



**Health  
Information  
and Quality  
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:	Kennington
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	15 November 2023
Centre ID:	OSV-0002405
Fieldwork ID:	MON-0041123

## 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
Wednesday 15 November 2023	09:40hrs to 15:15hrs	Michael Muldowney

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

From what the inspector observed and was told by residents during this inspection, it was clear that the service provided in the centre was safe and of a high standard.

The centre was operated in a manner that promoted and upheld residents' rights, and minimised the need for restrictive practices. The inspector found that the provider and staff team were ensuring that residents had choice and control in their lives, and were being supported in line with their personal preferences and wishes.

The centre comprised a large two-storey house in a busy Dublin suburb. It was close to many amenities and services used by residents including public transport and shops. The inspector carried out a thorough walk-around of the premises. The house were spacious and included a large open plan kitchen dining room, two large sitting rooms, bathrooms, staff office, and residents' bedrooms which were decorated to their individual tastes. There was also a rear back garden for residents to use.

The inspector observed a homely and relaxed atmosphere, and found the house to be bright, warm, nicely furnished, and decorated with pictures and photos of residents. While the premises were clean and generally well-maintained, some upkeep and minor renovation was required, for example, some of the bathroom storage units required repair. The storage arrangements also required more consideration, for example, personal protective equipment in the shed was not properly protected from exposure, and the utility room was cluttered.

The inspector observed residents to freely access their home and use the facilities, for example, they prepared meals and used the laundry facilities. There was one restrictive practice in the centre related to a resident's access to a certain personal possession. However, the restriction was being implemented with agreement from the resident concerned, and is discussed further in the report.

The inspector had the opportunity to spend time with the residents, and found that they had fulfilled and active lives.

Two residents briefly spoke with the inspector. They said that they were happy with the premises and the support they received from staff. One resident also told the inspector about their favourite television programme.

Three other residents spoke more in depth with the inspector. They told the inspector that they were happy living in the centre, describing it as "homely and perfect" with a "positive atmosphere". They liked the location of the centre as it was close to amenities, and they knew their neighbours well. They described their housemates as "friends" and the staff as "helpful, lovely people". They said that they liked the food in the centre, and took turns cooking dinners; some residents also like to bake. They had busy social lives; as they attended day services, participated in social and sports clubs, and some worked in paid employment. They also liked bowling, swimming, shopping and eating out; and visiting their families was especially important to them. They told the inspector that staff supported them with household chores and

managing their finances. They also told the inspector that their keyworkers supported them to achieve personal goals, for example, earlier this year some residents had gone on holidays, while others had visited their favourite television soap set in England and were planning to visit another soap set in 2024. They had no concerns but said that they could talk to staff or the service manager if they had.

Residents were consulted with in the running of the centre and were supported to express their wishes and preferences, for example, through daily consultations, key worker meetings and house meetings. While the frequency of the house meetings was sporadic, residents told the inspector they happened enough. Recent meeting minutes noted discussions on the complaints procedures, treating others with respect, and planning social events such as theatre shows. The inspector also observed information displayed in the dining room for residents on their rights and making complaints. The provider's recent annual review of the centre had also consulted with the residents and their representatives. Their feedback was positive, and indicated satisfaction with the service and support provided to residents.

The inspector observed staff engaging with residents in a kind manner, and they had a relaxed and familiar rapport. The inspector also overheard staff facilitating residents' wishes, for example, one resident was supported by staff to go to their local shop as requested. The inspector spoke with social care workers and the service manager during the inspection.

The social care workers described the quality and safety of service provided in the centre as being "excellent". They told the inspector that staff promoted residents' independence while also ensuring that their needs' were being met. It was clear that they knew the residents' individual personalities well and they spoke about them respectfully and warmly. They had no concerns about residents' safety or wellbeing, however were aware of the procedures for reporting any concerns. They told the inspector about the rationale for the aforementioned restrictive practice and the efforts that had been made to reduce its use such as providing the resident with education and trialling alternative interventions. One of the social care workers had also attended human rights training, which they described as being very interesting.

The service manager told the inspector that there was a good quality of service provided to residents in the centre, and that they had sufficient access to multidisciplinary team resources, for example, speech and language therapy, psychiatry, psychology and social work. They were satisfied with the staff complement and skill-mix, and had no safeguarding concerns. They were satisfied that residents' rights were being upheld in the centre. There was one resident vacancy, and the service manager told the inspector that any potential admission would be carefully considered to ensure that the potential resident's needs could be met in the centre and that they would be compatible with the residents currently living in the centre.

## Oversight and the Quality Improvement arrangements

The provider and person in charge had ensured that the service provided to residents in the centre maximised their independence and autonomy, and reduced the need for restrictive practices.

The provider had prepared a written policy on restrictive practices that was readily available in the centre for staff to refer to. The policy was under review by the provider to incorporate updated best practice and legislation such as the Assisted Decision-Making (Capacity) Act 2015.

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.

There was one restrictive practice in the centre; the rationale for its use was clear and it was deemed to be the least restrictive option. The resident affected by the restriction had agreed to its use, and had been involved in developing the associated written plan for its use. The inspector found that aspects of the plan required further detail and cohesion, and the person in charge had scheduled a meeting with the relevant multidisciplinary team member to review the plan. In line with the provider's policy, the restriction had been referred to the provider's oversight group for review and approval. The referral noted that the resident could deviate from the restriction if they wished to, and this was confirmed by staff during the inspection.

There were systems to monitor the use of restrictions in the centre. The person in charge maintained a restrictive practice log. They also completed quarterly quality and safety data reports, for sharing with the service manager, which noted any use of restrictive practices. The provider's six monthly unannounced visit reports on the quality and safety of service in the centre also reviewed regulations relevant to the use of restrictions.

The provider had ensured that the centre was adequately resourced to support the delivery of a human rights-based service. There was a full staff complement, and the skill-mix was appropriate to residents' needs. There were also arrangements for the supervision and support of staff. Training logs showed that staff had completed relevant training such as positive behaviour support, safeguarding of residents, and the Assisted Decision-Making (Capacity) Act 2015. The provider had also recently introduced additional training for staff in human rights to further promote positive practices. Restrictive practices were also discussed with staff at team meetings.

The person in charge reported to the service manager, and there were good arrangements for them to communicate and escalate concerns. The service manager and person in charge had also attended a recent webinar on restrictive practices, and had already begun to share and implement their learning in the centre to further enhance the arrangements for reviewing the use of restrictive practices.

## 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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