



**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:	Avila
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	27 September 2023
Centre ID:	OSV-0008118
Fieldwork ID:	MON-0041314

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 27 September 2023	09:45hrs to 16:30hrs	Conan O'Hara

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 restrictions, environmental restrictions and rights restrictions. The aim of this inspection was to drive service improvement in such areas for the benefit of residents.

Overall, the finding of this inspection was that the residents living in this designated centre were in receipt of a service which appropriately supported their safety and wellbeing. However, there was an area for further improvement in demonstrating consent and consultation with residents in relation to the restrictive practices in place.

Avila is a detached bungalow located on its own grounds in a rural area in Co. Tipperary which is home to four residents on a full-time residential basis. The inspector had the opportunity to meet the four residents living in this centre over the course of the inspection. Some residents used alternative and augmentative methods to communicate with the inspector. The inspector also spoke with management and staff of the designated centre, reviewed documentation and observed the interactions and support provided to residents during the day.

On arrival, the inspector met with three residents who were preparing for the day. The inspector was informed that the fourth resident was enjoying a lie-in. In the morning, the inspector observed two staff on duty and was informed that a third staff member was out of the service for the morning in order to support a resident in another designated centre to attend a healthcare appointment. This staff member returned later in the morning. The inspector was informed by members of the staff team and management that this was not a regular occurrence.

One of the residents told the inspector that they were planning to go shopping in the morning. They appeared relaxed and comfortable in the centre and was observed having positive interactions with the staff team. The inspector had a cup of coffee in the kitchen with another resident who noted that due to the bad weather they were relaxing for the morning and will be going swimming in the afternoon. The resident told the inspector that they liked living in the centre. The third resident was observed relaxing in their bedroom and accessing the kitchen occasionally to observe what was happening.

In the early afternoon, the inspector observed the residents being supported to access the community with one resident going swimming and another resident going for a drive. The third resident was supported to visit their family members for the afternoon. The inspector briefly met the fourth resident as they were enjoying lunch and preparing to leave the centre to attend a hair appointment.

The four residents did not attend a formal day service however, were supported to access the community and group activities of preference including pottery, chair yoga, dog walking and swimming. As noted, throughout the day, the residents were

seen to be supported to go out of the centre including drives, hair appointments, visiting family members and accessing services in the community such as shopping and swimming.

The inspector carried out a walk-through of the premises and found that overall the centre was decorated in a homelike manner. As noted, the centre was a bungalow set on its own grounds in a rural area. The centre comprised of four resident bedrooms (one of which is en-suite), kitchen and dining room, sitting room, office and a shared bathroom. Each residents' bedroom was decorated in line with their preferences.

However, the previous inspection identified a number of premises issues which required attention including areas of lifting and worn flooring, areas of broken plasterwork and peeling laminate on kitchen cabinets. In addition, the tiles in bathroom were porous with a rough surface. This made them difficult to effectively clean and the inspector observed a malodour on the day of inspection. This impacted on the homeliness of the centre and was discussed with the Person in Charge and the Director of Nursing. The inspector was informed funding was approved for premises works and plans were in place to address same.

There were a number of restrictive practices in use in the designated centre. The inspector found that where restrictive practices were in place, they were suitably identified, assessed and reviewed. A log was kept of the use of a restrictive practice and these were to be reviewed on a regular basis.

In summary, staff members on duty were very caring, pleasant and respectful in their interactions with residents. Positive feedback on life in the centre was provided by residents spoken with.

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

Oversight and the Quality Improvement arrangements

The provider had systems in place for the identification, assessment and review of restrictive practices. These were outlined in the provider's policy on restrictive practices. In the main, the rationale and risk-based evidence for the use of restrictive practices was clear. However, there was an area for improvement in demonstrating consent and consultation with residents in relation to the restrictive practices in place.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical restrictions, environmental restrictions and rights restrictions. These standards and the questionnaire was divided up into eight specific themes. This self-assessment was completed and submitted for review in advance of this inspection.

Overall, the completed questionnaire suggested a good level of progress towards the National Standards. The self-assessment suggested that a quality improvement was required in relation to the documentation and documenting consultation with residents and consent in relation to restrictive practices. It was evident from the sample of files reviewed on the day of the inspection that the provider was in the process of implementing the new documentation and at the early stages of capturing consultation with residents and their will and preferences regarding restrictive practices. However, the consultation with residents required further development to ensure the residents were consulted with in a meaningful way and if consent was or was not given that this decision was recorded.

The provider had a policy on restrictive practices which was available for review. The policy outlined the process for identifying, recording, monitoring and reviewing restrictive practices. In addition, the policy noted that residents and/or their representatives were to be informed and consulted around restrictive practices. The inspector was informed that the policy was undergoing a further review at the time of inspection.

The restrictive practices in use in the centre were reviewed by the provider's Rights Review Committee. The members of the Rights Review Committee included the Director of Nursing, representative of senior management, Person in Charge, patient and service user officer and independent advocate. The inspector reviewed a sample of records in relation to restrictive practices in use in the centre and found that the identified restrictions were previously reviewed in June 2022. This was not in line with the annual review of restrictive practices by the Rights Review Committee and the inspector was informed that this was due to scheduling issues. There was evidence that the provider had scheduled to review all restrictive practices in the centre the week following the unannounced inspection.

Overall, the inspector found that restrictive practices were reviewed regularly at a local level by the person in charge and the multi-disciplinary team. In addition, the provider had other means to monitor restrictive practices in the centre. These included quality assurance audits such as the annual review and six monthly provider

unannounced visits. The inspector also reviewed a sample of staff meeting minutes and found that restrictive practices were discussed as an agenda item. Staff members spoken with also demonstrated a good awareness as to what a restrictive practice was and the restrictive practices in place in the centre.

It was evident that the provider strived to ensure that restrictive practices were the least restrictive before approving restrictive practices. For example, through the restrictive practice review process, surplus food items were stored in a locked press in the utility room due to an identified risk. This was deemed the least restrictive measure as it removed the need to lock the kitchen door to manage the identified risk and ensured all residents had full access to the food items in the kitchen.

The provider had sufficient resources to support the residents to engage in their routine and reduce the necessity for restrictive measures. The inspector reviewed the staff roster and found that there was suitable staffing arrangements in place. The four residents were supported by three staff during the day and two waking staff at night. The centre was operating with two vacancies and previously a fourth member of staff was on duty during the day. The inspector was informed that these vacancies were currently being recruited for. In addition, the centre had access to two vehicles for transport.

The inspector reviewed a sample of staff training and found that all staff had up to date training in de-escalation and intervention techniques. The provider had also supported the staff team to complete some training on human rights.

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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