



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

## Issued by the Chief Inspector

Name of designated centre:	A Bettystown Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	29 November 2023
Centre ID:	OSV-0002365
Fieldwork ID:	MON-0040254

## 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<sup>1</sup> 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

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<sup>1</sup> 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 29 November 2023	10:00hrs to 14:00hrs	Jennifer Deasy

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

This inspection was an unannounced thematic inspection of the designated centre. It was carried out to assess the provider's implementation of the National Standards relating to restrictive practices and to drive service improvement in this area.

The designated centre was located in a busy suburb of Dublin and was home to six residents. The inspector had the opportunity to meet with many of the residents over the course of the inspection. Some residents chose to speak to the inspector in detail regarding their experiences of living the designated centre. Overall, the residents said that they were happy with the quality of care in the centre and felt that their rights were being upheld.

Conversations with the residents and staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the National Standards in this centre.

Overall, the inspector found that residents in this centre were in receipt of person-centred care which was striving to uphold their rights. While there were some environmental restrictive practices in place in the centre, the inspector saw that there were procedures to ensure that these were as minimally restrictive as possible and were implemented only for the shortest duration and when clearly required. This will be discussed further throughout the report.

On arrival to the centre, the inspector saw that it was very clean and well-maintained. An infection prevention and control (IPC) audit was being completed on the day of inspection by the provider's IPC specialist. The inspector had the opportunity to talk to the IPC's specialist and was told that the provider routinely carried out these audits in order to develop action plans and drive service improvement in this area.

The inspector was greeted by staff and was informed of the oversight arrangements. The staff made contact with the person in charge who attended the centre a short time later to support the inspection. While waiting, the inspector had the opportunity to talk to one resident who was getting ready to begin their day. Other residents had left for day services or to access the community.

This resident told the inspector of their plan of activities for the day. They said that they were heading out on a shopping trip with staff and planned to buy some items for Christmas. The resident said that they can access the community independently but that they also liked having one to one time with staff and said that this was facilitated by the staff team.

The resident showed the inspector their bedroom and the new wardrobes that were recently fitted. They were happy with the wardrobes and told the inspector where they had purchased them from. They were particularly happy with all of the storage that the wardrobes provided and showed the inspector how neatly their belongings and clothes were organised.

This resident had recently swapped bedrooms and had moved upstairs in the house in order for their former bedroom to be used by another resident who required a ground floor bedroom. The resident said that they were happy with this and that there were plans in place to fully redecorate the new bedroom in line with their personal preferences.

They also spoke to the inspector about the enhancements that they would like made to the upstairs bathroom. The resident informed the inspector that the bath was not accessible to them and so they had to use the bathroom downstairs. They said that sometimes there was a "traffic jam" of people waiting to use the downstairs bathroom. The resident said that they had spoken to the person in charge regarding this and were confident that the bathroom would be adapted to be more accessible.

The person in charge agreed with the resident that there were challenges due the limited accessible bathing facilities in the centre. However, these challenges had only arisen in recent weeks due to the changing needs of one resident. Therefore this issue had not been identified on the most recent of the provider's six monthly unannounced audits. However, the person in charge said that they had engaged with the housing association regarding the need to make the upstairs bathroom accessible for all residents and had supported residents to make complaints regarding the impact of this issue on the quality and safety of care.

Another resident spoke to the inspector after they had returned from a visit to the shops and local pharmacy. They showed the inspector some of their purchases including the Christmas cards that they planned to write for family, friends and staff. This resident told the inspector that they had arranged to go see a show later that evening and also showed the inspector the visual schedule in the kitchen which displayed staff on duty and the general plans and meals for the day.

This resident spoke about their hopes for the future, including a plan to move in with their partner. The resident said that they were in receipt of supports to progress towards achieving this goal.

The resident described how their rights were upheld in the centre and how their choices and preferences were respected. They said, for example, that they had control over their own finances but chose to keep their money in the staff office as they felt that this was the safest place. The resident said that the staff team listened to the residents and respected them.

They described how they had freedom and autonomy in their daily life. The resident enjoyed everyday activities including going for dinner with their partner and friends. They travelled using public transport and worked a part-time job locally. They could stay in the centre without staff support if they wished to do so. They felt that their wishes were respected by staff and that they were supported in line with their preferences.

Staff in the centre spoke to the inspector regarding the human rights training that they had received and how this influenced their everyday work. Staff described the methods that they used to ensure that all residents' voices were heard and that they

could express choice and control in their everyday lives. Staff said that some residents were able to self-advocate, however other residents required support with their communication in order to make decisions. They showed the inspector photographs of activities, places and foods and demonstrated how these are used at residents' meetings and on a daily, one-to-one basis, with some residents to assist them in communicating their will and preference.

Staff also spoke about how they responded to residents' non-verbal communications to ensure that their wishes were respected. For example, staff described how one resident required support at mealtimes. Staff described how this resident communicated non-verbally if they did not like a particular food or drink and how staff responded to this to ensure that a preferred food option is provided.

Staff spoken with were informed regarding the restrictive practices in the centre and said that these were discussed regularly at resident meetings, along with residents' rights as another topic. Staff showed the inspector how they had used an easy read document to recently consult with residents about the storage of their finances. The inspector saw that residents were informed of the right to autonomy in the management of their money and were supported to make decisions in this regard.

Residents were also aware of the restrictive practices in the centre and told the inspector why some of these were required. Residents spoken with expressed that these restrictive practices did not impact on them, their daily activities or restrict their access to their home.

In summary, the inspector saw that residents in this centre were in receipt of good quality and safe care which was delivered by rights-informed staff. This was effective in upholding residents' rights and ensuring that they were living in as restraint free an environment as possible.

## Oversight and the Quality Improvement arrangements

There were effective leadership arrangements in this designated centre with clear lines of authority and accountability. There had been recent changes to the person in charge role. A person in charge had been appointed who was suitably qualified and experienced. They had oversight of another designated centre which was located nearby. The person in charge had arrangements in place to support them in having oversight of both centres. These arrangements included the appointment of a social care lead in each centre and a suite of local audits which informed monthly data reports.

The person in charge also informed the inspector that they worked at least one weekend as a frontline staff in each of the designated centres that they were responsible for. The person in charge set out that this was effective in supporting them to gain a deeper understanding of the service needs and to drive quality improvement.

The person in charge gave an example of one change that they had recently made in order to respond to service needs and to provide a more person-centred and quality service. They described how changes were made to the shift patterns worked in the centre. These changes were made to ensure that there were more staff available at key times when residents required direct care and support, for example in the mornings. The person in charge set out that this ensured that residents had access to supports required, at the appropriate time, to engage in their preferred activities for the day. One resident also told the inspector that they were happier with the staffing arrangements in recent weeks.

A planned and actual roster was maintained for the centre. The inspector reviewed these and saw that there were 1.5 whole time equivalent vacancies in the centre. However, there were suitable arrangements in place to ensure continuity of care for residents. Regular relief staff were used to fill gaps in the roster. Residents showed the inspector the relief staff who were working on the visual roster in the kitchen. The inspector saw that residents were familiar with the relief staff who were scheduled to be on duty that week.

Staff spoken with on the day of inspection reported that they felt well-supported in their roles. They had received training in human rights and described how they ensured that residents' rights were upheld in their everyday lives. Staff were informed regarding the provider's policies including those relating to restrictive practices and adult safeguarding.

Provider level audits such as annual reviews and six monthly unannounced visits were completed in order to drive service improvement. These were comprehensive and were completed in consultation with residents, family members and staff. Action plans were developed as a result of these audits and the inspector saw that actions were progressed.

The provider had put in place a policy to guide staff in the management of restrictive practices. The policy set out the roles and responsibilities of the restrictive practices committee, as well as those of all staff, in ensuring that restrictive practices were only implemented when required and were in place for the shortest time-frame possible.

There were a number of environmental restrictive practices in place in this centre which were required due to the assessed needs of some residents. For example, some residents presented with feeding, eating, drinking and swallowing (FEDS) difficulties and required supervision while eating. The inspector saw that care plans were in place to guide staff in how to provide this supervision in a person-centred and non-intrusive manner.

Due to the assessed FEDS needs of some residents and the associated risks, a half-gate had also been installed in the kitchen area to act as a visual guide to discourage residents from entering the kitchen when staff were not available to supervise. The inspector was told that this gate was only closed for short, set periods of time during the day when staff were assisting other residents with personal care. At other times, the gate was left open and residents had full access to their kitchen. The inspector saw that the gate was left open for long periods of time on the day of inspection in line with the recommendations by the restrictive practices committee and the associated risk assessments. The inspector saw that this restrictive practice had been referred to and approved by the relevant committee at provider level.

Restrictive practices which could potentially impact on all residents, including for example the kitchen half-gate, were discussed at residents' meetings. Residents spoken with understood why these restrictions were in place and reported to the inspector that they did not impact on them and that they didn't mind having them in their home.

Other restrictive practices were implemented which just impacted on individual residents. For example, due to the changing health needs of one resident, the person in charge had recently applied to the restrictive practices committee to introduce hourly night-time checks for this resident. This referral was supported by a care plan and risk assessment which detailed control measures to ensure that these checks were minimally intrusive and were not disrupting the resident's sleep. Nightly checks were only completed with this resident and not with any other resident in the centre.

A sample of residents' files were reviewed and were found to contain comprehensive assessments of need which informed person-centred care plans. Care plans detailed residents' preferences and set out strategies to ensure that their autonomy was upheld in relation to their care and support choices.

Overall, the inspector found that this designated centre was operating a person-centred and rights-informed model of care that was upholding residents' human rights. Residents were supported to maintain autonomy in their daily lives and, when they required care and support, this was delivered by staff who were competent and trained in human rights. Residents were informed regarding restrictive practices in place in their home and there were effective measures implemented to ensure that

these did not impact other residents who did not require these for their own safety and well-being.

It was evident to the inspector that the centre was effectively implementing the National Standards which were explored as part of this thematic inspection. The result of this was that the residents were in receipt of a good quality and safe service which was upholding their human rights.

## Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

### **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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
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>

<b>Theme: Responsive Workforce</b>	
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>

<b>Theme: Use of Information</b>	
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>

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