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

Name of designated centre:	Belford House
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	24 October 2019
Centre ID:	OSV-0002056
Fieldwork ID:	MON-0027782

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[1] 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	Inspector of Social Services
24 October 2019	Tanya Brady

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

This designated centre is currently home to seven individuals with one vacancy. The centre is a spacious, purpose built bungalow in Wexford town sitting on its own large site. It is home to both male and female residents over the age of 18 years, who present with an intellectual disability and/or autism with some residents having additional physical disabilities.

The inspector was greeted on arrival to this centre by a student nurse who opened the door accompanied by a resident. The resident shook hands and welcomed the inspector. They apologised that they were about to go out to day services and so couldn't stay but said that they might see the inspector later. Two other residents were also waiting to leave for their day, with one going to an aromatherapy appointment and one going to their day service. One resident joined the inspector in the kitchen area for a coffee prior to them leaving. This resident attends a day service external to the providers as they explained it provides more challenges and opportunities for them. This resident has lived in the centre for fifteen years and commented that they loved their home and thought it was brilliant. This resident has explored living independently over the last year, with staff and an advocate supporting them in development of new skills. The individual explained to the inspector however, that they decided that they would prefer to remain living in the centre with their peers. Their life has, they reported, improved as they have started to go out independently and are also a member of a range of clubs and societies. In addition they have their own cupboard in the kitchen with their food and have been supported to shop for groceries and plan for their week.

Entry to this centre is via a locked front door with a keypad to open from the inside, a second double door leads into the hall. This also used to be locked but recently the provider identified this restriction as no longer required, and the lock was removed. There are two large comfortable communal living rooms on either side of the kitchen dining room. A double door forms the entry to the kitchen from one side which when closed requires a keypad to open. The kitchen area has a long breakfast bar separating the space from the dining area and at the end of this is a half-height door that can be held shut with a bolt to close off the kitchen as required. All rooms utilised by staff are located along a distinct corridor which is usually accessible to residents, but a door at the top of the corridor can be closed and is again opened by keypad. The residents in this centre all have their own bedrooms two of which are en-suite. Each bedroom had a distinct feel and reflected the personality of the individual whose room it was. One resident described their room as a 'man cave' and commented that they were looking to get a larger TV and to purchase a film package from a television provider for themselves. Another resident who had restricted access to their clothing, due to an assessed desire to eat items that are not typically thought of as food, had their wardrobe locked in their bedroom but selected items which were not deemed a risk such as dressing gowns or cardigans were accessible and displayed. One individual who used a standing frame to support them to stand had selected a specific sitting room and window with the best view through the double doors for its placement.

Residents were seen to have favourite spaces such as for one, an armchair in the dining room to sit and watch the activity in the house. It was observed that residents tended to congregate in the dining room on return from daily activities and each had a preferred wind down activity such as a jigsaw at the table or a cup of tea and a chat with peers.

The internal doors mentioned above, which closed off areas within the house when shut, are at times used by an individual resident to support them in dealing with the desire to act impulsively. In addition the doors or half door can be closed by staff if supporting a resident with behaviours that challenge. These have the impact of restricting movement for the other residents throughout their home. The provider has therefore met with families and residents who require doors closed and with their permission, the staff have met with all residents to explain what specific diagnoses mean for individuals, such as autism or what behaviours that challenge mean. As a result other residents while still subjected to restrictions have voiced that they are happy to have these occur if they help their friends and they understand they can request the doors be opened for them and that they will not be closed for long. However for some residents with physical disabilities they were unable to utilise the keypads or open the half door even if unlocked. On the day of inspection options such as door fobs or having doors hinged to open when pushed rather than pulled were discussed as means that might reduce restrictions.

Access to the remote controls for the televisions was an additional restriction, and they were kept in a locked box held by staff. This was as a result of the remote control being an item that one resident was fixated on and had led to altercations with peers in trying to retain ownership. This was identified as a risk and also a restriction by the provider, as residents had to request a change in channel or in volume. A phased reintroduction plan had been devised and was seen to have clearly laid out step by step strategies for staff to follow. However it was currently on hold with other priorities identified for the one individual however the provider and person in charge reviewed this regularly as they were aware of the restriction on all residents in the house. Some residents chose to watch television in their rooms while others were supported to access personal tablet electronic devices.

There was a consistent core of staff on the staff team for this centre, many of whom have worked here for a long period and are very familiar to and with residents. No agency staff are used however the occasional use of a staff member from the providers relief panel is utilised as necessary. Staff were very knowledgeable in all aspects of supports they put in place to support residents in achieving an improved quality of life. When the inspector was speaking to a number of residents they were observed to seek out staff support in ensuring their point of view was correctly interpreted or to add detail for them. Review of documentation and discussions with the team leader and person in charge demonstrated that staff were flexible in their working arrangements and would make themselves available to facilitate residents in attending family events or outings that were important to them. Three residents on the day of inspection were observed going to a local theatre to attend the performance of a musical. Staff facilitated and participated in planning parties and celebrating birthdays for individuals in the house with the most recent being a Halloween party.

There were some restrictions in place for individuals that were prescribed by the appropriate health and social care professional to ensure individuals were supported to maintain health and functional movement as much as possible. These included lap belts on wheelchairs and bed rails for use at night. Consent for the use of these was clearly documented and checks were recorded when residents were asked on a regular basis that they were still happy they understood the reason for use and wished them to be in place. One resident had an audio monitor in their room so staff would be alerted if the individual had a seizure at night, staff were also carrying out visual checks, this practice was debated on the day of inspection to ascertain if there was duplication in monitoring. For one individual a recent recommendation for the use of rigid hand and wrist splints had been made and these were worn for two hours daily. The rationale for use was clearly laid out by the prescribing professional and the resident had given consent for their use, however as their use meant the individual could not drive their power chair when wearing them, the timing of use should be subjected to ongoing discussion and review.

Oversight and the Quality Improvement arrangements

Overall the inspector found that the person in charge and provider had a positive approach to the use of restrictive practice and it was apparent that the service was seeking to continuously review practice and promote positive changes.

Following completion of the self-assessment questionnaire the provider had identified a number of areas for improvement and development and had as part of a quality improvement process begun work on these. They had started to roll out training on restrictive practice for the staff team as well as training for all service managers within the organisation. The person in charge had also identified the need to improve communication with the residents regarding the restrictive practices in place and the reasons for these. In addition improvements were noted in the recording of consent and in the methods of explanation to individuals about the proposed restrictive practice and how requests for consent were made. The person in charge and provider were also aware of the need to be more specific with language used in outlining when and how a restrictive practice should be used with an individual thus increasing consistency in practice. The inspector reviewed a flow chart that was still in draft form as it was being trialled, which clearly demonstrated the decision making pathway and the associated plans such as risk assessments or behaviour support plans to consider alongside the documents for recording when considering use of a restrictive practice.

The provider had policies in place for restrictive practice and on management of challenging behaviour, both of these were currently under review by the provider to reflect the changes in practice. There was a restrictive practice register in place which was completed and audited on a quarterly basis and was seen to vary over time as restrictions were reduced or removed. The person in charge was supported in reviewing the restrictive practices by a committed behavioural specialist and behaviour therapist who worked for the provider and offered clear and practical guidance for all staff in supporting individuals who lived in this centre.

The provider was additionally in discussion with another provider of residential services based in a different county and there were evolving arrangements proposed for the establishment of a joint oversight committee. The inspector saw some of the draft documentation such as referral forms and the procedures and scope of the new joint committee.

Residents in this centre had a good quality of life and staff and the provider were committed to ensuring that each individual was considered in the overall running of the house. The residents referred to knowing and accepting the 'quirks' of themselves and their friends and being happy to supporting each other in their everyday life.

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.

Appendix 1

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)	*The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.*

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)	*Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.*
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)	*Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.*
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	*Training is provided to staff to improve outcomes for children.*

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)	*Each child exercises choice and experiences care and support in everyday life.*
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	*Each child develops and maintains relationships and links with family and the community.*
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	*Each child has access to information, provided in an accessible format that takes account of their communication needs.*
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)	*Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.*
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)	*Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.*
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)	*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.*

Theme: Health and Wellbeing	
4.3	The health and development of each person/child is promoted.