



**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:	Bridge View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	16 August 2023
Centre ID:	OSV-0005848
Fieldwork ID:	MON-0040985

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
Wednesday 16 August 2023	09:50hrs to 15:30hrs	Miranda Tully

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

This inspection was an unannounced thematic inspection of the designated centre. It was scheduled to assess the provider's implementation of the national standards relating to restrictive practices and to drive service improvement in this area.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

The designated centre is registered to accommodate up to four residents at any time, at the time of inspection there were no vacancies. While some restrictions were in place to support the residents' overall safety and well-being, the physical environment and configuration of the centre mainly supported the provision of a restraint free environment.

On arrival to the centre, the inspector was greeted by the shift lead manager who informed them that the person in charge was on leave. They contacted the deputy person in charge and deputy director of operations for the centre and they made themselves available throughout the course of the inspection.

The centre comprises a large two storey building in a rural area in Co. Kilkenny. Residents had access to transport resources assigned to the centre. For some residents transport to school was arranged through an external resource also.

The shift lead manager accompanied the inspector on a walk around of the centre. The centre was bright, spacious, clean and well-maintained throughout. The centre comprises a kitchen, dining room, living room, utility, bathroom, staff room, four bedrooms located upstairs and a recreation room located next to the house. The residents' bedrooms were decorated as per their preferences and there was appropriate space and storage for the residents' personal belongings. The inspector observed a large garden area with a trampoline, swing and basketball hoop. The inspector observed that the grass area required maintenance, the shift lead manager advised the inspector of plans to replace the grass with an alternative surface to allow residents to make more use of the area. During the walk around of the property, the inspector observed locked doors which included entry to one resident's bedroom as per their wish, locked entry to a hot press and cloak room. Each restriction had been recognised as such with the exception of locked food presses observed in the utility room. The presses were made available to residents to lock away preferred food items safely. One resident had their own key to their press and could come and go as they wished. For others access to the food items was by request to staff. In the kitchen area there was access and choice of food for residents. The inspector observed residents accessing food choices such as cereal on the morning of the inspection. In general, the centre appeared homely and personalised on the day of inspection.

During the inspection the inspector had the opportunity to meet with the residents and staff on duty. Residents appeared to be supported to engage in individualised

daily activities during the summer months when they were not attending education. One resident who the inspector did not meet with was attending the gym at the time of inspection. Staff described this as an active interest to the resident and it was evident that this interest was supported by the centre. Another resident was observed preparing for the day with staff before leaving the centre. A third resident who had recently transitioned to the centre was watching their preferred programmes with staff. The fourth resident showed the inspector their bedroom and spoke about key interests such as football and games they liked to play. Over the course of the inspection, the inspector observed staff implement strategies from residents' multi-element behaviour support plans and refer to reward systems which were in place.

Residents appeared to be regularly consulted regarding their views on the service provided. The service complaints procedure was observed prominently displayed in the centres hallway, along with pictures of the services management team.

The residents were supported by a staff team which comprised of social care workers and support workers. Multi-disciplinary support was also available within the organisation when required. Staffing levels in place appeared appropriate to meet the needs of the residents. Staff spoken with appeared knowledgeable regarding the residents' needs and preferences and positive interactions were observed throughout the inspection day.

As noted previously, there were some restrictions implemented within the centre, which included the restriction to parts of the centre which were unsafe for residents to access for example, a press where chemicals were stored, external sheds where the oil tank and generator were stored, staff office, closet and hot press. In addition restrictions were in use regarding electronics, access to the internet and restrictions to ensure safety when traveling in transport. For the most part, restrictive practices in use in the centre which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector.

Each of these restrictive practices had an accompanying risk assessment to substantiate and justify the rationale and risk they managed. It was also evidenced that they were implemented for the least amount of time possible and only to manage the specific risk identified.

The provider had initiatives in place to try and reduce the number of restrictions in the designated centre. For example, for two residents, restraint reductions plans were in place to limit the requirement for them to sit in allocated seating in the vehicle and for one resident a lap lock adjuster is no longer in use. Each restriction was also reviewed by the behaviour specialist, person in charge and or the shift lead manager.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

Residents were observed to be supported by staff who knew them and their individual needs well. It was also clearly demonstrated that where restrictive practices were

utilised in the centre, they were in place to manage an identified personal risk or assessed need for residents.

In summary, the inspector saw that the residents in this centre was in receipt of high quality and safe care which was delivered by well-informed staff. This care was effective in upholding the resident's rights and was ensuring that they were living in an environment and home that was as restraint free as possible with due regard to their health and safety and assessed needs.

Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were striving to ensure that residents living in the designated centre were supported to live lives that were as independent and free from restrictions as much as possible.

In general, the service was promoting a restraint free environment and there were effective systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed. The person in charge had completed a self-assessment questionnaire in preparation for this thematic inspection. This self-assessment was found to be reflective of what the inspector found on inspection.

There were clear policies and procedures in place in relation to restrictive practices. Overall, the provider and person in charge promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their homes.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The centre was managed by a full-time, suitably qualified and experienced person in charge who shared their role with one other designated centre. The person in charge was supported by a deputy person in charge and shift lead manager who facilitated the inspection.

For the most part, restrictions were documented on a restrictive practice register. Restrictions were reviewed quarterly with the behaviour specialist at a restrictive practice review meeting. Restrictive practices were reviewed both locally and at executive management level through a centre specific governance matrix.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. Resources in the centre were planned and managed to deliver person-centred care. A high staff to resident ratio was maintained in the centre, which ensured resident's specific person-centred support needs were met in line with their assessed needs.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference. Staff were found to be knowledgeable of what constituted restraint and restrictive practices. Staff were also in receipt of training in, person centred care, positive behaviour support, restrictive practice, human rights and crisis intervention. The competence of staff was reviewed post training in the centre. The provider had identified requirements for enhanced training in the centre and this was currently being implemented.

Overall, residents living in this designated centre were in receipt of care that was safe, person-centred and was being driven by a human rights approach.

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

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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