



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

## Issued by the Chief Inspector

Name of designated centre:	GALRO Residential Mullingar
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	14 September 2023
Centre ID:	OSV-0004648
Fieldwork ID:	MON-0040860

## 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 14 September 2023	09:45hrs to 17:15hrs	Karena Butler

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

Overall, on the day of the inspection, the inspector observed that residents living in this designated centre were supported by staff who promoted their safety and understood and supported their needs. It was observed that, where possible the provider and the person in charge reduced the use of restrictive practices when they were no longer considered necessary. In addition, they also kept the duration of use of some practices under regular review with a view to shortening the times they were in use. This was evident for some practices as their use was reduced over the last number of months.

The centre was made up of a single storey detached house on the outskirts of a town. There was adequate space in the back garden for residents to enjoy and there was an area to sit outside or to use the trampoline or swing. The house had five residents' bedrooms, a combined kitchen and dining room, utility room, two sitting rooms, two staff offices of which one was an additional building in the back garden, and two bathrooms. Two residents had en-suite facilities.

The inspector observed the premises to be clean and tidy. Residents' bedrooms had adequate storage and were personalised to their own tastes. For example, one resident's bedroom was decorated with wall stickers that related to gaming consoles.

During the walk around of the centre, the inspector and the person in charge discussed the restrictive practices that had been previously notified to the Health Information and Quality Authority (HIQA). The inspector found that, restrictive practices were notified into HIQA as required and the rationale for their implementation was clear. Restrictive practices included, a locked front door at certain times, both staff offices locked (when staff are not using them), staff completed 45 minute checks for one resident, three residents had specific seating positions on their transport vehicles and two residents used a specific seat belt lock.

The inspector observed that a number of restrictive practices were discontinued within the centre in the last few months when they were deemed to no longer be applicable. For example, one resident had required plastic cutlery; however, with no recent occurrences of behaviours that posed a risk to the resident or others in the months leading up to its review, this practice was discontinued. In addition, window restrictors that had been in place on two windows were removed after a review of recent incidents demonstrated that the risk no longer appeared to be relevant.

Additionally, the chemical press was no longer kept locked when not in use. This came about as a result of the provider's review of incidents over the course of previous year and there was no additional risk to residents with keeping it open.

On the day of the inspection, there was one vacancy in the centre, one resident was attending their external day programme and afterwards were due to stay in their family home for a few days. The three remaining residents were supported by staff who appeared to know the residents well. Some of the options available to residents

on the day of the inspection were creative mindfulness in the morning, followed by equine therapy in the afternoon and after that there was an educational class on personal care.

Some residents had alternative communication methods and did not share their views with the inspector. They were observed at different times of the inspection in their home. The inspector observed some residents moving freely around their home and appeared comfortable in their surroundings. Some residents chose not to talk to the inspector other than to say hello and this was respected. In addition, residents were offered and encouraged to complete additional activities or options if they declined what was initially on offer for the day.

There were five staff members on duty on the day of the inspection. The number and skill mix of staff was found to be appropriate to the needs of the residents. Staff spoken with were familiar with residents' support needs. Staff were observed to communicate with them in a respectful and unhurried manner. Staff demonstrated that they were familiar with residents' communication styles and preferences. They demonstrated a good understanding of restrictive practices and were able to communicate the restrictive practices used in the centre and the reasons they were in place. One staff member spoken with said that, restrictive practices were discussed at team meetings and any concerns would be addressed.

There were personal plans in place for individuals in the area of intimate care and communication. This was to ensure staff were familiar with what supports a resident may require, what their preferences were and how best to communicate with them to ensure better understanding for the individual. In addition, there were positive behaviour support plans in place to help guide staff as to how best to support residents that may display behaviours of concern. They were reviewed annually or sooner if required by a behaviour specialist. The plans were clear and also referenced any restrictive practices in place for the person.

Staff received training or were scheduled to receive training, in the management of behaviours of concern including de-escalation and intervention techniques. This was to help guide them as to how best to support residents when they may be experiencing times of distress. In addition, staff had received in-house training in restrictive practices. Furthermore, staff had received additional training in the area of advocacy as well as training in human rights.

One staff member spoken with stated that, after having training in the area of human rights, it supported them to move towards promoting residents choice. The staff member went on to say that they were assisting residents to make more informed decisions through social stories and key-working sessions. They gave an example that prior to receiving the human rights training, if a resident required a general practitioner (G.P) appointment they would have booked it; however, now they would try to ensure they have the informed consent from the resident for the appointment.

There was a complaints process available for the residents and their families should they choose to use it. There were no complaints in 2023 up to and including the day of the inspection. Of the complaints in 2022 none were related to the area of

restrictive practice. Residents were informed about the running of the centre. For example, through regular residents' meetings. From the minutes of those meetings the inspector saw that restrictive practices were discussed at different meetings, for example in June 2023. It was also an area of discussion at some resident's individual key-working sessions in order to promote awareness and understanding of restrictive practices for the residents. It was also used as a method to discuss their consent of any practices that may affect them. In addition, residents also had monthly advocacy meetings.

Easy-to-read information had been provided to the residents about why specific restrictive practices were in place in the centre which may impact them and they were discussed at the different meetings described previously.

## Oversight and the Quality Improvement arrangements

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 practices outlined within the document were consistent with what was observed during the inspection.

The provider had a policy on restrictive practices and a policy for the provision of behavioural support that were reviewed in December 2022. The policies were available in the centre for staff to refer to and they provided clear information and guidance for staff.

The inspector observed that restrictive practices were audited at the last unannounced provider lead audit for the centre in September 2023. The inspector observed that quality improvement suggestions that came from that audit were already being implemented within the centre.

The provider had arranged for the rights committee for the organisation to meet every six months to review any restrictive practices used in the centre. In addition, restrictive practices were reviewed as part of each resident's annual care plan review meeting. Attendees at the meeting included, the resident themselves, family members or the resident's representatives, the centre manager and the person's key-worker along with other professionals who may be involved with the person's care.

The person in charge maintained a restrictive practice register which was periodically reviewed and was last reviewed in July 2023. In addition, they also reviewed restrictive practices in use on a monthly basis. There were restrictive practice management plans in place and they included reduction plans for each practice. There were records maintained in the restrictive practice logs, of when any practice was used and there were assessments completed by the clinical team prior to the use of any practice.

The person in charge had also prepared written risk assessments regarding risks that required the need for restrictive practices.

There were maintained planned and actual staff rotas in place that reflected the staffing levels in the centre. The centre was resourced with a high staffing to resident ratio. For example, each resident was staffed on a one-to-one basis during the day. On some days over the last number of months a resident received two-to-one staffing to trial if higher staffing levels could help reduce the need for some restrictive practices in place for them.

The inspector observed evidence of restrictive practices being discussed at staff team meetings and at staff formal supervision meetings.

There was a statement of purpose (SOP) in place that was reviewed as required and described the specific care and support needs of the residents. In addition, it

described what supports from different healthcare professionals a resident may receive if required. As per the SOP residents had access to multidisciplinary professionals and services as appropriate to their needs, including psychiatry and positive behaviour support.

Overall, the inspector was assured that the provider and the person in charge had good systems and oversight in place. In addition, the inspector was assured that restrictive practices were appropriately kept under review with an aim towards reduction of restrictive practices were possible.

## 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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