



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

Issued by the Chief Inspector

Name of designated centre:	Taliesin House & Log Cabins
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	19 November 2019
Centre ID:	OSV-0003383
Fieldwork ID:	MON-0027485

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	Inspector of Social Services
19 November 2019	Tanya Brady

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

This centre is on a large site on the outskirts of Portlaoise town. While it has a rural feel given the size of the site there is easy access to shops and a garage within a few minutes' walk of the gate. It is currently home to thirteen residents both male and female over the age of nineteen years with an intellectual disability and/or additional difficulties.

The centre is configured in the following way; there are two houses, one the main house which contains bedrooms for three residents, the main kitchen diner for all residents, a large living room and a smaller living space. Residents from the centre are free to come and go from the main house using the kitchen, eating together or relaxing in the living room as well as regularly accessing the staff office. This is a locked room off the living room which gives rise to a large volume of footfall through the living room. For those who live in the main house this reduces their privacy or a sense of relaxation in this room. Another house called the Hobbit house, so named due to its unusual shaped roof line and windows, in here there is a large communal games room with a snooker table, Subbuteo, exercise equipment and music equipment. There are also resident bedrooms and a single self-contained apartment located within the hobbit house. To the rear of the main house along two sides of a lawn are six small, individual, wooden homes known as cabins. These contain two bedrooms, a bathroom and a small open plan living space with a kitchenette.

One resident who has epilepsy and who wished to continue living independently in their cabin has been supported by the provider to continue to do so, and the provider is also trying to reduce the volume of staff monitoring that had been required. Therefore, this resident is a new dog owner, the provider has sourced the dog via appropriate channels and it is in training as a seizure alert dog. It is being trained to recognise signs of seizure activity, to press an alert button for staff in the main house to attend to the residents' cabin, thus removing the need for ad hoc checks by staff which may reduce the residents' privacy. Other residents were seen to also have pets that they took responsibility for, such as budgies, canaries and until recently a rabbit.

The inspector met with one resident in the kitchen making a cup of tea who chatted to both the inspector and person in charge for a while. They explained that they were not sure about going out or what the plans for the day were. The person in charge was heard to gently encourage them to call peers and ask what plans they had and to join them if they wished. This was a pattern observed, whereby staff encouraged all residents to make their own decisions and on occasion to gently suggest parameters within which residents could see options more clearly when making a choice. Another resident wanted to go to the cinema on a set day during the week, as they explained the price was less on that day, was seen to be uncertain of the steps to take first in making a final decision on this outing. The person in charge offered to look up the times and films on the laptop for the resident, once these were established, other staff were heard to comment that collection of the resident was not a problem for either time showing and so the final decision was theirs.

One resident who loves music was supported by staff to acquire a shed which they had begun to soundproof so that the resident could continue to play their music at any volume they wished. This resident had also been supported to contact an independent advocate to support them in navigating systems while exploring more independent housing options. A number of residents in this centre expressed to the inspector that they are fully supported by the provider to advocate for their preferences in their home, currently and in the future.

Individuals in this centre were seen to be fully engaged in their community with a number of them involved in paid employment, one independently and others supported by staff. In an attempt to reduce the restrictions in place by requiring staff supervision at all times the provider in conjunction with employers looked at developing safe environments for residents to work and staff either remained where they had sight of residents but did not interfere with them engaging with co-workers or checked on residents at agreed intervals rather than remain beside them at all times. Another resident who had an interest in arts and craft and was seen to advertise the sale of homemade cards on the centre notice board. With another resident buying items that they would decorate or make (such as from a set ready for completion) and were supported to sell at a market stall. This resident in showing the inspector examples of what they were working on explained they were saving, for example they told the inspector that they had a date and were able to ensure that they could buy favourite biscuits to go with a cup of tea. A resident was heard discussing with the person in charge that they had received good feedback on the quality of work they had put in on washing and waxing cars.

The residents in this centre were encouraged where possible to engage in education opportunities. One resident had applied to the 'National Learning Network' and explained to the inspector that they hoped this would be of support as they liked to write poetry and would really like support to start a 'blog'. Another resident who was involved in the providers' drama group told the inspector they loved art and theatre and had completed a studio and set design course in the past. A resident who hoped to shortly be accepted on a Health and Safety at work course showed the inspector their folder they had prepared with staff support which contained easy read pertinent standards. They joked with the inspector that their course would be like working for HIQA as it would be all about standards.

A small number of residents in this centre were seen to manage their own medication and there were clear procedures in place around this. However for most of the residents access to their medication was restricted and it was held locked in the staff office. Residents either had to come to the main house a number of times a day or staff would go to their rooms or cabins. A significant review of these restrictions had just taken place and the staff team and person in charge had sent a number of recommendations to residents' medical consultants requesting review and possible authorisation to consider giving some residents more responsibility. These included requests for specific residents to be able to take their medications at specific times of the day for example their 14.00 or 18.00 tablets with decreased or no staff support and for some to take daytime medications alongside education in recognising the time.

One resident in this centre had occasional, short term, restricted access to certain personal belongings; this was seen to have been discussed and agreed with the resident and was usually at their request. The resident would self-identify periods where due to their health they felt unsafe with certain items in their home and the person in charge would remove these and keep them locked in the main house. These were returned once it was assessed that it was safe for the individual to have access to them again. Another resident had a system in place where rather than have items removed they preferred to have an auditory monitoring system placed in the house for the staff in the main house to listen to. This was also seen to be utilised for short periods of time. Within the main kitchen diner all sharp items including knives were kept in a locked cupboard accessed only with a key. All residents had initially had no access to this however the inspector noted that the provider had continuously reviewed this restriction and that on the day of inspection all residents except for one had a key to the cupboard.

Two residents in the centre had restricted access to their wallets and money. The rationale for this restrictive practice was different for both residents and for one a potential safeguarding concern had been fully explored in addition to other areas of risk identified and assessed. The decision for both residents was seen to be discussed with them both by their keyworker and to have been agreed and reviewed regularly. The only other restrictive practices in place in this centre involve reduced alcohol intake for one resident which is in place following medical advice and staff support the resident to understand this and to maintain this reduction without trying to reduce social opportunities. Also for one resident they have for short term periods been restricted to travelling in the rear seat of a vehicle with a lock engaged on the door, again this was as a result of clear identified and assessed risk and was not currently in use but could be reinstated by staff on following clear protocols for managing behaviours that challenge.

Oversight and the Quality Improvement arrangements

Overall this was a large and busy home where the provider had ensured clear policies, protocols, procedures and supports were in place to ensure that the residents lived full lives with as much independence as possible. The person in charge and team leader had a positive and open approach to the use of restrictive practice and it was apparent that some restrictions were only utilised when necessary and then discontinued and others were under continuous monitoring and review.

The provider ensures that this service is resourced to allow residents to, as much as possible, have the freedom to engage with their community, families and friends as they wish. There are adequate numbers of staff on duty to cover all times of the day which allows for residents to be dropped off or collected from activities or supported by staff as required.

There are comprehensive systems of reporting for incidents, accidents, restrictive practices, complaints and any other untoward event in use by the provider. These centre specific records are completed weekly and discussed by the staff team at staff meetings. The provider reviews all reports from its centres and if an area is highlighted as a concern across a number of centres the provider requests that the persons in charge carry out a 'quality zoom' where an area such as restrictive practice comes under increased scrutiny and outcomes are shared for learning. In addition a weekly report is returned to the person in charge with actions for completion or discussion.

The restrictive practice register for the centre was detailed and provided clear information on the type of restriction in place, the rationale for use, a defined review date and cross referenced reports such as risk assessments or behaviour support plans. The register is reviewed quarterly with the multidisciplinary team and if there are concerns on a restrictive practice in use these can then be referred on to a clinical services meeting. This acts as a regional overview and discussion forum and has a human rights role also. Specific restrictions or incidents can be escalated to a National provider overview meeting if required.

If there is an unplanned use of a restrictive practice in the centre, there was seen to be clear processes for staff to follow and the team leader or person in charge carries out an immediate verbal debriefing followed by completion of a debriefing document by staff. This outlines areas for learning and is discussed with the entire staff team at a meeting. Staff were seen to have all the required training to ensure they were supported to carry out their role and received regular structured formal supervision. Staff reported to the inspector that they used the skill of multitasking daily as they interacted with a large number of residents each with individual needs.

Overall the inspector found that the ethos and culture in this centre was positive when it came to reviewing restrictive practices in place within the centre. Residents' wellbeing and lives were central to the quality of care offered. The oversight and processes in place are consistent and continuously being revised within this centre.

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

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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