



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

## Issued by the Chief Inspector

Name of designated centre:	DC8
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	15 December 2023
Centre ID:	OSV-0003788
Fieldwork ID:	MON-0041538

## 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
Friday 15 December 2023	10:30hrs to 15:00hrs	Erin Clarke
Friday 15 December 2023	10:30hrs to 15:00hrs	Karen Leen

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

This inspection was an unannounced thematic inspection of the designated centre carried out to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. This inspection aims to promote quality improvement in a specific aspect of care, in this instance, restrictive practices. Conversations with 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 inspectors of social services were greeted by an agency staff member on arrival to the centre. The staff member informed the inspectors that the person in charge was on duty and would be contacted to inform them of the inspectors' arrival. The inspectors completed a walk-around of the centre with a member of the nursing team. Inspectors found the staff member to be very knowledgeable of residents and their individual care needs. The staff member introduced inspectors to residents during the course of the walk around. Inspectors observed interactions between staff and residents to be warm and friendly.

The centre was located outside a large town in Co. Kildare. The centre comprises a large single-storey building subdivided into three apartments, joined by interlinking corridors. The provider had completed a number of works in the centre in order to promote the centre's ethos of caring for individuals with an intellectual disability through the ageing process.

The building was on a large area of land with a field to the back of the centre and a driveway leading up from the main door. Access to the grounds was through electric gates, which controlled vehicular access to the grounds. A pedestrian gate was observed to be locked with a padlock. This gate was not typically used by staff or residents; however, it had not been considered a restrictive practice for any potential resident who may wish to leave the grounds independently.

The centre previously accommodated a larger number of residents, which had decreased due to the provider's decongregation plan of their congregated settings in 2018. (Congregated settings are where 10 or more people with a disability live together in a single living unit or are placed in accommodation that is campus-based).

After renovations in the centre, the provider opened two apartments in 2018 and 2019 to provide specific residential supports to residents with both an intellectual disability and a diagnosis of dementia. There were seven rooms in total available for residents with a diagnosis of dementia. The inspector found that the registered provider had responded to their residents' ageing demographic within the wider organisation by establishing a specialised service that allowed residents to remain in their community. The third apartment had a capacity for seven residents who, for the majority, had lived in the centre prior to its reconfiguration.

The inspectors found that the centre was decorated in line with residents' tastes and preferences. As the inspection was carried out in the lead-up to the Christmas period, inspectors found that the centre-shared living spaces were festively decorated and that residents' bedrooms were decorated with Christmas blankets, pillows and small Christmas decorations. Inspectors found that residents' bedrooms were decorated to their individual tastes, with memory boxes located outside residents' bedrooms to gain a greater understanding of individuals' likes, hobbies and interests. Residents with memory deficits also used these as objects of reference to help identify their bedrooms.

The centre followed best practices in relation to physical access for residents and promoting a dementia-friendly environment. Many bedrooms and bathrooms had built-in tracking hoists. Bedroom doors had been widened and replaced to allow bed evacuation in case of a fire. The inspectors found residents were facilitated to access their environments without undue restriction. For example, the entrance doors to the centre were sensed to open and close automatically to promote ease of movement within the centre.

The building provided a pleasant, comfortable and homely environment for residents; each apartment had a communal sitting room, kitchen area and large activity room located in one of the apartments. The activity room was equipped with interactive games, a nail bar and a number of activities, such as arts and crafts, for residents to avail of. A number of modifications and updates had been made to the premises since the last inspection, which contributed to residents being able to spend more quality time in their homes. These updates included a large cinema room with access to a number of streaming sites and a room which had been designed as a small coffee area for residents and families to avail of during visits.

The person in charge spoke to the inspectors about future developments the centre was identified for, including progressing plans to improve the accessibility of the internal courtyard and to make it more inviting to the residents. The inspectors observed that this area was not accessible to all residents and also required a cleanup due to overgrowth. The person in charge had visited other centres providing dementia care to gain ideas for promoting accessible garden designs. The inspector in charge also identified that one pathway to the outer sensory garden was not suitable for wheelchair users and plans were in motion to renovate this area.

The inspectors had the opportunity to meet all residents during the course of the inspection. A number of residents in the centre presented with complex communication needs and this required staff to know them well to best support them and respond to their communication requirements. Visual supports were available to residents, including visual schedules, objects of reference, and staff support. Inspectors observed that residents appeared relaxed and content in their homes. Residents appeared very comfortable in the presence of staff, and inspectors found that staff were knowledgeable in relation to the care and support needs of each resident and were familiar with their communication preferences. Inspectors observed staff assisting residents in communicating their needs and wishes and supporting residents with chosen activities for the day in a respectful and helpful manner.

As discussed in the next section of the report while a low number of restrictive practices were in place and the rationale for the restrictions was clear, some improvements were required to better demonstrate that they were all managed in a way that promoted the rights of each resident to live in a restraint-free environment. However, overall, the inspectors observed residents moving freely around their homes and having unrestricted access to their bedrooms and communal areas.

## Oversight and the Quality Improvement arrangements

Overall, inspectors identified that residents enjoyed good-quality service and the physical environment set out to maximise residents' independence with regards to flooring, lighting and handrails along corridors. Improvements were required in the oversight, documentation, and auditing of restrictive practices.

While the provider had a restrictive practice policy in line with Schedule 5 requirements, the policy was dated March 2019 and had not been updated within the three-year time frame. The purpose of this was to update the policy in line with national policy and other relevant legislation, regulations and enactments. The inspectors were informed that the policy was in draft format and was currently being reviewed by the members of the organisation board. The inspectors found the absence of a clear and updated restrictive policy outlining the procedures and guidelines to be implemented in the designated centre resulted in gaps in the application of the National Standards to assess performance in the context of restrictive practices.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge was suitably qualified and experienced and held the role of residential coordinator. They had oversight of another designated centre as line manager to the person in charge. They were supported by clinical nurse managers and a soon-to-be-appointed social care leader in the centre.

The statement of purpose for the centre states that the centre has a total complement of 29.21 whole-time equivalence (WTE) front-line staff that consists of nursing staff, social care staff and health care assistants. There were some vacancies in the centre across all grades; however, the inspectors were informed that a number of interviews had been held and job offers were on hold due to a recruitment freeze implemented within the sector. The person in charge told the inspectors that ongoing talks were in place to ensure derogation of specific staff members would be applied in this centre.

The inspectors found good scrutiny and recommendations by the provider's representative as part of the six-month unannounced visit of the staffing arrangements. For instance, in June 2023, it was found that due to the high level of relief staff covering shifts and the high level of overtime hours being worked by permanent staff, it was recommended that staffing levels be reviewed. This was to ensure sufficient levels of permanent staff were in place to support residents, provide continuity of care for residents, and engage in meaningful activities. The inspectors identified this was ongoing at the time of the inspector due to the national recruitment freeze in place.

Residents were observed to be supported by staff who knew them and their individual needs well. The person in charge identified that the centre had a number of staff vacancies at the time of the inspection. However, these vacancies were being filled by centre staff, relief staff, and a small number of agency staff.

The inspectors reviewed the training matrix in place for staff. The person in charge had identified that staff required positive behavioural support training, which had commenced. Staff had also undertaken training in the application of a human rights-based approach in health and social care settings. Some improvement was required to ensure that training was provided for the specific care needs of residents. For example, it had been identified in the six-month unannounced audit that non-nurse staff are not trained in epilepsy rescue training, resulting in the reliance on a nurse to be present at all times when any resident with these specific medical needs is accessing the community.

A self-assessment questionnaire was issued to the provider in advance of the thematic inspection to assist them in preparing for the restrictive practice programme. This questionnaire was aligned with the themes and standards in the National Standards for Residential Services for Children and Adults with Disabilities (2013). This questionnaire was completed by the person in charge and returned to the office of the Chief Inspector within the requested timeframe.

The person in charge self-identified that six of the eight themes were compliant, and two themes were substantially compliant. Two of these themes, 'Leadership, Governance and Management' and 'Use of Resources', were identified as requiring improvement due to staff requiring positive behavioural training, which had been scheduled.

The inspectors found that the use of the self-assessment questionnaire required review to ensure it adequately assessed the centre against published standards. For example, the assessment did not identify the outstanding restrictive practice policy as an area for development or another rights impact of hourly checks during the night. The assessment also stated that restrictive practices were not used in the centre. However, as previously mentioned, some restrictive practices were in place and notified quarterly to the office of the Chief Inspector as required. The six-month unannounced audit also stated that no restrictive practices were used in the place which was a missed opportunity for auditing and learning.

The provider had systems in place for the review and monitoring of restrictive practices. In addition, the provider had been developing their oversight processes and standardising their approach for the assessment and review of restrictive practices. While a restrictive practice committee was in place to oversee the use of restrictive practices, none of the restrictive practices in the centre had been referred to the committee.

The restrictive practice committee set up by the provider included allied healthcare professionals and members of senior management. Restrictive practice assessments were to be submitted to the committee on a quarterly basis. The group would then review the assessments and, where appropriate, approve the use of the restriction, the reduction or cessation of the restriction to ensure there was oversight from the provider level that the rights, wellbeing, health, and safety of residents were considered.



It was evident that residents enjoyed a good quality of life that was person centred. Residents were provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. Meaningful activities and engagement were considered throughout the care and support plans reviewed by the inspectors. However, inspectors found that activities in the community for residents could be limited at times depending on transport.

The centre had access to two small vehicles. The vehicles assigned for the centre's permanent use had limited access for wheelchair users, with the transport in place only accessible to one wheelchair user at a time. The centre currently supported 12 residents who required the use of a wheelchair during social activities. Inspectors observed that the person in charge and the staff team ensured that residents were able to access the community as much as possible in line with their preferences; however, due to transport limitations, this was not always possible for all residents.

Residents living in this designated centre required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. Bathrooms were supplied and fitted with various assistive aids, and overhead tracking hoists were also available.

The inspectors understood that for some residents with a decline in health, particularly for residents who have a dementia diagnosis, accessing the community regularly was something not desirable by all residents. However, there was a focus on bringing the community to residents with familiar amenities, such as the cinema room. Inspectors were told this was very well received by residents. The cinema room, which contained comfy seats and a projector, was used regularly by the residents. Outside, the cinema room has been decorated with billboard-style pictures of old film posters such as 'Ghostbusters' and 'Grease'. The 'cafe' was also decorated with floor-to-ceiling decals to replicate the interior of a working cafe.

The inspectors reviewed the restrictive practices that had been notified by the person in charge. For the most part, these were environmental restrictions such as the use of bed rails, alarm mats and wheelchair lap straps. The inspectors found some improvements were required in the prescription, approval and oversight of restrictive practices in the centre. The use of bedrails in the centre had not been reviewed through a multi-disciplinary process and had been prescribed locally by the nursing team in the centre. The inspectors found no evidence of multi-disciplinary support when identifying the type of bed rails that should be in place for residents assessed needs.

The inspectors found evidence that each identified environmental restriction in place had an accompanying risk assessment to substantiate and justify the rationale and risk they managed for each resident. Bedrail risk assessments completed, however, did not include a section on the trialling of alternatives to bedrails despite alternatives such as low-profile beds, fall reduction mats and sensor mats being available in the centre.

Upon review of night staff duties, the inspectors observed that residents were in receipt of hourly night-time supervision checks. Inspectors could not find supporting documentation to demonstrate the rationale and substantiate the necessity for the hourly checks completed on each resident, from the hours they retired to bed each evening to waking in the morning. Inspectors found no risk assessments, consent or support plans in place for residents, which identified specific medical or safety support reasons for such checks to be implemented. This practice did not align with the centre's statement of purpose under the section referring to the practices in place to respect residents' privacy and dignity in that knocking would occur before entering a private space.

The inspectors discussed these checks with the person in charge; the person in charge could identify the rationale for some checks on residents with complex medical needs and personal care requirements; however, this was not the case for all residents. The person in charge noted that this would be reviewed and, where required, support plans would be identified for each resident that required night-time checks.

## 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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