their meals and snacks.

Clear plans were in place to ensure that there were meaningful activities for residents, so that there were other activities other than meals and snacks.

The restrictions that were to be applied to ensure the safety of residents did not have any impact on others, for example where one resident did not have full access to the pantry which was locked by a keycode, others knew the code and had full access.

All efforts were being made to ensure increasing independence for residents, and some people were supported to make decisions about their involvement in activities in the local community. One of the residents had an epilepsy wrist band, which alerted staff by phone if it detects any seizure activity, thus optimising the opportunity for the resident to have independence outside of the direct support of staff.

Communication with residents was facilitated and various communication strategies were in place. There was a strategy whereby one of the residents was encouraged to read out loud information so as to ensure their understanding. There were flow charts in place to facilitate and encourage decision making. One of the residents did not have English as their first language, and an interpreter who had initially volunteered to support them was now on the staff team, and supported them in reviews of their personal plan and in all circumstances where clearer communication was helpful to the resident. They had also begun to learn some English, and between some words and gestures, could communicate effectively with both the inspector, and with their support staff members.

This resident was particularly proud of the work they had done in the garden of their home, and pointed out to the inspector several areas where they had made an improvement. They pointed to grass areas and to the well weeded driveway, and said 'mine, mine' to indicate that this was an improvement they had made to their home, and that they were very proud of their accomplishments.

This resident was keen to have a staff presence at all times, and clearly preferred a consistent staff team. This was well facilitated, but as the resident did not require a one-to-one staff presence, strategies had been put in place to indicate when an interaction was at an end, and the resident was clearly accepting of this, and went of happily to another activity on seeing the cues from staff.

Staff had received training in relation to human rights, and various examples of the support for their independent decision making were in place. For example, flow charts had been developed which outlined the consequences to decisions, together with an ethos of 'no penalty' for residents who made an unwise choice. Positive risk taking had been supported, as outlined above in relation to supporting independence and a range of activities for residents.

Staff outlined some examples of their support for residents making unwise decisions, for example, when a resident had been taken on holiday, their choices of meals and

snacks had been supported, even though this did not comply with their recommended diet. Another resident chose to have a couple of alcoholic drinks on occasion, which was again supported, with encouragement from staff for them not to exceed the quantities identified by their general practitioner (GP) as being detrimental to their health. This resident was aware of the advice, and where staff suggested they should not have a third drink, they were quite happy to accept the advice.

Consultation with residents was ongoing and documented, and all staff engaged by the inspector were knowledgeable about the support needs of each, and it was clear that amongst the staff team there was an emphasis on reducing any restrictions whilst maintaining the safety of each resident. Residents' meetings were held each month, and these were scheduled to be just prior to staff meetings, a practice that ensured that the opinions of residents were included in the discussions of the staff team. Staff also took the opportunity at these meetings with residents to discuss safety, group activities and to allow residents to raise any issues that concerned them.

Meals and menu planning were discussed at these meetings, and each resident had input into this. There was a 'therapy kitchen' in addition to the main kitchen in which each resident had the opportunity to prepare their own snacks or meals, and residents enjoyed a wide and varied diet. This and other choices that they were supported to make ensured that they were being supported to have control over their own lives and decisions.

## Oversight and the Quality Improvement arrangements

The provider had submitted a self-assessment questionnaire to the office of the Chief Inspector, and the inspector found that the provider's self-assessment was very detailed and had included a thorough examination of all practices relating to restrictive interventions in the designated centre. This self-assessment correlated with the findings of this inspection.

The staffing roster indicated that there were usually sufficient staffing numbers to support the needs of residents, On the day of the inspection there was a shortage of staff, and only three people were on duty, and as two staff were required to accompany one of the residents on an appointment, this left only one staff member to meet the needs of the other four people. However, a review of the rosters indicated that this was an unusual occurrence, and the inspector was not concerned about the normal level of staff support.

Regular staff meetings were held at which each resident's care and support was discussed in detail. The minutes of these meetings documented the discussion, and outlined any steps to be taken by the staff team.

There was a regular review of the care and support of residents, including reviews of any restrictions. A clinical team meeting was held on a monthly basis where positive behaviour support plans were reviewed.

Audits of any restriction in the designated centre were conducted every two months. In addition, an audit had been conducted by the organisation's quality improvement personnel two weeks prior to the inspection, and this audit and associated review of restrictive practices documented a detailed examination of each restriction with a view towards removing any restrictions as soon as it was safe to do so.

An example of reductions in the use of restrictive practices included a change in practice around the management of cash boxes for three residents, which used to be kept locked away in the staff office, and were now in the possession of the individual residents.

There was a detailed policy in place to guide staff in the application of any restrictive practices, and there was an emphasis in this policy on gaining the consent of residents for any restrictions where possible. There was also information to guide staff in the event that emergency restrictions might need to be applied.

Risk assessments were in place for each of the behaviours of concern that led to the requirement to impose a restriction, and these documents were clear and detailed, and included a thorough description of the rationale for each restrictive practice.

Overall there was good oversight of any restrictions that were required to ensure the safety of residents, and these practices were continually monitored.

## 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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