



**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:	Ard Na Mara
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0001710
Fieldwork ID:	MON-0040633

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 12 July 2023	09:15hrs to 16:15hrs	Jacqueline Joynt

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

Residents living in the designated centre enjoyed a good quality of life where they were encouraged to lead active lifestyles to the best of their capacity while at the same time being protected.

Since the last inspection of this centre, there had been a reconfiguration of the premises which had overall, resulted in a safer and less restrictive environment for residents to live in. There was a restrictive practice policy and procedures document in place which provided guidance on the prevention, appropriate use and management of restrictive practices. However, to ensure the effective implementation of the policy and procedures, improvements were needed to some of the systems in place. This was to ensure that restrictive practices in use, were at all times, promoting the rights of residents.

This designated centre provided full-time residential care and support to four residents with intellectual disabilities. The centre comprised of a two story detached property which was divided into two units (attached to each other). A recent application to vary saw the reconfiguration of the centre into a main house and a single occupied apartment. There was a link door where the apartment was joined to the main house, however, this was only used in case of emergency. The resident living in the apartment had their own entry/exit door to their living space and could come and go from it when they chose. The apartment consisted of a bedroom, shower and toilet room and an open plan kitchen, dining and sitting room. The resident's bedroom was a good size and provided ample storage space for the resident's personal possessions and clothes.

The main house consisted of four bedrooms, a bathroom upstairs and a shower and toilet downstairs. There was a kitchen and dining room which extended out into a bright conservatory. The residents were also provided with a sitting room that was homely and welcoming with an array of photographs and pictures of residents. There was a modest sized garden to the front, back and side of the centre which contained garden furniture and a large building which was primarily used for storage. The physical environment and configuration of the centre supported an environment where residents lived as independently as possible. The new layout of the house meant that the previous required levels of staff supervision in communal areas, were no longer needed.

Overall, the inspector found, that since the last inspection, the environment and atmosphere in the centre was relaxed, calm and friendly, with residents moving around their home in a more independent manner.

On the morning of the inspection, the inspector met with the resident who was living in the apartment. They told the inspector about their plan to go to the post office that morning. The resident was sitting in their bedroom listening to music and sorting through their large collection of music compact discs. The resident expressed that they were happy living in their new apartment.

With permission from the resident, the inspector walked around the indoor and outdoor spaces of their home. The inspector observed the apartment to be a warm and homely

environment and laid out in a way that met the resident's likes and preferences. On pointing to some of the soft furnishings, the resident informed the inspector that they had chosen the colour of them.

The inspector met with the three residents who lived in the main house. They also informed the inspector that they were happy living in the centre. Through-out the day, the inspector observed residents coming and going to a variety of community activities. One of the residents was supported to attend a pottery class in the community and on return showed the inspector a pottery item they had made. The resident appeared proud and happy when showing the inspector their pottery. Another resident was supported to attend a medical appointment in the morning and told the inspector about their hairdressing appointment that was planned for later in the day.

There was a day-service facilitator employed in the centre who supported residents choose activities that were in line with their likes and preferences. There was an easy-to-read activity plan in place which included activities such as dance classes, equine therapy, pottery classes, walks and dining out in local cafes, restaurants and pubs, but to mention a few. On review of a sample of weekly activity plans, the inspector saw that residents had the option of choosing what was on the plan or choosing another community or on-site activity if they so wished.

The provider and person in charge were endeavouring to support residents lead their lives with the least amount of restrictions as possible. On the day of the inspection, some of the restrictions that had been in place, before the reconfiguration of the house, had now been either removed or were part of a fading-out plan. For example, since January 2022, there was a restrictive practice in place regarding sharp cutlery. These items had been removed from the kitchen utensil drawer and stored in the utility room to be accessed only by staff. On the day of the inspection, they had been returned to the utensil drawer in the main house and the restriction was no longer in place. In the apartment the sharp cutlery were stored in a box in an upper cupboard in the resident's kitchen. The person in charge had submitted, via the organisation's computerised system, a notification to the human rights committee for the restriction in the main house to be removed.

A restrictive practice regarding residents' money was also in use in the centre. Each resident was provided with a cash box, which was locked away in a locked cupboard only accessed by the person in charge and staff. When a resident required money, staff would retrieve it for them. Residents were also supported by staff when spending their money out in the community. Receipts were obtained when items were bought as part of the financial recording system. Each resident had been provided with a money management assessment in advance of the restriction and this was reviewed on an annual basis.

Overall, to ensure residents' rights were promoted at all times and that there was a person centred approach to restrictive practices in place, some improvements were needed and in particular, to the documentation in place regarding consultation and informed consent.

For example, not all residents' personal plans included adequate information to demonstrate that residents had been consulted, or provided informed consent, about the restrictive practice in a meaningful way or in line with their communication preferences.

In addition, on review of the centre's computerised system, which recorded the use of restrictive practices, including the rationale, management and review of them, the inspector found that these records also did not provide sufficient information to demonstrate that there had been meaningful consultation with residents about the restrictions in use. For example, the records showed that some responses regarding consultation and informed consent, were left blank. Where responses were completed, they did not satisfactorily demonstrate that the communication format used was in line with residents' assessed needs or preference. As such the provider could not be assured that the process had been person centred and was, at all times promoting the rights of each residents.

There was a restrictive practice register in place which was reviewed on a regular basis by the person in charge, the person participating and staff. Restrictive practices in place were discussed at staff meetings to collate and gather information that supported the continuation or removal of the restriction, including what alternative could be used. However, on review of the register, improvements were needed to the recording of the information so that it demonstrated the least restrictive practice for the shortest duration was in place. For example, the register did not include any information regarding restraint elimination or 'fading-out' plans, timelines or alternatives that had been tried since the last review.

Residents were provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. The plans included residents' positive behavioural support plans, safety plans, rights assessment and plan, mental health and wellbeing support plans, safeguarding plans and support plans.

Positive behavioural support plans included proactive and reactive strategies with a focus on support programmes. Resident safety plans were written in an easy-to-read format and included information on how residents' safety was supported at home and in the community. Rights assessment and supports plans were in place to ensure residents' rights were respected and promoted in all areas of their care and support. However, on review of all the above documentation, including the residents' positive behavioural support plans, the restrictive practices in use for residents were not included. This meant that, in some cases, the plans were not implemented in line with the organisation's policy and procedures and as such were not in line with best practice.

The residents living in the centre used verbal communication however, they were also provided additional communication formats such as easy-to-read documents and social stories to provide better understanding and more meaningful conversations. Resident's menu plans, preparation for medical appointments, activity plans and houses meetings included pictures as a tool to support communication and meaning.

Residents were supported to express their views in many ways including day-to-day interactions, key-worker meetings and through being facilitated to access the National Advocacy Service. In addition, residents were provided with weekly house meetings with their staff. Matters such as activities, menu plans, fire safety, respecting each other, the complaints process, but to mention a few, were discussed and decisions made.

On speaking with different staff throughout the day, the inspector found that they were knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and preference. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, jovial and caring interactions.

Staffing arrangements included enough staff to meet the needs of residents and were in line with the statement of purpose. There were no staff vacancies in the centre and to support continuity of care, when staff were on leave, where possible, staff working in the centre would cover their shift. If relief staff was required, the person in charge endeavoured to employ staff who were familiar to residents. During the day, there were two residential staff and a day service facilitator to support residents. At night, the provider had increased resources so that there were two sleepover staff in place. There were also additional resources in place at the weekend to ensure residents were provided with sufficient support to attend community activities of their choice.

Since the last inspection, there had been a significant reduction in behavioural incidents. While some compatibility issues remained between some residents in the main house, these incidents were infrequent. The inspector was advised that all safeguarding plans were in the process of review, with many of them likely to be closed.

Residents who spoke with the inspector, advised that they enjoyed who they were living with. Some of the residents enjoyed attending community activities together and others preferred attending by themselves.

Overall, the house and apartment presented as a relaxed and calm environment and not restrictive in nature.

Oversight and the Quality Improvement arrangements

The provider, person in charge were endeavouring 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. There were policies and procedures in place in relation to restrictive practice that, for the most part, were in line with legislative requirements and national policy.

Overall, the provider and person in charge promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their home and in the community. However, to ensure the provider was in compliance with the National Standards for Residential Services for Children and Adults with Disabilities 2013, some improvements were required.

The provider had put systems in place to ensure that restrictive practices were recorded, monitored and regularly reviewed. The person in charge had completed a self-assessment questionnaire in preparation for the thematic inspection and submitted it within the requested timeframe.

The restrictive practice policy and a procedures document in place in the centre was up-to-date and available to all staff. The policy made reference to other relevant legislation, regulation and enactments and associated documents within the provider's own organisation.

For the most part, the policy was in line the Health Information and Quality Authority (HIQA) *Guidance on promoting a care environment that is free from restrictive practice June 2023*. However, neither the provider's policy or procedures document had made reference to, or included any guidance in relation to emergency or unplanned use of restrictive practices.

On review of the restrictive practices documentation, the inspector saw that an environmental restriction had previously been implemented in the centre on an emergency basis. For example, the restriction on the use of sharp utensils was immediately put in place, to ensure the safety of all residents, after a significant behavioural incident.

The policy and procedures provided guidance to staff on the prevention, appropriate use and management of restrictive practices to ensure quality and safe care and promote the rights of residents. The policy described under what circumstances restrictions were permitted or not. The policy made provision for how restrictive practices should be implemented and how informed consent, or refusal of restriction, should be managed. The policy also clearly listed roles and responsibilities of those involved in the implementation, management and review of restrictions. For example, the policy included the roles and the responsibilities of the centre's person in charge, the senior services manager, the multi-disciplinary team, case management team (where a resident may pose a significant risk of harm to themselves or others) and the Human Rights committee.

There was a restrictive practice register in place which documented the use of restrictive practices in the centre. The register was in place to ensure relevant information pertaining to the restrictions, such as, dates commenced, review and fading/elimination strategies, were logged and regularly reviewed. The register was reviewed regularly by the person in charge and the person participating in management. However, to ensure the effectiveness of the register, some improvements were needed. This was to ensure that the register clearly documented restraint elimination or 'fading' out plans and dates, alternatives to restrictions and a clear rationale for continuance of restrictions.

Some of the restrictive practices used in the centre were there to support the reduction of behavioural incidents occurring and overall, to ensure the safety and wellbeing of residents. For example the locking of sharp utensils. Other restrictions, were to ensure the safe management of residents' monies. In advance of the implementation of restrictions, an assessment was completed and in line with policy, had been submitted to the human rights committee for approval. Residents were not subject to any physical interventions or physical restrictions in the centre.

There was a Human Rights committee set up by the provider that included members of senior management. Restrictive practice assessments were submitted to the committee on a quarterly basis. The group reviewed the assessments and where appropriate, approved the use of the restriction, the reduction or cessation of the restriction. In addition, restrictive practices in use were reviewed on an annual basis to assess the rationale for their continuance and overall, to ensure the rights, wellbeing and health and safety of residents. However, some improvements were needed.

The organisation's procedures advised that to support due process, all required 'checklist' documentation had to be completed and submitted to the committee. For example, risk assessments, positive behavioural support plans, circle of support input, relevant allied health care professional input.

Overall, the inspector found that the computerised system, that recorded restrictive practice reviews, did not always demonstrate that associated documentation was submitted to the committee to support the decision to continue the restriction. In addition, improvements were needed so that all computerised records clearly demonstrated, consultation with residents, including informed consent, regarding restrictive practices was in line with residents' preferred communication format.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Where cover was required for staff leave, the person in charge endeavoured to ensure continuity of care. The provider had recently increased staffing levels at night-time to support the change in layout of the centre.

For the most part, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective service for residents. Staff had been provided training in risk and incident management training, behaviours that challenge including de-escalating techniques, safeguarding, personal planning and training in restrictive practices. The inspector found that while there was an array of training courses to support staff knowledge and awareness of restrictive practices, these would be further enhanced if refresher training in restrictive practices was provided.

Monthly staff team meeting minutes demonstrated that the needs of residents, and supports to meet those needs, were discussed. In addition, positive behavioural

supports, as well as restrictive practices, were discussed at team meetings. Restrictive practices was a standing item on the agenda of the staff team meetings.

Overall, the inspector found that the provider, person in charge and staff team were striving to ensure an appropriate balance of residents' right to autonomy and liberty with the need to ensure the health and safety of residents.

However, some improvements were needed so that that the organisation's restrictive policy and procedures document was adhered to at all times. This was to ensure that fair and due process was afforded to residents, for whom the use of restrictive practices were being considered or continued and overall, to ensure the rights of residents were promoted at all times.

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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