



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

Issued by the Chief Inspector

Name of designated centre:	New Haven
Name of provider:	Praxis Care
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	09 November 2023
Centre ID:	OSV-0006653
Fieldwork ID:	MON-0041593

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
Thursday 9 November 2023	10:15hrs to 15:45hrs	Tanya Brady

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

This unannounced thematic inspection was completed to assess how the provider was implementing the National Standards for Residential Services for Children and Adults with Disabilities (2013), in relation to restrictive practices. Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. While minor improvement was required to some documentation relating to the management of restrictive practices, these were not found to impact on practice. The updates had been identified as required by the provider as part of their auditing mechanisms and were found to be under review by the person in charge.

New Haven consists of one detached house in a quiet residential area in County Wexford. It provides a home for five residents. The house consists of five resident bedrooms all of which are en-suite, a staff sleepover room, a sensory room, two living rooms, a kitchen cum dining room, a main bathroom, a storage room, a small bathroom with a toilet and wash hand basin, and a utility room, and storage shed. There was a small garden area and driveway to the front of the property and an enclosed back garden with a hard surface area and lawn. One resident had a caravan which was located in the garden and they enjoyed looking at this when outside. Residents have access to vehicles to support them to attend activities of their choice and to access their local community. There are also shops, cafes and other amenities close to the house, and there accessible walks for the residents to enjoy.

Three residents were out and about when the inspector arrived at the centre. Two residents were at home and the inspector met and engaged with both of them. Later in the day the inspector had an opportunity to meet and speak with the other three residents. Later one resident returned from an activity such as equine therapy and the other residents returned after having a drive and coffee locally. They appeared happy to be home and one went straight to the dining room to relax and the others went to their bedroom. They appeared very comfortable in the presence of staff. Staff were observed to be very familiar with their communication preferences, and to spend time chatting with them.

One resident spoke about an upcoming visit home and about a 'goody bag' they hoped to get. They were looking forward to this visit very much. The staff supported the resident who spoke about how important it was to them to regularly meet up with and spend time with their family. They said they were happy and felt safe living in the centre.

The inspector also engaged with a resident who had slept late on the day of inspection. They were observed entering the kitchen and checking the oven to see if a cooked breakfast was present. The staff explained that it was not a weekend and the resident understood and continued to prepare their breakfast and collect items they wanted to eat with minimal staff support. They greeted the inspector who was present in the kitchen and indicated they did not mind their presence in their home. The inspector observed the staff using a manual signing system to support the resident's communication needs.

Another resident was relaxing in the sensory room and the person in charge and inspector greeted the resident who said they were ok and relaxing. Later they came into the office to say hello again and to engage with the person in charge. All residents freely moved throughout their home and sought staff out if they wished to engage or interact with them.

There were a small number of restrictive practices in place to support residents' safety and well-being and these were recorded as such and regularly reviewed. These included valves on water pipes, a locked gate and cupboards and reduced access to fabrics and clothing. In addition there were a small number of restrictive practices that were used for safety reasons as outlined in the provider's policies such as window restrictors and locking away of chemicals and these were being recorded or reviewed as such.

In addition there was evidence of recent restraint reduction in the centre. For example, residents' with specific dietary requirements had foods that presented a risk to them stored in a locked cupboard in the kitchen and overflow food items were in a fridge in the office. Following consultation with residents in relation to their wishes and preferences and in discussion with staff and the behaviour support therapist one kitchen press was no longer locked and residents could also freely access the office when staff were present. As part of the quarterly restrictive practice reviews, there was a section relating to review of the restrictive practice reduction plan on the documentation. Also, residents' positive behaviour support plans had a section relating to restrictive practices and reduction plans.

Residents were supported to understand the rationale and impact of the restrictions in place. For example, there was easy-to-read information or photograph illustrated documentation on specific restrictions available in residents' plans, and these were being regularly discussed at keyworker meetings. There was also easy-to-read information available about restrictive practices, the availability of independent advocacy services and contact details of the Confidential Recipient, and residents' rights. These were used as part of discussions in resident meetings and available more widely if requested. Resident's views and those of their representatives were captured as part of the provider's annual review.

Residents could freely access their home and garden, with some residents choosing to lock their bedrooms with keys available to them. Introduction to locking their rooms had allowed residents to keep their personal hygiene products in their en-suite bathrooms. Previously these products had been locked away for all residents as one individual enjoyed exploring them and pouring them out. Individuals now could keep their products in their room and this removed the restriction that had previously been in place of everything locked in the hot press.

Where the front gate was locked there was evidence that residents were physically supported to use the fob to open it if visitors or staff were entering or leaving the grounds. The fob was also available in the dining room and not locked away, there were social stories in place to explain why the gate was locked. The staff team outlined the ongoing education supports in place to develop road safety awareness

and to support residents in crossing the road as part of the restrictive practice reduction plan for the locked gate.

The person in charge and staff team also outlined the reviews that had taken place to look at reduction of other restrictions such as the use of valves on water systems. This restriction was to reduce assessed risks to an individual in drinking large volumes of water and in addition due to the overuse of hot water by one resident that impacted on others. These presenting behaviours that challenge had been managed by the provider and person in charge via the introduction of cut off valves for water and their use was now activated only in a timed manner. All residents were aware of the times water was less available and the reasons why.

Overall, residents were supported to freely access their home and possessions. Where a restriction may impact on a residents' privacy and dignity this was considered and efforts were made to ensure that the least restrictive practice was in place. There was a clear rationale in place for any restrictive practices in the centre, for example where one resident had limited access to their clothes and bedlinen this had been assessed by a wider multi-disciplinary team. Trials had occurred of phased introduction to small amounts of clothing and a new wardrobe area had been created for these trials that was not locked. While these trials had not to date been successful the person in charge and staff team continued to support the resident in trying to reduce the restrictions in place. These trials demonstrated the provider and person in charges commitment to continuously reviewing less restrictive options to support a resident.

Oversight and the Quality Improvement arrangements

Overall the findings of this inspection were that care and support provided for residents was of a good standard. They were being supported to make choices and live their lives, in line with their wishes and preferences, as much as possible. They were being supported to stay safe in their home, with a number of restrictive practices in use in line with their assessed needs and risk assessments. The provider and person in charge were striving to meet the requirements of the National Standards for Residential Services for Children and Adults with Disabilities 2013.

The provider had a number of policies, procedures and guidelines in place to guide staff practice in relation to the use of restrictive practices, and the promotion of a restraint free environment. The provider's restrictive practice policy was last reviewed in April 2022 and the inspector reviewed it and found that it clearly guided staff practice in relation to the types of restrictive practices that need to be documented and reviewed.

There were systems in place for recording and monitoring restrictive practices in the centre. These included risk assessments, a restrictive practice register, and clear processes on assessment and reviews. The restrictive practice register was being reviewed and updated regularly. There was a template in place for use during restrictive practice review meetings which currently were held between the person in charge and the regional director. The provider had established a restrictive practice committee that was linked to their human rights committee and the first meeting for this centre with the committee was scheduled for the end of November 2023. These meetings were due to be held on a quarterly basis with the relevant members of the multidisciplinary team. These meetings were intended to look at all current restrictive practices in place and had a developing structure in place for review and ongoing monitoring.

In addition to the current local restrictive practice review meetings, residents' keyworkers could seek the input of the provider's human rights committee to review the restrictive practices in place for them if this were felt to be required. Current reviews included a review of how the use and impact of the restrictive practice was communicated to the resident. Staff described how residents were involved in the decision making process in relation to the use of restrictive practices.

The provider was effectively planning and managing resources to ensure that restrictive practices were not used to compensate for a lack of resources. Staff had completed training such as safeguarding training and positive behaviour support awareness training. The provider had rolled out restrictive practice training to all staff.

Restrictive practices were being regularly discussed at staff meetings, and during staff supervision. The staff team had completed a four module training course on human rights. One staff spoke about how human rights training had made them reflect on the importance of exploring the impact of restrictions for residents. They spoke about developing social stories and the importance of regularly discussing restrictions with residents to ensure they continued to understand the rationale for their use.

Overall, through a review of documentation, a review of the environment, and discussions with staff, it was evident that efforts were made to promote an environment where residents' independence was encourage and where the need for restrictive practices was reduced, where possible. As stated previously some minor updates to documents were required. This included risk assessments where references were made to restrictive practices no longer in use, however, the inspector acknowledges that these assessments had been identified as requiring review and the restrictive practice had only just been removed within the centre. Residents positive behaviour support plans also required review however, there was a new behaviour specialist in this role and the inspector reviewed documentation that outlined reviews were underway and new documents would shortly be available for staff to reference. The minor delays in completion of documentation or gaps in documentation observed were not impacting on the practices in place in the centre and the person in charge had clear communication systems in place for the staff team who were clear on what they needed to do.

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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