



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

Issued by the Chief Inspector

Name of designated centre:	Pinewood Court - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	15 August 2023
Centre ID:	OSV-0003085
Fieldwork ID:	MON-0040899

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
Tuesday 15 August 2023	09:25hrs to 15:15hrs	Erin Clarke

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

This was an unannounced thematic inspection of the designated centre. It was intended to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. This inspection aims to promote quality improvement in a specific aspect of care, in this instance, restrictive practices.

Based on what the inspector observed and was told, it was evident that key elements of the quality and safety of care and support offered to residents were of a high standard and that they were being supported to live their lives in accordance with their personal preferences and wishes. On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. 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. Residents who spoke with the inspector advised that they enjoyed who they were living with. The centre presented as a relaxed and calm environment and not restrictive in nature.

The centre comprises two semi-detached houses in a housing estate close to a busy village with many amenities and services. The two houses were located next door to one another and could be accessed through an internal interlocking door located inside the hallway. Seven residents could be accommodated, and at the time of the inspection, six residents lived in the centre with one vacancy.

Residents were observed to have busy and active lives. On arrival at the centre, three residents were preparing to leave the centre with the person in charge to attend day services. Residents spoke briefly with the inspector and looked at their identification and photo documentation. The residents understood the role of the inspector and invited them into their home. One resident was resting in as they had a day off from day services. The resident did not always require the support of staff and could stay in their home in the absence of staff for periods of time.

The person in charge gave the inspector a tour of the centre on their return. The inspector observed that the houses were bright, clean, warm, tastefully furnished, and generally well-maintained. The bedrooms for the residents were comfortable and decorated according to their personal preferences. All residents had their own bedrooms. There was a large back garden for residents to use.

The residents were also provided with sitting rooms that were homely and welcoming, with an array of photographs and pictures of residents along with several arts and crafts creations. A photography and an article from a local newspaper was displayed showcasing their fundraising efforts for the Ukrainian crisis. Residents made bracelets which they sold in order to raise over €500. The core values of the organisation were known and promoted by residents. A photo collage had been made

of residents holding up painted signs saying, Respect, Justice, Excellence and Collaboration.

One resident, spent some time chatting with the inspector. It was noted that they were free to move about their environment and that they prepared breakfast at a time of their own choosing. They joked with staff and the person in charge, and it was clear that the resident had known their support staff for many years. They discussed the pastimes and activities that they enjoyed the most, such as singing, social clubs, writing poetry, and making arts and crafts. They also enjoyed carrying out household duties like washing and organising the kitchen. The resident showed the inspector their bedroom, which they had only recently moved into since moving from the house next door. When a vacancy emerged, the resident indicated interest in moving because they felt they had more in common with the other residents living in this house and the move was facilitated.

The inspector observed a sign that the resident had written and hung on their bedroom door, requesting that they were not to be disturbed while they were practising songs; the resident reported that the staff respected their privacy.

The centre's operations were discussed with the residents, who were encouraged to voice their opinions. Information on the complaint procedure and impartial advocacy services was readily available to residents. Additionally, residents had the chance to voice their concerns and preferences at weekly house meetings. The person in charge and staff told the inspector that residents had a good quality of life and got on well together. This was evident from the limited number of incidents that would constitute compatibility or safeguarding incidents.

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, with one staff member on statutory leave. To support continuity of care, the person in charge endeavoured to use familiar relief staff who were familiar to residents. The person in charge explained that they were able to secure one relief staff cover all of the shifts required by the leave of absence.

The most recent annual review completed in May 2023 that the provider carried out included consultation with the centre's residents. The inspector reviewed the input from residents and found that their experience of living in the centre over the previous year was largely positive. One resident reported they were very happy and would not change anything about living their situation. Another said, "I feel very safe", and "I get treated very well by all staff". When it came to making choices in their daily lives, one resident stated that they chose when they get up, go to bed, what they eat and where they go. It was also reported that residents felt respected by staff.

Until recently, there were no restrictive practices logged in the centre, with a restraint-free environment promoted. Residents were not subject to any physical interventions or physical restrictions in the centre. The person in charge informed the inspector that window restrictors had been implemented by the housing association in line with other regulatory requirements, and documentation to this effect was

available in the centre. While the rationale for these restrictors was in place, it was documented that a person should be able to unlock these devices without prior instructions for fire evacuation reasons. The inspector tried two restrictors and was unable to unlock the devices. The person in charge actioned this concern to assure that all residents and staff were able to operate the locks.

The inspector identified that one restrictive practice had not been logged as a restrictive practice and, therefore, was not subject to the provider's policy and procedures for restrictive practices. Also, as a result, it not had been notified to the Health Information and Quality Authority (HIQA) on a quarterly basis to comply with notification requirements. A bed sensor had been implemented for an identified healthcare condition so that staff could be alerted at night time in the event of a medical emergency. The resident's personal plan did not provide adequate information to demonstrate that the resident had been consulted or provided informed consent about the restrictive practice, particularly as the resident expressed annoyance over a false alarm generated by the sensor on one occasion prior.

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 health action plans. Positive behavioural support plans included proactive and reactive strategies. Rights assessment and supports plans were in place to ensure residents' rights were respected and promoted in all areas of their care and support. As mentioned in the next section of the report, the person in charge had referred one resident for positive behaviour support and was awaiting an updated positive behaviour support plan to guide staff in delivering a consistent approach to supporting residents with behaviours of concern.

One new resident had been identified to move into the centre due to the centre having a vacancy. The resident had been spending time in the centre getting to know the other residents on a weekly basis as part of the planned transition. In order for the future resident's needs to be fully supported in the centre, upgrades to an upstairs bathroom were required, and therefore, the timeline of admission was aligned with the works being completed. The resident and the resident's family representatives were reported as being satisfied with the longer transition process.

Residents living in the centre used verbal communication; however, they were also provided with additional communication formats, such as easy-to-read documents and social stories, to provide better understanding and more meaningful conversations. Residents attended weekly house meetings with their staff. Matters such as activities, menu plans, fire safety, core values, the complaints process, were discussed by all and decisions made based on the feedback of these meetings.

Oversight and the Quality Improvement arrangements

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, improvements were needed so that the provider's policy and procedures were adhered to.

A self-assessment questionnaire was issued to the provider in advance of the thematic inspection to assist them in preparing for the restrictive practice programme. This questionnaire's questions align with the themes and standards in the National Standards for Residential Services for Children and Adults with Disabilities (2013). This questionnaire was completed and returned to the office of the Chief Inspector. The inspector reviewed this document prior to the inspection and also during the inspection along with the person in charge and found that while most practices outlined within the document were consistent with what the inspector observed during the inspection, there were some discrepancies noted. The person in charge had contributed to the responses contained within the questionnaire but had not seen the final version submitted or received a copy from the provider in advance of the inspection. It became apparent during the inspection that some information recorded was incorrect and referred to the operations of a different centre.

As outlined in the centre's statement of purpose, residents had access to multidisciplinary services as appropriate to their needs, including psychiatry, physiotherapy, psychology, social work, and positive behaviour support. However, the overall provision of timely positive behaviour support required more consideration from the provider. The person in charge had identified that one positive behavioural support plan had not been reviewed since 2021 and had escalated this deficit in service provision. The requirements for such reviews should be carried out yearly as a minimum in line with the regulations. The inspector was informed that due to personnel shortages within the psychology department in the organisation, reviews across the region were being arranged on a priority basis. While the requirement for positive behavioural support was low in this centre and did not present as a high risk to residents, the provider's positive behavioural support policy stated that "it is the responsibility of the line manager to ensure that behavioural support interventions are completed and reviewed regularly". Due to the aforementioned gaps in behavioural support, this directive could not be met by the person in charge.

The person in charge demonstrated that efforts were underway to strengthen the systems for reviewing potential rights restrictions. For example, reviewing consent from residents and their representatives. The person in charge informed the inspector that some improvements could be made in this area, for example, the practice of safekeeping residents' monies in the office. Each resident was provided with a cash box that was secured in a locked cabinet that was accessible only by the person in charge and the staff. When a resident required money, staff would retrieve it for them. Staff also supported residents when spending their money out in the community. Receipts were obtained when items were bought as part of the financial recording system. Every resident received a money management assessment, which was then reviewed annually.

Some residents were managing their finances themselves, including withdrawing cash and storing their ATM cards in a safe in their bedrooms. The person in charge revisited the consent practices in place for maintaining residents' finances in the office. Staff met with residents to review financial assessments and to seek the will and preferences of each resident regarding their finances. While the majority of residents were happy with the current arrangements, one resident chose to keep their cards and money in their bedroom, and a lockable safe was provided for the resident. The person in charge explained that further exploratory work with residents was also planned regarding the storage of passports, medical cards and other forms of personal identification.

The restrictive practice policy and procedures document in place in the centre had been updated in April 2022 and was available to all staff. For the most part, the policy made reference to other relevant legislation, enactments and associated documents within the provider's own organisation. Some improvements were required to the policy to ensure it contained the most up-to-date information and best practices in line with the Health Information and Quality Authority (HIQA) *Guidance on promoting a care environment that is free from restrictive practice, June 2023*. For example, the section concerning clinical holds required review and citations to allow the reader to consult the original source. The policy omitted this practice from the term physical restraint; however, this practice was not used within this centre.

The provider had set up a Human Rights committee to oversee rights restrictions and ensure a human rights-based approach is adopted within the services. Details of the function, scope and referral procedure for this committee were outlined in the provider's *Human Rights Policy, Procedures and Guidelines, June 2023*. Due to the recent development of this policy, copies had not been made available to staff at the time of the inspection for their review. However, from speaking with staff and the person in charge, individual rights assessments were occurring with residents, such as reviewing access to personal possessions and finances.

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 recently received training in restrictive practices organised by the quality and safety department within the organisation. Other training included safeguarding, safe administration of medicines and fire safety. The inspector found, however, that there were gaps in the staff that had completed positive behavioural training, and it was unclear when the training had been completed as it did not appear on the centre's training matrix. In addition, the provider's restrictive practice policy stated that all staff must complete online training in a human-rights-based approach in health and social care. When the inspector asked about this training, it was not known in the centre this was mandatory training set out by the provider. One staff member spoken with was able to demonstrate they had completed this training due to a personal interest in this topic.

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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