



**Health  
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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:	Centre 1 - Cheeverstown House Residential Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	19 September 2023
Centre ID:	OSV-0004924
Fieldwork ID:	MON-0040718

## 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
Tuesday 19 September 2023	10:45hrs to 19:00hrs	Gearoid Harrahill

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

This unannounced thematic inspection was carried out to assess the registered provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. The aim of this inspection was to drive service improvement in these areas for the benefit of residents. Overall, the finding of this inspection was that the provider had taken some steps to provide a restraint-free environment and establish strategies to reduce the impact of restraints on residents, however there was substantial work still required to enhance person-centred care and evidence-based support structures.

This designated centre consisted of two bungalow houses (known to residents and staff as 'Beeches 4' and 'Sycamore 4') on a large campus in Dublin with four residents living in each bungalow at the time of the inspection. The provider had a long-term project in progress to move off this site and transition to smaller community houses and apartments, in line with "Time to Move On from Congregated Settings: A Strategy for Community Inclusion" (Health Service Executive, 2011). As part of this project, three of the eight residents were being prepared for transition to a newly-acquired house which was being prepared for use in the coming months. The staff discussed with the inspector how this preparation was being done, including decorating the house with resident input, showing residents around the neighbourhood of the new house and exploring potential new social and recreational opportunities in the area.

Some of the residents required supports to communicate which did not use speech, and as such the inspector was not able to engage directly with residents to ascertain what they liked or did not like about their home. Audits such as the six-monthly provider inspection and the centre's annual review did not incorporate any feedback or experiences from the residents or their representatives. However, the front-line staff provided patient and encouraging support to speak on behalf of the residents on what they enjoyed doing and what they had been working on in recent months. Staff spoke about residents who were developing life skills such as using the washing machine or dishwasher or sorting their clothes, and residents who enjoyed relaxing sensory therapies, watched sport, and routinely visited their families. One resident was being supported by the team with a recent bereavement.

Residents enjoyed going for walks in parks and going to restaurants or shopping. The swimming pool on campus was no longer available so the provider had made arrangements for residents to avail of pools in other locations with the appropriate accessibility features. Residents had use of accessible vehicles to leave the campus, however their use of these was at times limited to the availability of staff who could drive them. The inspector reviewed a sample of records indicating what social and recreational activities each resident had enjoyed. Improvement was required to these details. For example, where residents were recorded as going for a walk, there was no distinction between walks in locations they enjoyed such as parks or beaches, or walks on the grounds outside their own house. Similarly, when residents went for

drives, it was not clear where they went, or what they did in the community. There was some discrepancy between this activity log and the daily notes as to whether or not planned activities had in fact happened. Finally, some activities of daily living such as getting dressed or washing hands were logged as recreational activities on some days.

The inspector observed friendly, patient and respectful interactions between residents and the staff members. In the main, staff demonstrated a good knowledge of the residents' support needs, interests and personalities. The inspector observed evidence that staff were doing their best to support residents to have interesting and engaging days. However, from reviewing staff rosters and daily notes, speaking with staff, and through observations during the day, the inspector observed evidence to indicate that the support structures for residents was challenged. This included days on which the staff team was not full, where staff were moved between houses to cover absences elsewhere, or where residents were supported by backup staff who were less familiar with their needs. As each house was staffed by three people during the day, and some residents required the support of two staff in the community, the ability for residents to go outside their house during the day was often impacted by the routines of their peers. The inspector observed times during the day where one staff was based in the house with three residents, and therefore could not go outside with any resident, as it would leave other people without the required support. The rosters indicated days on which there were only two staff on shift to further this negative impact, and some activities were noted to be cancelled due to lack of staff.

In the main, there was a low amount of environmental restrictive practices affecting the residents. This included locked doors, alarmed doors, seatbelt locks, bed rails and the use of plastic dining items. There was limited evidence available to demonstrate how residents had been supported to contribute to the decision to implement restrictive practices which affected them, or to consent to these measures prior to their implementation, in a format with which they could engage. The person in charge advised the inspector that mandatory training was planned to provide guidance to staff on assisted decision making for residents, though there was no planned date on when this training would be provided.

The inspector was not assured that residents were supported to be involved in reviews of the quality of their service, and the service management confirmed that findings of these reviews were not readily accessible to frontline staff or to residents. There was limited evidence that restrictive practices introduced due to risks related to some residents had been assessed for their impact on other people who lived in the designated centre.

## Oversight and the Quality Improvement arrangements

The inspector found that the provider had a policy in place regarding the use and review of restrictive practices, and a structure in place to monitor their use. Review was required to ensure the provider's policy was implemented in practice, and development was required on how restrictive practices and systems impacting residents' rights were identified and risk assessed with a view to reducing or eliminating same.

In advance of this inspection the provider had self-assessed their compliance with the national standards across eight themes including use of resources, use of information and workforce planning. The provider assessed themselves as meeting the national standards in seven of the eight aspects, identifying a need for some enhanced staff training in the use of physical holds if required.

In both houses the front door was equipped with a buzzer to alert staff when it is opened, and in one house this door was locked to prevent exit without staff support. There was some discrepancy regarding the reason these measures were implemented. From observing personal plans, risk assessments and staff commentary, the inspector was advised of risk of absconding from the campus, risk of falls, risk related to awareness of vehicles, or risk of interfering with other houses. The person in charge was unable to provide any evidence that incidents or near misses were trended or analysed related to these risks. The kitchen door in one house was locked, again with some conflicting records of what specific risk was being mitigated. Other locked doors to the residents' back garden had not been identified as a restrictive practice. Some of the restrictive practices had been assessed to determine the risks associated with implementing the measures against the risk of not doing so, such as ensuring residents are not injured by bed rails.

Other practices not assessed as restricting residents' rights included where residents only used plastic implements for eating and drinking, where child-locks were implemented in centre vehicles, and where residents' access to money was managed by a central office. In the latter example, some resident cash was locked in an office safe, with additional money available by making a request to the provider's finance office, open between 10am-12:30pm four days a week. Residents did not have accounts with banks or financial institutions, and had no access to cards or finance records. This practice had been identified on the previous inspection with the provider committing to ensuring residents had enhanced autonomy and access to their finances at any time and supporting residents to acquire accounts with financial institutions. There was limited evidence that this action had been completed, with some enhanced access to resident cash by house staff, but no change in how the residents were supported to manage and use their own finances or access money belonging to them.

The provider had a strategy in place to record the use of locked doors with a view to reducing or phasing out their use. This involved the house team maintaining a log of when the doors were and were not locked. This record would be communicated to the rights review committee. This committee, which consisted of provider senior

management and quality team personnel, ensured that practices were being recorded but whose role did not involve making decisions on their continued use or retirement. The inspector reviewed house team records, quarterly reports to the rights review committee, and minutes of the committee's meetings over the period of a year. From this review, it was not clear how the information collected and reported was being used to make a decision whether or not to retain, amend or discontinue restraints. The daily data collected on door locking was not clear on why areas were locked on some days. For example, some notes indicated that the kitchen was locked throughout the day, however the person in charge did not have a means of identifying why this was done on these days.

The inspector reviewed the provider's policy on restrictive practices, dated March 2022. Evidence reviewed during this inspection indicated that the provider was not operating in accordance with its policy in some aspects of restrictive practices. For example, the kitchen of one house was routinely locked later in the evening with the stated reason being that there were not enough staff on duty to supervise residents. This reason is contrary to the provider's policy which instructs that restrictive practices are not to be used to compensate for insufficient resources. The policy advises that, prior to the implementation of any restrictions, they must be subject to a multidisciplinary assessment in consultation with the resident or their representative, using appropriate easy-read documents or communication tools where necessary. The inspector was not provided evidence to be assured this had taken place for all active practices. Where restrictions implemented related to one person impacted on the access and rights of their housemates, there was no evidence that assessment and mitigation measures of this impact were completed. While the policy instructs the staff team to report evidence that they are occasionally disengaging restrictive practice, there is no indication of who is tasked with using the collected data to decide if the reduction strategy is effective and that it provides assurance to justify the removal or continuation of the restraint.

There was some lack of clarity in how the reduction strategy of some restraints was providing assurance to the service provider that they continued to be necessary. For example, in the case of the locked or alarmed front doors, these measures were disengaged during times that the relevant resident was not in the house. While this is a positive practice in reducing the effect on the other residents, it was not clear how this provided information whether or not it was safe to phase out these locks and alarms when the resident was in the house.

As referred to in the previous section, some barriers were in place which impacted unintentionally on the residents' rights, routines and access to their preferred activities. This included the impact of staff shortages, unfilled shifts, staff being moved mid-shift to cover absences, staff who cannot drive, and staff who could not bring some residents out due to the support requirements of their housemates. Evidence was observed during the day of community activities which had been cancelled due to those limitations. The impact of these unintentional restrictions to residents' personal and social needs due to service resources had not been formally assessed to identify control measures to analysis and mitigate this negative impact.

## 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.

<b>Substantially Compliant</b>	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

<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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