



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

Issued by the Chief Inspector

Name of designated centre:	Duffcarrig Services Beachway
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	23 February 2024
Centre ID:	OSV-0003610
Fieldwork ID:	MON-0040628

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
Friday 23 February 2024	09:15hrs to 16:00hrs	Tanya Brady

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

This inspection was an unannounced thematic inspection intended to drive quality improvement. The focus of this inspection was to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to any physical restrictions, environmental restrictions and rights restrictions present in the centre. Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. Residents were supported to engage in activities that maximised their independence in their daily lives. The inspector found however, that some improvement was required in documentation, in gaining resident consent and in the recognition of all restrictive practices present in the centre.

Duffcarriga Services, Beachway comprises two houses located a short walk apart on a rural site. The centre is co-located with two other designated centres and a farm. It provides a home for a maximum of seven residents and is currently at full capacity. One home is a two storey house for three residents and the other a single storey home for four residents. The inspector met with four individuals in their homes over the course of the day. The other three residents were engaged in activities in their community.

Conversations or interactions with residents and staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the National Standards in this centre. The inspector visited the first house on two occasions over the course of the day and the second house was visited once. Both homes were found to be well decorated, warm and welcoming.

The three residents who lived in the first house were observed to be comfortable in their home and with each other. They were sitting down to lunch together when the inspector arrived. Staff were present in the dining and kitchen areas offering support when required. The residents told the inspector that they liked their home and were happy there. Later in the day one resident was relaxing in the living area supported by a staff member to explore noise making sensory objects. The television was also on which the resident reported they liked. One of their peers had gone out for a drive and the other resident had gone for a walk.

In this first home all residents had their own bedroom with one resident having moved to a larger bedroom since the previous inspection of the centre. The three residents also had access to bathrooms that were for their own use. There was a large open plan kitchen-dining-living room on the first floor of this home. While the residents could all currently manage the stairs up to the communal rooms the

inspector found that this restricted some visitors who could not manage the stairs. For one resident in particular who met with a friend at least weekly the friend could not be welcomed to the resident's home. The provider supported this resident to meet their friend in alternative, level-access environments. However, this was a potential restriction that required some further consideration. There was staff suggested, the possibility of development of communal space in a room on the ground floor.

A small number of environmental restrictions were observed to be in place in the first house which had been recorded as present and were being monitored. These included an audio monitor outside one bedroom and a toilet handle in one bathroom deactivated. There was also a locked press for food storage that could be accessed by two residents but not the third. This last restriction was currently under review and the press was being left open for short trial periods each day. These trials of reducing the restriction in a phased manner demonstrated that the provider and the person in charge were committed to continuously reviewing less restrictive options to support a resident.

A previous recorded restriction, that of an alarm on an internal door had been reviewed by the provider and person in charge and was now removed completely. Again this demonstrated the provider's commitment to continuous review of identified practices in place. However, the inspector also observed window chains on some of the upstairs windows in the residents' communal areas. These had not been recorded as restrictions despite having been recognised as such in the provider's last six monthly unannounced visit report. These chains had not been replaced with suitable window restrictors in line with identified health and safety guidance. Other windows on this level in contrast had no safety window restrictions in place. The presence of the chains appeared to be historic. In addition one resident had been supported by staff to wear specific clothing undergarments, this was acknowledged as a positive change in increasing the resident's dignity. However, the resident's undergarments were stored in the staff office and on the day of inspection were also in a locked cupboard. The resident had to come upstairs to the office to request their clothing item and returned it here also. This was acknowledged as a routine that had developed as part of the support plan which had been successful. This required review, as restrictions had developed as part of this routine that had not been recognised and therefore, there were no plans to reduce these.

In the second house the inspector met with one resident and staff member. The resident used 'Irish Sign Language' (ISL) as their main mode of communication and the inspector observed staff and the person in charge using the manual signing system effectively. There were no restrictions to the communication of this resident within their home. The provider had a training plan in place for 2024 with ISL one of

the identified priority learning and development needs. This resident told the inspector that they had been supported to develop their independence skills and were hoping to move into one of the other centres that was located on site. They were excited by this move and reported how happy they were that they had been central to making this decision.

In this home there was one restrictive practice in place that of a sensor mat on a residents' bed that provided an alert to staff should the resident present with a seizure. The staff showed the inspector the checks that were in place and the records of the times the mat was in use. Recently when the mat was not working and was sent for repair, an emergency restriction was put in place that of hourly staff observations or checks throughout the night. This emergency restriction had been assessed, recorded, referred to the provider's human rights committee for consideration, discussed with the resident and closed as soon as possible.

Both houses had an allocated vehicle to support residents in accessing their community. Residents placed importance on routine excursions including going to have their hair done, attending local restaurants, going for walks or going shopping. One vehicle was currently in the garage and the provider had borrowed another vehicle and for one resident used taxis to ensure that there were no barriers for going out. There were clear rationales in place for any of the provider identified restrictive practices in the centre although the documentation regarding the medical assessment that led to the deactivation of the toilet flush was not accessible for review on the day.

Residents were supported to understand the rationale and impact of the restrictions in place. Some improvement was required in the documentation of how consent for the use of a restrictive practice was gathered. There was easy-to-read information on my rights, how to make complaints and restrictive practices that were identified as in use. Restrictive practices, rights, and advocacy were regularly discussed at resident and keyworker meetings. The provider has a resident advocacy group within the region and while membership of this was offered to the residents in this centre they had declined due to the distance they would have to travel to attend meetings. The residents' advocacy group however, sends out written or symbol supported information on residents' rights and has a newsletter which the inspector reviewed samples of. These were shared with all residents and discussed at resident or keyworker meetings.

Resident's views and those of their representatives were captured as part of the provider's annual survey and during the six monthly unannounced visits. Positive risk taking was also in practice and seen as a means to promote residents independence and quality of life.

The next section of the report presents the findings of this thematic inspection around the oversight and quality improvement arrangements as they relate to physical restrictions, environmental restrictions and rights restrictions.

Oversight and the Quality Improvement arrangements

The provider did not have a specific policy on restrictive practices and had previously identified this as a requirement. Locally there were guidelines, structures and systems in place which had been devised and drafted by the local management team to maintain oversight of and review of restrictive practices. These were reviewed alongside the provider's policies on managing behaviours that challenge and human rights which gave some guidance although this was not comprehensive. In line with these policies, restrictions in use were to be reviewed by the provider's human rights committee. Documentation reviewed during this inspection indicated that the restrictions referenced earlier in this report as having been identified by the provider had been recently referred to this committee but not all had been discussed in a timely manner.

Prior to this thematic inspection, the provider was invited to complete to a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical restrictions, environmental restrictions and rights restrictions. The completed self-assessment, was returned by the provider in advance of this inspection in July 2023. One area for improvement as stated above was that the provider needed a specific policy on restrictive practices. During the current inspection it was indicated that this policy remained in draft form but was not at a stage where it provided working guidance and no timeframe was indicated as when the policy would be finalised.

Outside of discussion and reviews by the human rights committee, the provider had additional monitoring systems in operation which did consider restrictions. These included six monthly unannounced visits to the centre by representatives of the provider. However, the inspector found that while these had identified an additional restriction, that of the chains on the windows in one home, no actions had arisen from this. These monitoring systems did not always identify all restrictions as discussed in the first section of the report.

The provider had effective governance structures in place and these were ensuring the effective delivery of a good quality of care and support for people using the service. The locally written guidelines and the policies referred to above were guiding staff practice and ensuring that person-centred care and support was delivered using a human-rights based approach. The provider was effectively planning and managing resources to ensure that restrictive practices were not used to compensate for a lack of resources. The provider's monitoring systems had for instance identified restrictions that were institutional practices which had developed over time. These practices were found to have impeded resident rights. The inspector found clear evidence that these had been robustly reviewed and practices immediately ceased.

With supervision systems put in place and human rights training and education provided for the staff team. This restrictions included for example, a historic practice of residents taking a 'rest' in the middle of the day as it fitted staff schedules rather than resident schedules. The person in charge and local management team had worked in tandem to ensure the rights of the individuals who lived in this centre were central in all day-to-day practices.

Staffing levels had increased since the centre was last inspected with no current vacancies reported on the staff team. Staff had completed training such as safeguarding, restrictive practice and restraint awareness training and positive behaviour support training. The majority of staff had completed human rights awareness training with two staff only still identified to complete this. The inspector spoke to four staff who described the positive impact of completing these trainings and who discussed their understanding of restrictive practices. The inspector also viewed a sample of staff induction and staff supervision records and found that restrictive practices and residents' rights were being discussed. Staff meetings were taking place monthly and these were used as an opportunity to discuss issues including the different restrictive practices in use in the centre and staff freely raised queries or questions in this forum.

There were systems in place for recording and monitoring restrictive practices in the centre. These included risk assessments, a restrictive practice register, and processes on assessment and reviews. The restrictive practice register was being reviewed and updated regularly albeit this was not currently reflective of all practices observed as being in place on the day of inspection. Overall, through a review of documentation, a review of the environment, and discussions with residents and staff, it was evident that efforts were made to promote an environment where residents' independence was encouraged and where the need for restrictive practices was reduced, where possible.

As stated previously updates to some documentation systems were required. This included guidance on risk assessments for instance, as not all restrictive practices identified as in place were risk assessed in their own right. Some were referred to only as control measures in other risk assessments. In addition, some restrictive practices were referenced only in other documents for instance, 'as required medication' (PRN) protocols and not all restrictive practices had associated support plans. These inconsistencies in documentary practice had developed in the absence of a clear policy to guide practice. The person in charge and local management team had however, developed good overall processes which were reviewed by the inspector. There was evidence for example that they were auditing and trending information that was gathered to guide reduction or removal decisions for restrictive practices.

The provider had established a human rights committee which was to meet as per its policy on a quarterly schedule. However, systems around the timeliness of review for new referrals were still developing. It appeared that referrals waited until a named centre was discussed which may be a number of months. One restrictive practice that of the deactivation of the toilet flush had been referred to the committee in July 2023 and again in September 2023 but there was no evidence on the day of inspection that it had yet been discussed. A multidisciplinary team meeting system however, did meet to consider current restrictive practices in place and had a developing structure in place for review and ongoing monitoring.

In summary, the inspector found that care and support provided to residents was of a good standard. Residents were being supported to make choices and live their lives in line with their own needs and preferences, as much as possible. Residents self-reported that they were happy, liked living in their homes and had things they were looking forward to achieving. They were being supported by a kind and caring staff team to stay safe in their home, with a small number of restrictive practices in use, secondary to their assessed needs.

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.

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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