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**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Flinter's Place
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	19 October 2023
Centre ID:	OSV-0001980
Fieldwork ID:	MON-0041486

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 19 October 2023	11:10hrs to 17:50hrs	Gearoid Harrahill

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

This unannounced thematic inspection was carried out to assess the registered provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. The aim of this inspection was to drive service improvement in these areas for the benefit of residents. Overall, the finding of this inspection was that the provider had ensured that restrictions implemented were relevant to risks identified for each resident, and had taken some steps towards mitigating rights restraints to reduce the impact on residents' rights and autonomy, however there was substantial work still required to ensure that restrictive practice were identified, managed and reviewed in line with provider policy, best practice, and the national standards.

This designated centre consisted of two bungalows semi-detached to each other, in which two adult residents lived separately with individual front doors, gardens, kitchens and living rooms. The residents had access to a suitable vehicle, with access to a second vehicle dropped off by a local day service which allowed for greater flexibility at weekends. Each resident was supported by separate teams of direct support staff during the day and on sleepover night shifts.

On arrival, the inspector was greeted by one of the residents answering the door to their home. The inspector and staff ensured the resident understood and was comfortable with the visit before they returned to watching soccer and having their breakfast. As will be described later in this report there was restricted access to kitchen appliances including the fridge, however a mini fridge was used for the resident to have some access to snacks, fruit and drinks. As the day progressed the resident enjoyed playing videogames and watching television. The resident had recently purchased a new television and subscriptions to streaming services.

Throughout the day, the inspector observed friendly, patient and respectful interactions and support between residents and their support staff. The team was fully staffed at the time of this inspection and were experienced working in this house. Staff demonstrated effective communication methods when supporting residents whose primary means of communication did not include speaking. One resident was observed to be more comfortable and trusting of the support staff compared to observations on previous inspections, and staff noted the resident was more inclined to socialise and speak with staff and less likely to become anxious or engage in risk behaviour. There had been a recent review in staffing mix which had had positive impact on resident support, with additional staff available to support safe mobility and allow the resident to be supported by a different person if they became uncomfortable with one of their staff.

Residents had active goals to explore new social and recreational opportunities which were being supported by staff. One resident has set an objective of visiting at least one point of interest in all 32 counties of Ireland. The inspector observed evidence that they were gradually progressing this goal including recent trips to Tipperary, Waterford and Cork. Another resident kept a scrapbook of photos of places they and

their support staff had been to, including amusement parks, go-kart tracks, pet shops and motorbike shows. One of the residents was being supported in working to achieve a Gaisce (President's Award) for developing their personal skills. Residents enjoyed forest walks, swimming and doing groundskeeping and clean-up work in the community.

In the main, the residents' home was clean. A number of areas in need of maintenance were identified by the inspector which the provider was addressing following a quality and safety audit in August 2023, including paint and repair works needed around the house and garden, replacement of furniture, and infection control improvements required to surfaces such as wood hand rails and bathroom flooring.

As will be discussed in the next section of this report, the inspector observed limited evidence to indicate how residents were supported to understand and make informed consent on the use of restraints in line with their communication profile. However, use of restraint without rationale was not occurring, for example the residents could freely unlock their front door or gate from the inside, and neither resident was prescribed for the use of physical holds as part of their behaviour support plan. The provider and staff team provided evidence of the impact on one resident's rights due to restricted access to their finances, such as missed opportunities to participate in community activities and to buy clothes and other items in shops or online without prior arrangement. The person in charge described how they were engaged with outside parties to optimise this resident's autonomy and their right to access their own money.

Oversight and the Quality Improvement arrangements

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

In advance of this inspection the provider had self-assessed their compliance with the national standards across eight themes including use of resources, use of information and workforce planning. The provider assessed themselves as meeting the national standards in seven of the eight themes, identifying a requirement to conduct formal assessments of the impact of restrictions on residents' human rights.

A number of environmental restrictive practices were in use in this designated centre. This included examples such as locked room doors, locked kitchen cabinets, bed rails, use of plastic cups and plates, seatbelt locks, and personal items and clothes locked in a staff room. In one of the two houses there was restricted access or locked cabinets around the refrigerator, washing machine, tumble dryer, television, kettle, toaster, cleaning supplies, sharp items and storage spaces. Not all of these features had been identified as restrictive practices and thus had not been reviewed as such on the service's restrictive practice register or notified to the Chief Inspector of Social Services.

Some restrictive practices were identified as required to control a variety of potential risks. For example, the rationale for kitchen cabinets being key-locked collectively described risk of accidental electrical burns, accidental burns from hot pipes, ingestion of household chemicals, injury from a sharp edge, risk of breaking glass, and risk of tripping on items falling out on the floor. There was limited functional analysis conducted for each of these separate potential hazards, to be assured they were all at high risk of happening if any kitchen units were unlocked, and that the amount of locking was proportionate, particularly as different risks were relevant to different areas of the kitchen.

The provider had established the terms and scope of a "Restrictive Practices Monitoring Group", which consisted of the psychologist and senior members of provider-level management, whose role involved review of restrictive practices in place and monitoring the trends of their use. However, in a review of all plans and strategies related to restrictive practices provided for this designated centre, the inspector found that reviews, incident notes and decisions to retain practices were solely done by the staff members in the house, with no record of input from this monitoring group. The inspector was not assured that all restrictive practices had been approved by a psychologist prior to their implementation as there was no evidence of their input in review discussions. The inspector was also not assured that restrictive practices were discussed with the resident, or their representative, in a manner which was suitable for their communication profile, either prior to their

implementation, or during decisions to retain them as control measures, to ensure informed consent for their use.

There was no evidence available of restrictive practices being subject to provider audit in 2023, and restrictions did not feature in the quality and safety inspection conducted in August 2023. Many of the active restrictions were in place for a number of years, and while staff could provide examples of how they might consider the reduction of restrictive practices, there was limited evidence of risk-assessed and evidence-based strategies to phase measures out or trial less restrictive alternatives.

Restrictive practices has not been assessed for the risks involved with their use or the impact on the residents' rights or positive risk taking. For examples, staff described that a number of recent falls and injuries were a result of a resident climbing over their bedrails, however this risk had not been formally assessed.

One resident did not have optimal access to their finances, with no access to a bank account or debit card, and €50 of their disability allowance being provided weekly in cash. The impact associated with this limitation had been identified by the support team, including examples of the resident being unable to go on spontaneous outings or afford items seen while shopping, being unable to buy things online, or being able to plan ahead with money savings. The inspector observed evidence that the provider was working with outside parties to come to more suitable arrangements which enhanced the resident's right to control their financial affairs.

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.

Substantially Compliant	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

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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