



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

Issued by the Chief Inspector

Name of designated centre:	Meadowview
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	03 March 2020
Centre ID:	OSV-0005283
Fieldwork ID:	MON-0028406

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	Inspector of Social Services
Tuesday 3 March 2020	Tanya Brady
Tuesday 3 March 2020	Laura O'Sullivan

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

This designated centre is currently home to four individuals. The centre is a spacious, two storey house, subdivided into two self-contained apartments. One apartment is home to three individuals and the other is for a single individual. It sits on its own large site a short distance outside of Waterford City. It is home to both male and female residents over the age of 18 years with intellectual disability and/or autism.

The residents were all involved in their community, participating in multiple activities and were out and about throughout the day of inspection. All four individuals engaged in day services, three in formalised settings organised by three separate providers and the other resident has an individualised service from their home with staff supporting them. This resident can also spend short periods of time independently without staff in their home during the day if they choose to do so.

This centre comprised of a large detached house with the ground floor and first floor designed as two apartments. On the ground floor there were two living rooms, a sunny kitchen-dining room and all individuals had spacious bedrooms. The first floor was accessed via an external staircase, although it could also be reached internally via a flight of stairs with a door at the top. This door could be locked from the stairs side but not from the apartment side. Externally there was a large paved area to the front of the house for parking with a gate closed only at night however it could easily be opened from a keypad located in the house. To the rear was a deck area and garden that was accessible from the side of the house for the resident upstairs or via patio doors from the ground floor.

The main doors to the house were locked using a keypad and all residents were given the code to open them. However, one resident in particular had difficulty accurately remembering the code and had expressed hesitation in learning the code as they were anxious about letting strangers into their home. Following this expression of concern, staff had engaged in an education piece on stranger awareness and were seen to provide opportunities to practice opening the door and using the code over the course of the day.

One resident had been at a darts tournament in a local hotel over the course of the day and had attended this using public transport independently. There was a clear system in place for the resident to link with staff via mobile telephone to let them know when they arrived safely or when they were leaving a venue to return home. This individual sets their own plan for the day and then agrees with staff the arrangements for linking in and goes over the system to use should plans change. They returned home in the afternoon with a trophy they had won and were heard discussing with staff about where they should display the trophy in their room.

For one resident who was concerned about their clothes being mixed up with others the staff had worked with them to arrange a chore timetable including set days for them to wash clothes. While this removed flexibility for them in terms of access to the utility room it had enhanced the residents' confidence in carrying out daily tasks themselves, by reducing the concern about losing items.

Where a resident had had a family member move into a nursing home, this had the potential to impact on regular contact with their family member and their visits their family home had ceased. To ensure that this change did not pose a restriction on the residents' relationships the person in charge was looking at putting supports in place to ensure the resident could continue to visit.

For another individual in the house there had been a restriction placed on their use of their mobile phone. The reason for the introduction of this restriction was as a result of the resident frequently dialling emergency services. Following discussions and agreement from the individual and their representative the phone was given to staff in the evening and returned to the resident the following morning. The staff team and person in charge were committed to reducing this restriction and had trialled a number of alternative systems. On the day of the inspection the resident had a new mobile phone, which could only call four pre-programmed numbers. While the new phone had no access to the internet this was available via their electronic tablet device. The staff team had additionally ensured that all other contact numbers the resident may wish to use were available to them and free use of the house phone was encouraged if requested.

There was evidence of the use of education and support provided to residents to support them in making decisions that impacted on their health and safety. This included learning about budgeting money and road safety in addition to alcohol management. Where alcohol consumption had been of concern historically a resident had now decided on a system of restricting their intake that was as a direct result of increased education. These restrictions were supported by the staff team who used a clear system of positive reinforcement when individuals carried out their agreed actions such as purchase of lesser amounts and only drinking on set days in the week.

The self-assessment questionnaire sent in advance of this inspection had been completed by the person in charge and the staff team together. Staff reported that this had prompted them to all reconsider what constituted a restrictive practice and there was evidence that they had self-identified areas that they could review and improve. These included a situation for one resident where they were only given an individual detergent tablet a day for washing their clothes, the staff had reviewed and discussed this with the resident. Currently they were trialling leaving the cupboard unlocked where the detergent was stored, while continuing to leave out a tablet. There were steps to follow to increase independence over time. Similar review by the staff was being considered for potential access to razors and shampoo for some residents. The staff and person in charge also reported that they reviewed and looked at situations where positive risk taking had resulted in good experiences for individuals such as using public transport independently and going abroad on holiday.

There was evidence of the individuals in this centre having used formal advocacy services in the past with the provider promoting the residents' right to express their opinion about how their home was run and to input into decisions that impacted on their lives. Where residents met for their house meetings they were seen to sign that they had attended and participated in discussions. The minutes reflected that staff

used appropriate language to support understanding of items that were discussed. An example of this was a topic 'things that have happened I'm not happy about' as distinct from 'complaints'. Residents were seen to spend time together and with staff socially and there was a relaxed atmosphere when they all gathered in the kitchen to chat. Between the two apartments residents invited each other to join for a coffee or to have a conversation together at different times.

Oversight and the Quality Improvement arrangements

The provider, person in charge and staff team were making every effort to promote an environment that uses minimal restrictions to maximise residents' independence as much as possible. The residents' safety and quality of life was central to decisions to implement any restrictive practices and they were continuously under revision.

There was a restrictive practice policy in place which was seen to clear and to guide practice. It contained general principles for practice such as considering the risk of using or not using a restrictive practice in contrast to the benefits of use or non-use.

Deciding to implement a restrictive practice was taken following comprehensive assessment which took the residents views into consideration. A detailed care plan and risk assessment was then carried out and the views of the multi-disciplinary team were requested. Discussions were carried out in a variety of fora such as at staff meetings, managers meetings and multidisciplinary team meetings. The reason why the restriction was considered and in place was clearly identified.

The provider was additionally in discussion with another provider of residential services based in a different county and there were arrangements in place for the establishment of a joint oversight committee. The inspectors saw some of the most recent draft documentation, which outlined the processes for all new applications for putting a restrictive practice in place as well as review of existing practices.

The provider reviewed restrictive practices as part of the review of resident care plans and alongside the risk assessment reviews. Following the completion of the self-assessment questionnaire the provider had highlighted that increased education of staff formed an integral part of their quality improvement plan. Staff on the day of inspection actively demonstrated and commented on their better levels of understanding and commitment to reducing where possible restrictive practices in place.

On a regular basis there was a review of all 'untoward events' by the person in charge which incorporated all incidents or accidents that had occurred in the centre. In addition to this review the person in charge, along with the multidisciplinary team and staff team also reviewed any behaviour support plans in place. These reviews both fed into the consideration and decision around the use of restrictive practices.

The provider has additionally introduced a system of quarterly reviews of all restrictive practices in place and recorded on the register. The staff team carried this quarterly review out as part of their continued involvement in developing systems in place in the centre. Additionally a review of the measures in place to ensure they

remain effective was requested and finally that the restrictive practice in place was the least restrictive and most reasonable.

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	
------------------------------------	--

4.3	The health and development of each person/child is promoted.
-----	--------------------------------------------------------------