



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

## Issued by the Chief Inspector

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| Name of designated centre: | Parkview   |
| Name of provider:          | Sunbeam House Services<br>Company Limited by Guarantee |
| Address of centre:         | Co. Dublin   |
| Type of inspection:        | Unannounced  |
| Date of inspection:        | 06 July 2023   |
| Centre ID:                 | OSV-0001704  |
| Fieldwork ID:              | MON-0040327  |

## 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 6 July 2023 | 09:30hrs to 16:45hrs | Michael Muldowney            |

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

From what the inspector observed and was told, it was clear that aspects of the quality and safety of care and support provided to residents was of a high standard and residents were being supported to live their lives in line with their personal preferences and wishes. However, some residents expressed concerns to the inspector regarding their experiences of living in the centre which the provider and person in charge were monitoring. These matters are discussed further in the report.

The centre comprised a large two-storey detached house close to a busy town with many amenities and services. The house contained four resident bedrooms, an open plan kitchen dining area, large sitting room, toilet and shower facilities, and staff rooms. The inspector received a thorough tour of the centre from the person in the charge, and some of the residents showed the inspector their bedrooms.

The inspector observed the premises to be bright, clean, warm, nicely decorated, homely, and generally well maintained throughout. Residents' bedrooms were comfortable and personalised to their individual tastes. There was a large back garden for residents to use, however the garden furniture (table and seats) were stored in a shed and the inspector was told that they had not been taken out yet this year for residents to use.

The kitchen was well equipped, and the inspector observed a good selection and variety of food for residents to choose from. There was also a notice board displaying a menu, photos of residents, and information on infection prevention and control. A staff rota in the hallway used photos to show residents the staff working in the centre.

The inspector observed a number of restrictive practices in the centre, including a stair gate to prevent some residents from accessing the stairs as they had a risk of falling, a locked front door to prevent some residents from leaving the centre without staff support, locked side gates for security, storage of residents' money in a locked press in the staff office to keep it secure, and storage of some residents' clothing items in a staff room wardrobe to prevent them from unnecessarily disposing of these items.

While the rationale for the restrictions was clear, some improvements were required to better demonstrate that they were all managed in a way that promoted the rights of each resident to live in a restraint free environment. However, the inspector observed residents move freely around their home and have unrestricted access to their bedrooms and communal areas during the course of the inspection.

Residents were observed to have busy and active lives. On the day of the inspection, some were attending day services while others were supported by staff with their social and leisure activities. The inspector observed staff engaging kindly and respectfully with residents, and they facilitated their choices, for example, the activities and meals they preferred.

Three residents chose to verbally communicate with the inspector. The first resident told the inspector that they generally liked living in the centre and got on well with most of the other residents however, they wanted to move out due to the behaviours of some residents which they said upset them. They said that when these behaviours happened when they went to their bedroom. They said that staff were "very good", and they could talk to them when they had any problems. They told the inspector about their personal goals, such as an upcoming city break that they were looking forward to. They liked the food in centre and said they had enough choice. They sometimes liked to cook and had their favourite meal often. They enjoyed their day service, and at the weekends liked to visit their family, shopping and go to cafés. They told the inspector that there were no restrictions on their movements and they had the freedom to do whatever they wanted. They were supported by staff in managing their finances, and for the most part were happy with this arrangement, however, they told the inspector that they would prefer to keep their debit card in their wallet instead of the office safe. Following their discussion with the inspector, they said they would speak to staff about this matter.

The second resident told the inspector that they liked living in the centre, and was happy with their bedroom and the space in the centre. However, at times they were also affected by the behaviour of other residents. They said that staff were "nice" and easy to talk to. They were supported by staff with some of their social and leisure activities, but could also access their community independently. They liked attending a sports club, shopping, eating out, meeting friends, and going to the pub. They also had a part-time paid job. They said they had enough choice in their daily life, but would like to attend a day service and the person in charge was supporting them with this. They were supported by staff to manage their own finances and were happy with this arrangement. They showed the inspector their own key for the front door.

The third resident told the inspector about some of their individual needs and the associated supports they received, such as the health care services, use of mobility equipment, and staff support when using the community. They were happy with the support they received, including the support to managing their finances. They showed the inspector an alarm which was used to alert staff if they had a seizure. They understood the rationale for the alarm and was happy for it to be used. They spoke about their favourite activities and hobbies, such as arts and crafts, knitting, gardening, and volunteering in their community. They also liked to do household chores such as cooking and tidying the kitchen. They liked their bedroom, and showed the inspector their art work displayed in the hallway. Their family was very important to them, and they kept in touch through visits and phone calls. They said that they did not always get on with other residents in the centre and at times wished to move out of the centre. However, they had a good relationship with staff and told the inspector that their keyworker helped them maintain their personal goals and plans.

Residents were consulted with in the running of the centre and were supported to express their wishes and preferences. Residents had easy-to-read information on the complaints process and independent advocacy services, and the provider's complaints co-ordinator recently visited the centre to meet them and explain how to make a complaint. Residents also attended weekly house meetings and had the opportunity

to raise concerns, for example, minutes from a meeting in May 2023 noted some residents made complaints. They also attended individual key worker meetings to plan their personal goals. The recent annual review carried out by the provider has also consulted with residents.

The person in charge told the inspector that generally residents had a good quality of life. They praised the staff team on the care and support they provided to residents. However, they had concerns regarding the changing needs of some residents that also presented safeguarding concerns. The provider had increased staffing at the weekends as a measure to mitigate the concerns, and their funder had recently visited the centre as part of the provider's application to increase funding for additional staffing resources.

Safeguarding plans had also been prepared for staff to follow. The person in charge had referred some residents for positive behaviour support and was awaiting a positive behaviour support plan to guide staff in delivering a consistent approach of supporting residents with behaviours of concern. This matter is discussed further in the report. The person in charge told the inspector about how residents were supported in line with their wishes and preferences, for example, recently one resident's request to avail of day services had been facilitated. The person in charge also spoke about the efforts to minimise and eliminate the use of restrictions in the centre, for example, in 2022 a resident had self-advocated to eliminate a restriction impacting them, and a reduction plan was developed which resulted in the lifting of the restriction.

The inspector spoke with an agency staff member who regularly worked in the centre. They told the inspector that residents received an excellent service. They said that residents had control over their lives, for example, they chose how to spend their time and the activities they engaged in, such as swimming, shopping, eating out, meeting friends and family, horse riding, massages, walks, sensory activities, and paid and voluntary work. They said that residents' care plans were followed by staff to ensure that their needs were being met. They told the inspector about how they responded to behaviours of concerns, and the measures to protect residents from abuse. They were aware of the restrictive practices in the centre, but the inspector found that they required more guidance in relation to one of the practices.

## Oversight and the Quality Improvement arrangements

The provider and person in charge had made efforts to promote an environment that maximised residents' independence and autonomy, and reduced the need for restrictive practices. However, the inspector found that the arrangements required enhancement to meet optimum standards.

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

The provider had prepared written policies on positive behaviour support and restrictive practices. The policies were readily available in the centre for staff to refer to however, the inspector found that the policies were not implemented in full, for example, the positive behaviour support plans did not include the required information referenced in the restrictive practices policy which posed a risk to the effective implementation and adherence to the policy.

Residents had access to multidisciplinary services as appropriate to their needs, including psychiatry, physiotherapy, psychology, social work, and positive behaviour support. However, the overall provision of timely positive behaviour support required more consideration from the provider. For example, while three residents had positive behaviour support guidelines, one resident had been referred for positive behaviour support in July 2022 due to ongoing behaviours of concern (some of which required the implementation of restrictive practices), and the inspector was informed on the morning of the inspection, by the person in charge, that there was no behaviour support plan available for the resident (the provider's annual review of the year 2022 noted that the expected date for the provision of a positive behaviour support plan was February 2023, and the provider's six-monthly review of the centre in March 2023 noted that the plan was still outstanding). However, a draft plan was received in the afternoon of the inspection, approximately one year after the first referral was made. The delay posed a risk to the effective and consistency of support provided to the resident. The person in charge reviewed the draft plan, and told the inspector that it was not comprehensive enough to provide sufficient guidance and direction to staff.

The person in charge maintained a restrictive practice register which they reviewed on a monthly basis. The inspector found that not all restrictions were included on the register, such as the stair gate, however, the person in charge updated the register before the inspection concluded.

The person in charge had also prepared written risk assessments regarding the need for restrictive practices. However, the inspector found that further risk assessments required development, for example, one resident had a seating plan in the vehicle due to a behaviour of concern that had not been risk assessed.

Some risk assessments also required more descriptive detail on the risks being assessed and the associated control measures. During the inspection, the person in charge began to revise and draft new risk assessments which they planned to discuss with the staff team and relevant multidisciplinary team services.

The provider's human rights committee reviewed restrictive practices and provided approval before they could be implemented. Approved restrictions had a clear expiry date to ensure that they were reviewed accordingly. There was easy-to-read information on the human rights committee and residents were encouraged to attend the meetings.

Residents and their representatives were consulted with in relation to restrictive practices, and their views were considered. For example, recently a representative requested a restriction be removed, and the person in charge responded by developing a restriction reduction plan aiming to phase out the restriction. However, the inspector found that efforts to consider minimising the use of other restrictions used could be improved upon, for example, while one resident agreed to financial supports, it was not clear what efforts had been made to potentially reduce the need for restriction. The person in charge agreed that improvements could be made in this area, for example, the resident could be offered further training in managing their finances or storing their money in a safe in their bedroom instead of the locked office.

The person in charge maintained planned and actual staff rotas showing staff working in the centre. The provider was recruiting to fill two staff vacancies, and in the meantime the vacancies were filled by regular agency staff to support consistency of care for residents. As noted earlier in the report, the provider was also engaging with their provider to source additional staffing resources.

The statement of purpose stated that positive behaviour support training for staff was recommended if appropriate, which in this centre it was, and the positive behaviour policy noted that staff were expected to participate in this training. However, the inspector was informed that positive behaviour support training had not been made available to staff. Staff training logs showed that staff had completed training in restrictive practices and 'understanding and promoting rights' to support their understanding in these areas. Some staff had also attended a recent webinar on restrictive practices, and had begun to implement their learning from the webinar, for example, reviewing consent from residents and their representatives. They showed that efforts were underway to strengthen the systems for reviewing restrictions.

Staff attended monthly meetings. Recent staff meeting minutes noted that topics such as safeguarding, residents' rights and restrictive practices, and the Assisted Decision-Making (Capacity), 2015, to ensure that staff were aware of these topics.



## 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.

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| <b>Substantially Compliant</b> | 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

| <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> |  |
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| 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> |   |
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| 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 |

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|                      | 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> |

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| <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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