



**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:	Moyne House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	02 November 2023
Centre ID:	OSV-0008263
Fieldwork ID:	MON-0041841

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
Thursday 2 November 2023	08:40hrs to 15:00hrs	Eoin O'Byrne

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

This was an unannounced thematic inspection; the focus was to assess the provider's implementation of the *2013 National Standards for Residential Services for Children and Adults with Disabilities* relating to restrictive practices.

The inspector had the opportunity to meet with two of the three residents. One of the residents sought out the inspector and chatted to the inspector as they prepared their breakfast. The resident spoke of their hobbies and things they like to do and told the inspector they were due to leave to attend their day service. The resident said that they were sometimes happy in their home but that they did get to do the things they liked.

The second resident greeted the inspector in the main corridor. The resident appeared in good form and used non-verbal communication to interact with staff members. The inspector observed that the staff members were responsive to the resident's forms of communication. There were examples of social stories and visual aids being utilised to support residents if required. For example the provider had developed social stories regarding the restrictive practices that were in place in the residents' home. The residents had reviewed the social stories and had signed the stories after reviewing them.

Residents were supported in their home on a one-to-one basis to ensure that their needs were met. Two of the three residents attended a day service programme full-time and the third resident had a structured, individualised program in place. This resident relied on consistency, and the provider and staff team developed a program for them that was person-centred and supported them to have positive outcomes.

The three residents were active in their local community, they engaged in activities such as going shopping, swimming or attending the cinema. When reviewing residents' information and support plans, the inspector was informed that steps were being taken to support one of the residents to engage in activities independent of support from staff members. The person in charge and members of the provider's multidisciplinary team (MDT team) completed assessments to ensure that the resident had the skills to safely access the community independently. This was a good example of positive risk-taking being promoted by those supporting the residents.

The inspector reviewed current and past staffing rosters and found that there was a consistent staff team in place and that the provider had ensured that safe staffing levels were maintained. Throughout the inspection, the inspector observed warm and considerate interactions between residents and staff members. The staff members the inspector spoke with, were knowledgeable of the resident's needs and carried out their duties in a caring manner.

The inspector spoke with a staff member regarding restrictive practices that were in place. The staff member listed all practices and discussed them with the inspector. The staff member also spoke of an approach that was being considered to support a

resident's safety when utilising transport. The staff member said they had recently completed training regarding the Assisted Decision-Making Act. The staff member also spoke of the training they had received regarding managing behaviours of concern. The staff member spoke of utilising proactive strategies to reduce incidents for residents and informed the inspector that physical interventions were not employed when supporting residents.

An appraisal of staff training records showed that, the provider and person in charge had ensured the staff team had received the appropriate training and completed refresher training when required. Staff members were also receiving supervision in line with the provider's policies, and a review of a sample of these showed that the supervision sessions were utilised to promote learning and positive outcomes for the residents. The inspector also found that staff team meetings were held regularly. The review of a sample of minutes showed that the meetings were utilised to share information, enhancing staff members' knowledge and approach. There was evidence of discussions being held regarding restrictive practices and also regarding resident interactions and promoting positive outcomes for residents.

The resident's home was not a restriction-free environment; the restrictive practices that were in place had been introduced to support the privacy and maintain the safety of residents. Restrictive practices included some of the residents' finances being stored in the office, all of the residents' medication being held in the office, information regarding residents being stored in a locked press and a keypad in place for the gate at the property entrance. As discussed earlier, the residents had been provided with information regarding the practices explaining why they were in place.

One of the staff member spoken with discussed a plan to introduce a restrictive practice for a resident. The inspector was provided with evidence of the provider exploring other alternatives before planning to implement a restrictive practice. Staff members and the person in charge had reviewed the resident's behaviours with members of the provider's MDT team, and it was clear that those supporting the resident were seeking to utilise the least restrictive practice.

Oversight and the Quality Improvement arrangements

This service was led by a person in charge, with team leaders and care staff supporting them.

The provider had ensured that a policy regarding restrictive practices had been developed and was available for review and the inspector noted that aspects of the policy required enhancements. However, the provider was in the process of addressing these areas at the time of the inspection.

The provider had a rights review committee in place and had recently established a specific restrictive practice review committee. Members of the provider's senior management team and persons in charge formed the committee. The committee has been tasked with reviewing and assessing restrictive practices employed in all of the provider's services.

At local level, the person in charge established a restrictive practice register containing relevant information. This was reviewed monthly as part of monthly audits by the person in charge and senior management. Furthermore, the person in charge was submitting quarterly reports regarding the usage of restrictive practices for review by the Chief Inspector as per the regulations.

As discussed earlier in the report, the provider had ensured that the service was effectively resourced regarding the staff team. There was a significant staff presence each day that ensured that the needs of the residents were met.

The inspector found that the provider ensured residents had access to a well-established MDT team. Support plans had been developed to guide staff when working with each resident and comprehensive behaviour support plans had been devised for residents who required them. These plans were focused on, understanding the residents' behaviours and ensuring that the least restrictive response was utilised to de-escalate any incident.

There was also evidence of occupational therapists being utilised to carry out needs assessments, such as accessing the community independently for a resident and planning to purchase exercise equipment for a resident to use in their home. There were risk assessments in place that were specific to each resident. These were again under regular review and guided staff members on maintaining the residents' safety.

In summary, the inspector found that the residents were well cared for by those supporting them. The residents had access to a large MDT team, and their needs were under regular review. In regards to the restrictive practices, there was clear reasoning for their introduction and continued use. The provider had review systems to ensure the practices were proportionate to the risk. The review of information also demonstrated that those supporting the residents sought to utilise the least restrictive practices where 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

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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