



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

Issued by the Chief Inspector

Name of designated centre:	Grangebective
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	29 August 2023
Centre ID:	OSV-0001913
Fieldwork ID:	MON-0040346

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 29 August 2023	10:00hrs to 16:15hrs	Anna Doyle

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

From what the inspectors observed and were told, it was clear that aspects of the quality and safety of care and support provided to residents, was to a good standard and residents were being supported to live their lives in line with their personal preferences and wishes as much as possible. However, at the time of the inspection there was only one bus available in the centre which meant that residents were restricted as some of them could not go out every day even though it was something that they enjoyed. Inspectors were provided with both written and verbal assurances that a second bus (which was being purchased at the time of the inspection) would be available within the coming days.

The centre comprised a large two-storey detached house situated on a large site in the countryside. There was ample space outside for residents to enjoy outdoor activities that they liked, such as a trampoline, swings and an area to sit outside. Residents were observed enjoying being outside on the day of the inspection and appeared very happy and content. The house contained four resident bedrooms (one of which was vacant), an open plan kitchen dining area, a utility room, conservatory, sensory room, a large sitting room, toilet and shower facilities, and staff office and sleep over room. There was also an apartment attached to the main property where one resident lived.

The inspectors observed the premises for the most part to be bright, clean, and nicely decorated in line with the residents' preferences. Residents' bedrooms were comfortable and personalised to their individual tastes. However, there was a malodour in one of the bedrooms, this was followed up with the person in charge who had already reported the issue and both verbal and written assurances were provided that this was being addressed the day after the inspection. There were also aspects of the property that required maintenance and upkeep; however, these also had been reported to the maintenance department and were being addressed at the time of the inspection.

During the walk around of the centre, inspectors discussed the restrictive practices that had been previously notified to the Health Information and Quality Authority with a team leader. There were a considerable amount of restrictive practices used in the centre for the safety of residents. Inspectors found that the rationale for some restrictive practices was not always clear when discussing them with the team leader. For example, one resident's walk in wardrobe was locked due to the storage of some personal care items that may pose a risk to the resident. However, there was no rationale why the resident's clothes were also locked away. In addition, it was recorded that the wardrobe should only be locked at night; however, on the day of the inspection it was locked during the day. During the walk around inspectors found numerous examples where a clear rationale could not be provided around the use of some restrictive practices. This is discussed later in this report.

Notwithstanding, the inspectors observed residents moving freely around their home and were able to freely access their bedrooms, communal areas and garden area during the course of the inspection.

On the day of the inspection one resident was at home so there were three residents in the centre at the time of the inspection. Two residents required supports in order to communicate their needs. Inspectors observed some of the practices in the centre and reviewed plans that related to their preferred communication styles. Staff were observed to be respectful and attentive to the needs of the residents and a staff member went through some of the residents' needs. However, one resident's behaviour support plan did not include up-to-date information or the preferred communication style of the resident. This is discussed in the next section of this report.

The third resident who lived in the apartment met with an inspector for a short time. The inspector spoke to the resident about some of the restrictive practices in place and found that the resident was aware of them and why they were in place. This resident also spoke to the inspector about some of the goals they had planned and achieved over the last year. It was evident that the resident chose what they wanted to do and got to try new things. The resident spoke about a short holiday they had been on, which they really enjoyed. The inspector observed that the resident had a good rapport with staff members and liked to joke and have fun, talking about different activities they liked to do. The resident was going out in the afternoon to attend an appointment and have something to eat.

Residents were informed about the running of the centre. For example, recently by way of communicating with residents about restrictive practices used in the centre, easy read information had been provided to the residents about why a specific restrictive practice was in place in the centre which impacted them. While the inspectors found that this was a positive initiative to support the residents, not all of the restrictive practices were included. For example, there was a perspex screen on the bus to protect the safety of the driver; however, this was not included in the easy to read information for all of the residents that it impacted.

The person in charge had arranged for the majority of staff to have some training in human rights. One staff spoken with said after having training in the area of human rights, it supported them to have a better understanding of rights and what that meant in practice. They gave an example of how, before having the training that if they supported a resident to wash their hair that they would have felt that the resident had to dry their hair even if they didn't want to. After having the training they said that now if a resident is supported to wash their hair and communicates that they don't want to dry their hair than it is the resident's own choice and their rights should be respected.

As already stated on the day of the inspection due to the availability of transport and some staff not being able to drive the transport there was limited availability for residents to access community activities. While residents appeared happy and content in the centre on the day of the inspection this needed to be reviewed as there was limited activities available for two of the residents.

Oversight and the Quality Improvement arrangements

At the time of the inspection the provider had commenced an initiative in the wider organisation in an effort to promote an environment that maximised residents' independence and autonomy, and reduced the need for restrictive practices.

Prior to the inspection, the person in charge had completed a restrictive practice self-assessed questionnaire. The inspectors reviewed this document and found that some of the practices outlined within the document were not always consistent with what the inspectors observed during the inspection. However, as stated the inspectors were assured that the provider was implementing new strategies, training, review systems and monitoring systems to enhance and promote a restraint free environment that were still in its infancy at the time of this inspection.

One inspector spoke to the regional director of care about this initiative and they outlined a number of actions they had and continued to undertake to improve the management, review and monitoring of restrictive practices. For example, the policy on restrictive practices was currently under review to ensure it aligned with best practice. A human rights committee (already established in the organisations) had divided into two sub groups. These sub groups were responsible for overseeing restrictive practices and the implementation of the new assisted decision making capacity act legislation. The restrictive practice committee had collated a database of all restrictive practices used in the organisation for every designated centre and from this they were prioritising meeting with the person in charge of this designated centre due to the high level of restrictive practices in place in the centre. This meeting was scheduled to take place the day after the inspection. The regional director of care outlined that already the sub group had also identified changes required to the reporting templates used, as they did not always provide a clear rationale for the decision to apply the restrictive practice. This was a finding from this inspection also.

As stated 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, an inspector found that the policies were vague in places and therefore did not fully guide staff or did not reflect all of the practices in the centre. For example, the policy on the management of behaviours which challenge was not clear in relation to what multidisciplinary support would be provided to individuals that required support. In addition, there was no reference to behaviour observation charts that were referenced in a behaviour support plan or up to what level restrictive holds the organisation approved. The restrictive practice policy did not discuss individuals' capacity to consent to restrictive practices or reference the restrictive practice committee for the organisation. Additionally, it did not discuss restriction reduction plans or who would be responsible for the review of restrictions in place.

The person in charge maintained a restrictive practice register which they reviewed on a six monthly basis. The inspector found that, not all restrictions were included on the register, such as the front door being locked. In addition as stated the register did not always include the rationale for the restrictive practice, other alternatives explored, or the impact some restrictive practices may have on other residents as

outlined in the provider's own recording template. There was also no log maintained for restrictive practices that were used on a need only basis to assure that they were in place for the shortest duration. For example, a kitchen press was locked at times due to one resident's anxieties around food. However, the time it started and finished was not recorded so as to ensure that it was in place for the shortest duration.

The person in charge had also prepared written risk assessments regarding the need for restrictive practices. However, the rationale for the restrictive practice was not always clearly identified. In addition, some restrictive practices were in place due to organisation health and safety procedures and not around the personal needs of residents. For example; all cleaning materials including shop bought general purpose cleaning materials were required to be locked away as part of the providers' policy. This needed to be reviewed to ensure that residents were not being directly impacted by this requirement unless absolutely necessary.

The person in charge maintained planned and actual staff rotas showing staff working in the centre. The provider was recruiting to fill four staff vacancies, and in the meantime the vacancies were filled by regular relief staff to support consistency of care for residents. However, sometimes staff allocated were not drivers which meant that residents could not access community facilities those days. This needed to be reviewed as due to the location of the centre, community facilities were not within walking distance of the centre and alternative modes of transport had not been explored.

Residents had access to multidisciplinary services as appropriate to their needs, including speech and language therapy and positive behaviour support. These plans were reviewed every six months by a behaviour specialist; however, the behaviour support plan for one resident did not include the most up-to-date information relevant to the resident's communication needs. In addition, over the last couple of months there had been an increase in one specific behaviour that a resident displayed and this had not been reviewed by the behaviour support specialist to ensure that the resident was being supported. The positive behaviour support plan provided guidance for staff on the least restrictive measure to be used in response to behaviours of concern and clearly outlined that physical restraint should only be used as a last resort. However, it did not include the type of physical holds that could be used. For example, the team leader explained that staff were only trained to apply certain physical holds and were therefore not trained to apply other more stringent physical holds. This needed to be clearly outlined in the positive behaviour support plan to ensure consistency of care. There was no physical restraint reported as being used in this centre this year. In fact over the last year there had been a significant reduction in incidents relating to behaviours of concern over the last number of months.

The statement of purpose (SOP) had recently been updated to include that training was provided to staff on positive behaviour support, the management of violence and aggression (MVA) and restrictive practices. A review of staff training records demonstrated that as per the SOP that staff had received training in positive behaviour supports and the management of violence and aggression.

Staff had also been provided with training in restrictive practices within the last year and the provider had plans for this training to be refreshed annually with staff. The majority of staff had training in capacity legislation and consent. Additionally, the majority of staff had training in human rights and examples how they used their training to enhance the quality of life of the residents was provided in the first section of this report *'What the inspector observed and residents said on the day of inspection'*.

Regular staff meetings were also held and restrictive practices were now an agenda item to discuss and review at each meeting to promote a restraint free environment for residents. Staff also had supervision regularly and restrictive practice was frequently discussed at these meetings.

Overall, while improvements were required in some practices in the centre, the inspectors were assured that the registered provider was taking measures to address these improvements.

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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