



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

## Issued by the Chief Inspector

Name of designated centre:	Cluain Farm
Name of provider:	Positive Futures: Achieving Dreams. Transforming Lives. Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	07 September 2023
Centre ID:	OSV-0005455
Fieldwork ID:	MON-0040664

## 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	Times of Inspection	Inspector of Social Services
Thursday 7 September 2023	10:30hrs to 16:30hrs	Julie Pryce

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

The inspector found that residents enjoyed a good quality of life in Cluain Farm, and were facilitated to lead meaningful lives with their choices being respected and supported. Various systems and processes were in place to ensure they were supported to be safe and comfortable, and their home was seen to be comfortable and homely, and in accordance with their preferences.

On approach to the centre, prior to arrival at the door, the inspector observed an interaction between a resident and staff via the open French windows, and saw an affectionate and caring moment between a staff member and a resident, and it was clear throughout the inspection that there were positive relationships between staff and residents.

The homes of residents were arranged around a pleasant courtyard, and there were two shared homes, and one individual apartment. The resident who lived in the apartment was supported to have their independence, while also enjoying the company of others when they chose. They spent much of their time in the company of others, but had their own individual home which optimised their independence. This resident agreed to show the inspector into their apartment, and led the inspector to their front door and invited them in. The inspector found that it was decorated and fitted out to suit their needs. There were various items relating to their chosen hobbies, and the resident was clearly very comfortable, and proud of their home.

Other residents shared their homes, and each had an individual room which was decorated to their preference. One of the residents had an office adjacent to their room where they spent time doing artwork, writing, and had their choice of music, together with lighting that could be changed to suit their mood.

Another resident was in their kitchen when the inspector arrived, and this kitchen had been newly refurbished. The resident chatted happily about the lovely kitchen, and was clearly very comfortable and content in their home.

There were very few restrictive practices in this designated centre, and where they were in place there was a clear rationale. One such restriction was in place to support the healthcare needs of the individual resident, and related to fluid intake, an excess of which had been identified by healthcare professionals as being of risk to the resident. This was well managed whilst supporting the resident in their choice of beverages in a safe manner. There was a clear plan in place whereby the resident made their own cups of tea, and knew to only put one cup of tea's worth of water into the kettle at a time. Staff spoke clearly about supporting this resident's preference, and described how the plan of care that they were following allowed the resident to indicate their choices, whilst also following the healthcare requirements. There was a clear record of fluid intake maintained, so that it was clear that the healthcare needs were well managed and monitored.

There were multiple other examples whereby residents being facilitated in making their own choices, including the supported management of personal finances. There were no restrictions in place regarding spending, and residents were supported to always have spending money available to them, and staff facilitated any preferred ways of making purchases of their choice.

Some residents were learning how to use their own bank cards, and had taken the first steps towards independence in this regard. Others were being supported in more effective communication, and where a resident used some signs this was a topic at each team meeting so that staff were both becoming familiar with their way of communicating, and were also teaching them further signs.

There was an emphasis on effective communication with all residents, and staff described various interventions, including social stories and pictorial representations of such things as the staff roster or the week's menus. Staff described how they would offer choices to residents via pictures, and how each resident would indicate their choice.

There were no physical restrictions in place in the centre, and no environmental restrictions, so that residents had free access to all areas of their home, other than respecting each other's right to privacy in their private rooms.

There was an acknowledgment of the rights of residents to make unwise decisions, for example some unusual choices of breakfast, and it was clear that all efforts had been made to ensure that these decisions were informed, so that residents' rights to make such a decision was respected.

There was evidence any required restrictions being lifted as soon as it was safe to do so, and accommodations had been made to negate the requirement for some restrictions. For example where a resident's behaviour had caused a risk to others in the vehicle, arrangements had been put in place so that they did not share transport with others, thus removing the need for restrictions in the car. Where the sharing of transport was necessary, the simple arrangement of seating so that a staff member sat between the resident and others mitigated any risk.

There was also clear evidence of changing circumstances being well managed in a way that did not pose any additional restriction on residents. For example, a recent incident on an outing had resulted in a discussion between staff and management, and interventions which did not include the imposition of any restrictions. Social stories had been developed to support the resident, and a management plan had been developed to guide staff in how to respond should the situation arise again in the future.

Residents were supported in a range of activities, including daily activities, and also special occasions. There were multiple examples of weekends away, holidays and local events, and residents chose to engage in these activities as a group or individually.



## Oversight and the Quality Improvement arrangements

The provider had submitted to HIQA a self-assessment questionnaire, and the inspector found that the provider's self-assessment was both detailed and accurate, and the findings of the inspection were in accordance with this document.

In addition, the provider and the person in charge had undertaken audits of the care and support offered to residents. These audits were found to be meaningful and thorough, and any required actions identified in these processes had been actioned. There was a system whereby actions remained open until completed to ensure oversight, and the inspector found that all identified actions were complete.

An annual review of the care and support offered to residents had been developed as required by the regulations, and six-monthly unannounced visits on behalf of the provider had been undertaken. Both of these processes included the views of residents and their representatives. Staff members engaged by the inspector were aware of the content of these processes, and spoke about the improvements that had come about as a result.

There were policies in place to guide staff in supporting residents, and all the required policies were in place and had been regularly reviewed, including policies in relation to restrictive practices and positive behaviour support. In addition there were policies providing guidance in consent and decision making which referenced the recent legislation concerning assisted decision making, including a policy named 'Maximising autonomy and independence' which outlined the importance of choice making. Policies had been made available to residents in an easy read version.

Regular staff meetings were held, and minutes of these meetings were available. These meetings were effective in both sharing information, and in identifying areas for improvement. Human rights was a standing item at these meetings, and various aspects of the lived experience of residents was discussed. For example, recently the names of each house in the designated centre had changed to be more reflective of a homelike environment. Again, where required actions were identified, these were monitored until complete.

All mandatory staff training was up to date, and in addition, the training provided to staff in relation to positive behaviour support included aspects of human rights and decision making.

All the staff who spoke to the inspector were knowledgeable about the needs and preferences of residents, and spoke confidently about their role in supporting them, and in ensuring that their voices were heard.





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