



**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:	Community Residential Service Limerick Group A
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	15 August 2023
Centre ID:	OSV-0003939
Fieldwork ID:	MON-0041002

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 15 August 2023	12:00hrs to 16:15hrs	Elaine McKeown

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

This was an unannounced thematic inspection of this designated centre. It was intended to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. The aim of this inspection was to drive improvement in such areas for the benefit of the residents. Overall, the inspection found that residents living in this designated centre were being supported to engage in activities that maximised their independence in their daily lives.

This designated centre was comprised of three houses located in mature residential community settings. Two houses were semi-detached and located next to each other. The other house was detached and located in another residential area nearby. All three houses were two-storey buildings and four residents lived with staff support in each of the houses. Each of the residents had their own individual bedroom. One bedroom in each house was located on the ground floor, with the other bedrooms and staff office/bedroom located on the first floor.

The inspector met with eight of the residents living in this designated centre during the day at times that suited their routines and planned activities. On arrival to the first house, one resident greeted the inspector when they opened the front door. This resident was retired and enjoyed a morning routine without needing staff support. The inspector introduced themselves and the resident explained the staff were out with the other residents. The inspector contacted the staff on duty to advise them of the inspection taking place and waited for a short time before entering the designated centre when the staff and residents returned.

The inspector spoke with two residents in one of the houses prior to them having their lunch. Both spoke of how delighted they were to have recently enjoyed a short holiday to a large tourist town with two of their peers. They had enjoyed a musical show, pampering in a hotel, and spending time visiting the local sites. There were a number of photographs from the holiday shown to the inspector. The residents were seen to be smiling and enjoying themselves in numerous locations. The residents spoke of the many changes that had occurred in recent months to the staff team but were very happy with the core group of staff that were supporting them at the time of this inspection.

One resident who required a wheelchair to mobilise explained that the transport vehicle that was now available to them better suited their needs than the one that was previously used in the designated centre. However, the resident did not have a new power pack fitted to their wheelchair. This was an ongoing issue since 2022, prior to the most recent inspection of this centre completed on behalf of the Chief Inspector of Social Services (the Chief Inspector) in August 2022. While actions had been taken by the staff team and provider to source and fit a suitable power pack, the issue remained unresolved. The resident was observed to be able to self-mobilise on flat surfaces in their home but the addition of a new power pack would assist them to become more independent in their ability to navigate around their community without ongoing staff support. In addition, the resident was observed to require staff

support to enter their home due to the incline of the access ramp at their front door. The resident informed the inspector that they were disappointed that the issue had still not been adequately resolved.

The inspector spoke with three residents in the second house after they had completed their lunch. Two of the residents had plans to go to the cinema with another peer for the afternoon. The residents were enjoying their time off from their day services, which had been closed for three weeks, but were looking forward to going back the week after this inspection. The inspector was informed that the four residents living in this house had recently enjoyed a short break to another large tourist town. The residents spoke about the musicians, the accommodation, and social activities that they had enjoyed together. The residents chatted with the inspector in the sitting room and were observed to be respectful of each other during the conversation.

Staff spoken to during the inspection explained that one of these residents usually preferred to spend time on their own. However, while they were on this short break they had actively participated with their peers and enjoyed engaging in the group activities. This resident had specific interests in sporting activities which they independently attended in the locality. They enjoyed being a spectator at local matches. The resident had also enjoyed recently attending a concert of a well-known Irish band. They were also a valued member of their local men's shed group which they attended every Tuesday evening. The resident had also discussed with staff their interest in attending a weekly mindfulness group.

The inspector visited one resident in the third house in the afternoon. The staff member present outlined what activities they had done earlier in the day and helped the resident to explain to the inspector about their plans to go on a holiday with their peers during the upcoming weekend. The resident had been helped by staff to pack their bags for the holiday which the resident drew the inspector's attention too. They were ready and in the sitting room. The resident smiled when the inspector informed them that they were very organised. The resident told the inspector they were looking forward to staying in the hotel. They were also enjoying having the support of one staff while their peer was out for the day shopping with friends in the local community.

The inspector was informed that three residents from the designated centre were staying with family representatives at the time of this inspection. These residents regularly spent time with family representatives, in particular during the summer months. One resident was enjoying a holiday abroad. Another resident usually visited their family home each weekend and stayed for a few weeks each summer and at other holiday times during the year.

Three of the residents had left the designated centre before the inspector arrived. Two residents lived together in the same house and the third lived in another house. The inspector was informed that these residents regularly met up to socialise together. The inspector was introduced to two of these residents in the afternoon at the end of the inspection as they had returned to the designated centre. Both residents had enjoyed their day, shopping and chatting with their friend while having

refreshments. One of the residents spoke proudly about their job in a large retail store. They were employed there three mornings each week and explained some of their responsibilities in the department where they worked. The other resident spoke of their delight at having been on holiday recently, and was very happy with the staff team working with them in their home. The inspector was also shown a number of photographs that were on one resident's mobile phone. These were taken when the resident had visited family representatives living on another continent during August 2022. The holiday with siblings had been planned for a long time as it had to be postponed due to the pandemic. The resident told the inspector they had enjoyed the holiday very much.

It was evident from speaking with the residents and observing their interactions together that they were supported to engage in activities of their choice. This included maintaining their independence, relationships and roles within their homes and community. There were many examples of this. One resident liked to wash the floors in their home when no-one else was in the house. This was observed by the inspector in the afternoon. Other residents assisted with food preparation. Other household chores were shared among the residents in the houses. Residents were supported to have visitors regularly to their homes. The inspector was welcomed warmly into all three houses by the residents during this inspection.

Some residents were facilitated to remain in their home without staff support for periods of time to suit their individual routines, for example, on return from day services or their employment. Other residents could remain in their home while a staff was present in the adjoining house as a link resource if required by the resident. Residents had their own mobile phones that they used to contact staff on duty to inform them if they were going to be delayed, had a change of plans, or required staff to come to collect them after an activity. One resident had chosen not to access public transport without a staff being with them.

All staff spoken with during the inspection were aware of risk assessments in place for each individual they were supporting. Ongoing review was also evident. A staff explained that one resident had recently commenced accessing their home regularly when staff may not be present. They contacted the staff on duty to let them know when they arrived home and staff would then return to the designated centre. The staff team planned to extend the length of time the resident could spend alone in their home over the coming months, in line with the expressed preferences and wishes of the resident.

Residents were supported to actively engage in advocacy and house meetings regularly. Residents were provided with information on a number of topics including their human rights, privacy and complaints. The inspector discussed a number of issues that had been raised at recent residents' meeting in one of the houses. Repeated issues were documented in May, June and July 2023 meeting notes regarding bedroom floor maintenance for one resident and the rear garden area. The issue with the bedroom floor had not been resolved. While residents told the inspector that they were happy the trees had been cut recently in the garden area, they were still unable to use the decking area. The inspector had noted the general

disrepair of the decking area which included a build-up of moss and weeds on the surface.

While residents were aware of their right to make a complaint, they had chosen not to do so regarding these issues at the time of this inspection. It was unclear from the residents' meeting documentation reviewed if the issues were being progressed. No details or updates were documented as being provided to the residents at subsequent meetings. Staff spoken to during the inspection were unable to provide an update on when these issues would be resolved for the residents. The state of disrepair of the decking area at the time of this inspection restricted residents from safely accessing the area. This had not been identified as a risk or documented as adversely impacting or restricting the residents from accessing their garden area.

The provider reported that there were no restrictive practices used in this designated centre. Residents had keys to their homes and bedrooms if they wished. There were no locked presses in any of the communal areas. Residents spoke of their wish to have staff support them with their finances. A number of residents stated they did not wish to use their bank cards without a member of staff being present with them. Residents outlined the arrangements in place for them to have access to their finances, which included money being kept in a locked press in the staff room of each of the houses. All residents were supported to have money available to them as per their expressed wishes. Staff were also familiar with individual preferences relating to the management of personal finances when speaking with the inspector.

However, the inspector was informed that all three staff rooms were kept locked when staff were not present. This was observed during the inspection in one of the houses. This was not viewed as a restrictive practice by the staff team or the provider. It was viewed as a safety measure to ensure personal information, medications and personal finances of residents were effectively managed. The inspector was informed that residents could access the office space when staff were present. During the inspection a resident was observed to be supported by a staff member in the office of their home when they required support with medication.

In summary, staff members on duty were observed to be very caring, professional, and respectful in their interactions with residents. They were familiar with individual preferences. Residents spoken with reported they were very happy in their home and with the support provided by the staff team. They were offered choice in their daily lives and encouraged to engage in personal interests and activities independently or with minimal staff support as per their expressed wishes.

The next section of the report presents the findings of this thematic inspection in relation to oversight and quality improvement arrangements as they relate to physical, environmental and rights restrictions.

Oversight and the Quality Improvement arrangements

The provider did have systems in place for the review and monitoring of restrictive practices. These were outlined in the provider's current policy- Promoting a restrictive free environment policy for adults and children; April 2022. The inspector was informed that the locking of the three staff bedroom/office doors was not regarded as a restrictive practice by the provider. However, this requirement in each of the houses had not been documented as being risk assessed or as a control measure in the documents reviewed during the inspection by the inspector. The rationale why these rooms were required to be locked when staff were not present was also not documented. This action was not viewed by the provider as a health and safety restriction either at the time of this inspection.

During the inspection the provider outlined the rationale for the locked office doors. This included the safe storage of medications (which were kept in a locked press in the office), the secure management of personal data and files, and the safety of residents' personal finances. However, on review of the provider's current policy regarding environmental restraints, the use of locked doors is outlined as a possible restriction with some examples listed which included "Use of locks on a bedroom...if a person is unable to unlock independently".

In advance of this thematic inspection the provider was invited to complete a self-assessment questionnaire intended to measure this centre's performance against the 2013 National Standards as they related to physical, environmental and rights restrictions. These standards were divided up into eight specific themes in the questionnaire. The provider completed and submitted the self-assessment for review in advance of this inspection. Overall, the completed questionnaire suggested a high level of compliance with the National Standards, reporting that the requirements of all eight themes were met. The provider also responded in the self-assessment that there was no requirement for a quality improvement plan in this designated centre regarding restrictive practices.

As previously mentioned, not all residents could safely access all areas of their homes at the time of this inspection. This included one resident who required the use of a wheelchair to mobilise and was still awaiting a new power pack to be fitted to improve their independence accessing their home, and community areas where there were inclines. Residents were unable to safely access their decking area to the rear of two of the houses due to the presence of weeds and moss on the surface. The decking structure also required maintenance. This issue had not been considered as adversely impacting or restricting the residents enjoying time in their garden space if they wished. The provider had not ensured this action and others pertaining to the premises which were observed during the walk about of the designated centre had

been adequately addressed since the previous inspection on behalf of the chief inspector in August 2022. These issues were discussed with the provider during the feedback meeting at the end of this inspection.

Due to a number of changes to the staff team during the end of 2022 and 2023, staff meetings had not taken place regularly in this designated centre. However, a staff meeting had taken place in July 2023 with more scheduled by the social care leader for the remainder of 2023. The staff on duty demonstrated a good awareness of what restrictive practices were during the inspection. All confirmed there were no restrictions in any of the communal areas of the houses. They spoke of how they supported the will and preferences of residents in choices being made. Individual and group activities were supported. Additional staffing resources were provided when required to support individual residents. In addition, all staff had attended training in human rights and managing behaviours of concern.

As part of the provider's systems to ensure ongoing oversight, quarterly social care leader meetings were taking place; with the most recent being held in May 2023. The inspector was informed these meetings were a forum for information sharing within the region, providing up-to-date information, data collection and feedback. This information was then shared with staff teams within each designated centre.

The provider also ensured regular audits were taking place within the designated centre. The inspector reviewed an internal audit completed by the provider of one of the houses in June 2023. The auditors reported no restrictive practices were in place, and that all staff had attended or were scheduled to attend training in managing behaviours that challenge. Behaviour support plans were in place where required with minimal input required from the behaviour support team.

In summary, most of the residents living in this designated centre were supported to engage in activities in line with their expressed wishes either independently or with minimal staff support. However, the practice of locking the three staff bedroom doors required further review. In addition, some residents were experiencing difficulties accessing all areas of their homes, which included the decking area at the rear of two houses. The resident who required a wheelchair to mobilise continued to be restricted in their ability to independently access their home and some areas of their local community.

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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