

# SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name Human Rights Policy

Effective Date 12 March 2024

## Document Control

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## Version Control

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1.0	01 Sep 2014	QCT Manager	New Policy	SMT
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3.0	25 Aug 2020	QCT Manager	Review	SMT
4.0		QCT Manager	<b>Removal of:-</b> <ul style="list-style-type: none"><li>Legal and binding documentation list.</li><li>Human Rights Committee details.</li></ul> <b>Addition of:-</b> <ul style="list-style-type: none"><li>Requirement to record all money restrictions.</li><li>HRC notification/oversight is not required in advance of implementing a restriction.</li></ul> <b>General</b> Streamlining of policy.	All SHS

## Policy Sign Off

CEO Name	CEO Signature	Date
Fran Murphy		12 March 2024

Department No.	Policy No.	Version No.	Full Policy No.	Page
009	027	4.0	009.027.4.0	Page 1 of 5

# SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Human Rights Policy
Effective Date	12 March 2024

## 1.0 POLICY STATEMENT

Sunbeam House Services (SHS) will respect, protect and promote the human rights of every individual with an intellectual disability to whom it provides support. SHS values the input of our clients who believe strongly in the principle of the United Nations Convention on the Rights of Persons with Disabilities 2006 'Nothing about us, without us'. SHS's self-advocacy group Viewpoint contributed to the drafting of this policy.

## 2.0 SCOPE

This policy applies to all SHS clients, staff, volunteers, and those working with or on behalf of SHS.

## 3.0 HUMAN RIGHTS DEFINITION

Human rights are about people being treated with fairness, respect, equality and dignity, having a say over their lives and participating as fully as possible in decisions about their care and support.

## 4.0 A HUMAN RIGHTS BASED APPROACH

SHS operates a human rights based approach to care and support which seeks to ensure that the human rights of people using services are protected, promoted and supported by staff and services. The attitudes of staff, the language they use, and the actions they take when working with clients are crucial to implementing this kind of approach. All SHS staff undertake mandatory training on understanding and promoting rights with Open Future Learning.

## 5.0 THE HUMAN RIGHTS COMMITTEE (HRC)

The HRC consists of approximately 10 internal and external members, who meet twice a month or more frequently if required, to review restrictive practices. The HRC's role is to ensure that due process and best practice has been followed in all cases where a person's rights, for whatever reason, are restricted.

## 6.0 REASONS FOR RESTRICTIVE PRACTICES

Restrictive practices must only be implemented when a person requires it for their own protection, or the protection of others. The Department of Health document 'Towards a Restraint Free Environment in Nursing Homes' states that ***'Any potential episode of restraint must be considered only where there is clear evidence that the potential benefit of restraint to the individual person, and the risk involved if restraint is not used, outweigh the possible negative effects on the person subject to the restraint.'***

Department No.	Policy No.	Version No.	Full Policy No.	Page
009	027	4.0	009.027.4.0	Page 2 of 5

# SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Human Rights Policy
Effective Date	12 March 2024

SHS has a duty of care for safety and fairness to all those using its services. Staff must use the least-restrictive option available, for the shortest amount of time necessary, and should assess the person being restricted to ensure the restriction is required. Assessments should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the use of restrictive practices. Restrictions must be in keeping with policy and law. Where possible, training for the person being restricted should be provided to give them new skills which may bring about a reduction or removal of the restriction.

It is important that people are supported to live meaningful lives, and part of a meaningful life involves an element of risk. A full risk assessment will identify where risks can be mitigated whilst still supporting the person to achieve the lifestyle of their choosing.

## 7.0 IDENTIFYING RESTRICTIVE PRACTICES

Clients are supported within SHS to help them achieve certain tasks or qualities of life, e.g. assistance with bathing. Supports are not restrictions and do not require to be notified to the HRC. However, the difference between 'supports' and 'restrictions' can be difficult to determine and sometimes is a matter of opinion or a judgement call. In general, any situation which would not be acceptable to a member of the public such as having someone else manage their money, would be considered a restriction. The client's willingness to accept a situation is not the basis on whether to class something as a restrictive practice. Where there is doubt, it is best to err on the side of caution and complete a Rights Restriction Workflow for the HRC's consideration.

In all situations where a client is supported by SHS staff with the management of their money, this is considered a restrictive practice under HIQA criteria and must be recorded as such by completion of a Rights Restriction Workflow on the Client Information Database (CID).

## 8.0 IMPLEMENTING RESTRICTIVE PRACTICES

When a client's rights are restricted, for whatever reason, staff involved in implementing the restriction must fill in a Rights Restriction Workflow on CID. This workflow is then sent to the HRC. All new restrictive practices imposed on clients' rights must come before the HRC immediately after implementation via a Rights Restriction Workflow; however, restrictions with CSM approval do not need to wait for HRC oversight before being implemented.

Staff imposing a restrictive practice on a client should keep in mind the following: -

Department No.	Policy No.	Version No.	Full Policy No.	Page
009	027	4.0	009.027.4.0	Page 3 of 5

# SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Human Rights Policy
Effective Date	12 March 2024

- No restrictions should be implemented unless staff have been authorised to do so by their Client Services Manager.
- Those making the decision to restrict a right must not be biased.
- Arguments for and against the restriction should be examined, and alternative less-restrictive options explored and tried where possible.
- A risk assessment should be carried out for situations where safety is involved, to evidence the need for the restriction. This risk assessment should be attached to the workflow.
- For restrictions involving behaviour, a positive behaviour support plan should be attached to the workflow.
- The restriction should be discussed with the client/client's advocate in as much as possible, and consent sought. The client should be included in the implementation of the restriction and advised of the reason for it and what changes will lessen the restriction or end it. The client should have an opportunity to be heard and the assistance of a chosen family member, friend, staff member or professional independent advocate. The Assisted Decision-Making (Capacity) Act 2015 provides a statutory framework for individuals to be assisted and supported in making decisions about their welfare and their property and affairs.
- A strategy to reduce or eliminate the restriction should be worked towards where possible.

## 9.0 APPEALS PROCESS

The client and/or their advocate has the right to appeal any restrictive practice to staff and/or the HRC. Some clients may prefer to use the services of a professional independent advocate of their choice. The appeals process is outlined in an easy-to-read booklet available from the Human Rights Committee.

Any client, and/or their family member/advocate, who is unhappy with a restrictive practice should firstly raise it at local level with staff or management on the location. If the situation cannot be resolved at local level, it should be referred to the HRC by the Client Services Manager. Alternatively, the client and/or their family member/advocate can write to The Chairperson, Human Rights Committee, c/o Sunbeam House Services, Southern Cross House, Southern Cross Business Park, Boghall Road, Bray, Co. Wicklow, A98 RH93.

## 10.0 ATTENDING HRC MEETINGS

All clients, and/or family members/advocate are welcome to attend an online HRC meeting by prior arrangement to discuss a restriction currently in place in the client's life. The HRC Administrator gives advance notice to all CSMs of the restrictions which are due

Department No.	Policy No.	Version No.	Full Policy No.	Page
009	027	4.0	009.027.4.0	Page 4 of 5

# SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Human Rights Policy
Effective Date	12 March 2024

to be reviewed by the HRC, and the CSM will then invite the client and their keyworker to contribute to the discussion if they choose to do so.

## 11.0 RESTRICTIVE PRACTICES AFFECTING MORE THAN ONE PERSON

There may be situations where one person's restriction affects others by default, or where all attending a service or living in a home are restricted in the same way by, for example, a locked door or inaccessible roads. The Multiple Clients Restriction is to be used for any situation that restricts more than one person in the same way. If there is variations in the impact or the management of a restriction, then a single person restriction should be completed for each individual. Guidance notes for single and multiple client restrictions are available from the HRC Administrator.

## 12.0 REVIEWING RESTRICTIVE PRACTICES

The HRC set a timescale of at least once a year for each restriction to be reviewed by them. Nonetheless, staff can and should review a restriction at any time of year if there is a significant change in the situation, or if the restriction has been discontinued, so that the HRC are kept up to date

## 13.0 RESTRICTIVE PRACTICES LOG

Each location should keep a Restrictive Practices Log which records all the restrictive practices that are in place in the location, including the date of their initial implementation.

Department No.	Policy No.	Version No.	Full Policy No.	Page
009	027	4.0	009.027.4.0	Page 5 of 5