



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Childrens Services Designated Centre 32
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	09 August 2023
Centre ID:	OSV-0008317
Fieldwork ID:	MON-0040727

## 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

---

<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 9 August 2023	09:30hrs to 15:00hrs	Karen McLaughlin
Wednesday 9 August 2023	09:30hrs to 15:00hrs	Kieran McCullagh

## 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 scheduled 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 is located in a rural area in Co. Kildare and is registered to accommodate up to two residents at any time, at the time of inspection there was no vacancies.

On arrival to the centre, the inspectors saw that there was a large, well-maintained parking area and that the house was well-kept on the exterior. Inspectors were greeted by the person in charge. They contacted the programme manager for the centre and they also made themselves available throughout the course of the inspection.

The person in charge accompanied the inspectors on a walk around of the centre which is a single storey building consisting of a kitchen/dining room, sitting room, sensory room, a number of shared bathrooms, two individual bedrooms and a multipurpose room/staff office. The centre was seen to be homely and well-maintained. Furniture was well-kept and was clean. There was a well maintained enclosed garden to the rear of the centre containing suitable play equipment including a swing and a trampoline.

During the inspection the inspectors had the opportunity to meet with the residents and staff on duty. Residents did not use verbal communication as their main form of communication and this meant the inspectors were unable to receive verbal feedback from them about their lives or the care and support they received. As part of the inspection, inspectors carried out observations of residents' daily routines, their engagement in activities and their interactions with staff.

Both residents that were in bed when the inspectors arrived and staff informed the inspectors how they planned the day and that usually when residents got up they had breakfast which they choose themselves and then headed out on the bus to an activity.

When residents got up for the day, they were observed to be comfortable in their home, and had access to food and snacks when they wanted. For example, each resident had unrestricted access to food presses. During the inspection, a resident brought one of the inspectors to a kitchen press containing crisps and sweets and indicated that they wanted something. Staff supported the resident with their request.

Conversations with 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.

First impressions of the centre were that it was a pleasant and friendly environment that was bright, spacious, clean and well-maintained throughout. The centre was tastefully decorated with photographs of both residents displayed throughout. Residents enjoyed a good quality of life and were facilitated to lead lifestyles of their

choosing. Systems were in place to ensure they were supported to stay safe and their home was observed to be comfortable, warm and welcoming.

The person in charge and staff had created communication systems for both residents that lived in the centre. For example, staff were observed to use objects of reference to inform residents what was happening next and to support choice making. The inspectors saw that there was information available to the resident to support their communication including visual rosters, a visual activity board and social stories. The inspectors saw staff using these visual supports with the resident to ensure that they were informed and supported to make choices. There was a sensory board in use in the kitchen/dining area. Staff were also in receipt of total communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by inspectors during the course of the inspection.

All staff had received training in human rights and the provider had put in place an organisational human rights committee. An inspector asked staff about their training in human rights and to describe how they implemented it into their professional practice while working in the centre.

One staff member described how their human rights training had enhanced the delivery of care in the centre. The staff member described how they advocate for resident decision making by creating visual stories in the form of photos of residents outings which take in account residents likes and dislikes, on the day of inspection a recent trip to a local take-away was displayed in the form of a story on the activity board in the kitchen. It showed the resident engaging with staff at the take-away, while being supported by staff to complete the task.

Information on assisted decision making, the child safeguarding statement and visuals in relation to rights and communication rights and how to make a complaint were also on display throughout the communal areas of the house.

There were some environmental restrictions implemented within the centre, which included the use of seat belt harnesses for residents while using the centre bus transport, a locked front door and back door (operated by key-pad), locked back gate and one locked wardrobe. It was noted however, that the provider had initiatives in place to try and reduce the number of restrictions in the designated centre. For example, the provider's restrictive practice committee, which met every three months and consisted of members of the senior management team, social workers, psychologists, speech and language therapists, occupational therapists and behaviour specialists. Their role was to review referred restrictive practices and to scrutinise their purpose and rationale for their use and feedback where required.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. For example, each restrictive practice had been evaluated with an accompanying risk assessment to further provide rationale for their use.

However, some minor improvements were required. During the walk-through of the centre inspectors observed some restrictive practices, which had not been logged as

such by the provider. These included two locked kitchen presses and window restrictors. These will be discussed further in the next section of the report.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection. For example, residents were observed smiling and interactions with staff were seen to be familiar and friendly. Residents were seen to be supported by staff who knew them and their individual needs well. It was also clearly demonstrated that where restrictive practices were utilised in the centre, they were in place to manage an identified personal risk or assessed need for residents.

In summary, the inspectors saw that the residents in this centre was in receipt of high quality and safe care which was delivered by competent and well-informed staff. This care was effective in upholding the resident's rights and was 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 place in this designated centre with clear lines of authority and accountability. There had been recent changes to the person in charge role. The person in charge quickly made contact with the programme manager who attended the centre to support the inspection.

The person in charge worked in a supernumerary capacity and had defined responsibilities including rostering and supervision of staff and ensuring the assessed needs of residents were facilitated and met in the centre. Monthly meetings were held between the person in charge and staff team. Agenda items included; Safeguarding, Incidents / Behaviour recording, Training, Restrictive Practices, Supervision and Service User Meetings.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. Resources in the centre were planned and managed to deliver person-centred care.

The person in charge reported to a programme manager. They also held monthly meetings which reviewed the quality of care in the centre. A series of audits were in place including monthly local audits and six monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

Prior to the inspection, the programme manager had completed and returned a restrictive practice self-assessment questionnaire. Inspectors reviewed this document and found that policies and practices outlined within the document were consistent with what inspectors observed during the course of the inspection.

The provider had recently revised the organisation's restrictive practice policy. This policy provided a comprehensive overview regarding restrictive practices. Inspectors also observed easy-to-read documents available to staff on; "A guide to restrictive practices" and "What is a restrictive practice". Staff were found to be knowledgeable of what constituted restraint and restrictive practices. Staff were also in receipt of training in, MAPA (Management of Actual and Potential Aggression), Safeguarding, Restrictive Practices, Total Communication and Positive Behaviour Support

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference. A high staff to resident ratio was maintained in the centre, which ensured resident's specific person-centred support needs were met in line with their assessed needs.

The inspectors found that the provider was in the process of adopting strategies to enhance their oversight of restrictive practices. A restrictive practices committee had been established. The committee met every three months and consisted of members of the senior management team, social workers, psychologists, speech and language therapists, occupational therapists and behaviour specialists. The person in charge also

maintained a restrictive practice log and quarterly restrictive practice reviews were also completed by the provider.

The inspectors saw, through a walk-around of the centre, that there were minor restrictive practices which had not been identified as such. Inspectors brought this to the attention of the person in charge and provider during the course of the inspection and promoted a discussion around whether they required further consideration by the person in charge.

The practices included two locked kitchen presses for the storage of household cleaning supplies. The provider's restrictive practice committee had also identified this as a health and safety measure and therefore not a restrictive practice. The rationale being the presses contain chemicals and not possessions belonging to any resident and are therefore not considered restrictive by the provider.

As the property is a bungalow all windows had window restrictors in use at the time of inspection. When asked what was the purpose of such restrictors the response was not consistent, with some window restrictors being used for security purposes and others to prevent exit through the window namely in both residents bedrooms.

Through discussion with the person in charge and programme manager, it was established that these restrictive practices should be added to the centre's restrictive practices log and as such notified to the chief inspectors office.

In general the residents were supported to live their lives to the full with some minimal environmental restrictions in place to support their safety. Additionally, there was no emergency use of restrictive practices or interventions in the centre. Positive behaviour support plans, where required, focused upon support programmes and included proactive and reactive strategies.

It was observed that the environmental restriction in place was not used in relation to behavioural risks, but more so to promote residents rights to autonomy, independence, privacy and dignity, while at the same time supporting their safety and wellbeing. For example, residents have open access to all areas of the house, including the staff office area which had recently been renamed as a multipurpose room. The enclosed garden at the back of the property allowed for both residents to access the swing and trampoline through an unlocked door by themselves to enjoy some recreational time by themselves.

The inspectors found that there were some areas for improvement to ensure that there was full compliance with the standards. These areas included ensuring that all restrictive practices were logged on the centre's restrictive practices log and up-dating of individual risk assessments to reflect additional restrictive practices observed during walk-through of the centre.

Overall, the inspectors saw that residents in this centre were in receipt of care that was safe, person-centred and was being driven by a human rights approach.

This inspection found residents were being supported to live in an unrestricted environment and that the provider's recently revised and updated restrictive practice policy and oversight arrangements were being implemented in the centre which in turn were having a positive impact on the lived experience of residents and ensuring a human rights approach was adopted by staff in the care and support they provided to residents.

## 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>	
------------------------------------	--

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