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## Highwater Lodge, OSV-0005407, 09 December 2019

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

## Issued by the Chief Inspector

Name of designated centre:	Highwater Lodge
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	09 December 2019
Centre ID:	OSV-0005407
Fieldwork ID:	MON-0027783

## 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	Inspector of Social Services
09 December 2019	Tanya Brady

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

This centre is currently home to two individuals although there could potentially be four residents if the centre was at capacity. One resident was present throughout the day and the other was present towards the end of the day when they returned from their day service.

This centre is a large two storey house in its own grounds outside a small village near the coast. The centre has its own car and an additional vehicle for day services, at weekends both vehicles are available to the centre allowing both residents the choice of going on excursions together or separately. Externally the garden is well maintained and there are a number of areas for the residents to access for relaxation such as a deck or patio in addition to a large area to lawn. One resident loves to visit garden centres and the staff have researched all possible local and regional centres to visit ensuring there is variation for the resident on their day trips. Evidence of these trips could be seen in the garden features, ornaments and planted pots on display.

Internally there was a large living room, open plan kitchen diner, with a conservatory off the dining room which offered a second living space. One resident had their bedroom downstairs with an accessible bathroom adjacent to it. The other resident had their bedroom and en-suite bedroom upstairs. The staff office and staff sleepover room was also upstairs. As it was close to Christmas, the house was decorated in festive style throughout and plans were in place for the Christmas dinner with evidence that both residents had input into selecting favourite foods or celebratory snacks and drinks. One resident also had a personal Christmas set up in their bedroom to display personalised ornaments.

One of the individuals in the house attended a day service five days a week which had been organised prior to the resident moving to this centre, it was almost an hour drive from the house. The person in charge had noted that the resident was becoming increasingly tired and was not always happy when leaving the house. They had initiated discussion with them and their representative about the possibility of offering choices with respect to how they might wish to spend their days. Currently a number of proposals were being considered such as more part time attendance and some days at home with individualised activities or moving some days to a day service closer to the house. In the meantime the person in charge in conjunction with the day service had arranged that the resident could be collected earlier on some days to shorten the time away from home.

One resident had an individualised approach to their day, remaining within the centre and had two staff members present throughout their day. The inspector noted that weekly plans varied week to week but some items were consistent as routine was important to this resident. A clear symbol based visual timetable was displayed for both residents on the wall of the dining room and staff were able to draw the residents' attention to this when preparing them for the day or week ahead. This resident in particular, liked being able to come into the office and to chat with the person in charge as well as helping with office duties such as shredding. It was noted

that the resident who had a bedroom on the ground floor was not able to access upstairs in the house and therefore the office due to difficulties with their mobility.

The inspector joined one resident at the kitchen table while they prepared their breakfast. Staff were seen to be present in the kitchen offering prompts and support if required, their actions were seen to guide the development of independence skills. It was noted that a drawer containing knives and other sharp items in the kitchen had a 'child lock' on it, in conversation this was not required for either resident and was just not removed when the centre was established in the house. The staff and person in charge felt that residents may be able to open the drawer but it was agreed that this should be removed. A resident on checking the visual planner, was aware that they were going to do the food shopping with staff support and their attention was drawn to the list on display. They checked with staff and the person in charge to ensure nothing was missing and told the inspector that their favourite yoghurt was listed. The resident was comfortable in the presence of staff and was seen to engage in friendly conversation and to crack jokes with them. Later in the day the resident was seen to play games such as 'connect 4' with the staff at the kitchen table keeping the other resident company as they had a cup of tea on return from their day service.

There were two recorded restrictive practices in use in the centre. One was the use of a lap belt on a residents' wheelchair. It was seen that the use of the lap belt was in place following assessment and prescription by an appropriate health and social care professional. In addition there was written consultation with the residents family with respect to use, however it was not clear if the resident themselves had been consulted and had consented. Nonetheless, the provider had a comprehensive rights restoration plan in place and there was progress documented where the resident had moved from the staff applying and removing the belt to now being able to open and close independently on most occasions. The second recorded restrictive practice was a window restrictor on the upstairs bedroom window. The provider was seeking a revision of consent for this and the document was for the resident and their representative to sign. It was noted that the window restrictor was checked daily by the resident and recorded by staff. This restriction had been in place for four years, there was a clear risk assessment in place and specific safety reasons for its use. In addition as the resident was in receipt of 2:1 staffing throughout the day the presence of the window restrictor allowed the resident to spend time alone without staff present in their room, thus reducing the restriction of always having staff present. Of note there was a rights restoration plan in place for this however it was acknowledged that there were no plans to remove the window restrictor given the level of identified risk and so the concept of restoration as distinct from risk review was discussed on the day.

An area discussed with the person participating in management of the centre, and person in charge on the day of inspection was the right of the residents in accessing their finances. It had been determined that both residents could freely use their bank card to withdraw money and purchase as they wished however there was no record of assessment of capacity having been carried out. For one resident they could not physically use the card or recall their pin number and so a designated staff member assisted with this, where the designated staff member was not available there was a clear process for other staff in place. The provider and person in charge were

engaged with residents' families or representatives in more formalised discussions as resident bank statements were going to their families and not to the residents directly. In addition it was unclear where residents had savings and the systems for access of these or if residents knew of their savings.

The staff who were present on the day of inspection were heard to adapt their communication styles when engaging with both residents and were familiar with the programmes and protocols in place to support and protect the residents. It was reported that neither resident had wanted to participate in structured meetings and so individual keyworker meetings were held instead. While records of these were available for review there was no information in them demonstrating that the area of restrictive practice or their rights had been discussed with residents, although this may have occurred informally.

## Oversight and the Quality Improvement arrangements

The provider and person in charge demonstrated a positive and open approach to the use of restrictive practices within this centre. It was apparent from discussion, and reviewing documentation, that some processes were still evolving. However it was clear that the aim of the service was to reduce and/or eliminate restrictive practices where possible.

For the restrictive practices identified there were clear assessments, associated risk assessments and where appropriate rights restoration plans. However improvement was required in gaining consent and in demonstrating that residents were involved in decisions that pertained to them. In other areas it was acknowledged that decisions, such as support for the management of finances, had been made based on assumptions of capacity and no distinction was made in the storage of bank cards for a resident who could access the office and one who could not.

The provider had a restrictive practice policy in place that was revised within this year and provided clear information to guide staff practice. There were strong processes in place for the review of incidents, accidents and near misses in the centre which were reviewed weekly by the person in charge and monthly at provider level. At these monthly meetings reviews across the service identified any trends occurring either positive or negative and identified areas for improvement. Restrictive practices in place were all risk assessed and these were reviewed in line with the providers' policy. The provider's restrictive practice committee met quarterly and membership included persons in charge from all centres, a manager and behaviour specialist. Minutes from these meetings were seen by the inspector and it was noted that clear actions were identified and allocated to a named individual for completion within a specified timeframe. All restrictive practices were recorded on a restrictive practice register by the person in charge and this was frequently reviewed.

There were clear systems for the assessment and management of risk in this centre, however some inconsistencies required amending on the day of the inspection in addition a review of the risks for both residents required greater clarity in description as it was not apparent who was referred to within the assessment. The assessments of the risks that specifically were for the two identified restrictive practices were clear and the control measures in place were considered.

Staff in the centre were committed to ensuring the residents had a good quality of life. They were up to date with their training requirements and were well supported by the person in charge and the provider. Supervision processes for staff included a 'check and challenge' procedure where the person in charge would without notice, complete a structured document with the staff member checking their ability to understand and explain clearly, critical care and support areas of which restrictive practice was one.

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 still developing and continuously being revised. Nonetheless the implementation of more consistency in the oversight of consent, capacity and management of risk should allow for a more formalised approach to managing restrictive practice.

## 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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