



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

Issued by the Chief Inspector

Name of designated centre:	No 2 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	17 August 2023
Centre ID:	OSV-0005132
Fieldwork ID:	MON-0040562

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 17 August 2023	08:50hrs to 15:55hrs	Conor Dennehy

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

Residents living in this centre were being supported and facilitated to be independent and to do activities that they wanted to do. Staff members spoken with reported the locking of staff office doors as being a restrictive practice. The residents and staff met with during this inspection appeared comfortable being together with some warm interactions observed and overheard by the inspector.

This inspection was an unannounced thematic inspection focused on any environmental restrictions, physical restrictions and rights restrictions present with a view to driving quality improvement. Nine residents were supported to live in the two houses that made up this designated centre with some residents living in the centre on a full-time basis while others stayed only certain days of the week. On the day of this inspection both houses were visited by the inspector where he met five of the nine residents. Of the four residents that were not met, three were on a day trip to a town in another county and had left the houses before the inspector arrived, while the fourth was at work and had not returned by the time the inspection finished.

Three residents were met in the first house visited, two of whom were waiting to be collected to go to their day services. Before they left the inspector had an opportunity to speak with both residents. One indicated that they liked living in this house, liked going to day services and planned to take it easy for the weekend. The other resident also told the inspector that they liked living in this house as it was their home. This resident talked about getting on with their peers and going out to the city suburb where this centre was based. Positive comments were made by this resident about staff support in response to questions asked by the inspector. The third resident met in this house also talked positively about staff and showed the inspector their bedroom.

It was indicated by the third resident that they did not go to a day service but did sometimes go to a campus operated by the provider to do some work. They did this on the day of this inspection. The resident made their own to the campus and also talked about going to the city suburb independently. It was stressed by the resident that they enjoyed doing their own thing and loved living in this house. This resident also had an awareness of the Health Information and Quality Authority (HIQA) and asked the inspector if HIQA had a mobile app. The inspector informed the resident that HIQA did not have such app and asked the resident if they thought this would be useful. The resident indicated that they did not think it would.

The inspector spent most of their time in the first house where they reviewed some documents related to both houses and spoke with staff and other representatives of the provider. They visited the second house later and met with two residents. The first of these residents was based in the house during the day and had one-to-one staff support. When the inspector met with them, this resident had just arrived back from an outing and told the inspector that they had been to some nearby towns. The resident also talked about going out for dinner and going to different pubs for a pint. The inspector asked what pubs the resident liked to go to and the resident named some pubs located in a city suburb.

When staying in the house the resident said that they liked watching television and listening to music via their smart speaker with their favourite music being 1980s pop. The resident told the inspector that staff were very good to them, that they liked living in this house, and got on with the other three residents who lived there. One of these residents returned to the house and chatted with the inspector. This resident said that they loved living in this house and that there was nothing they were unhappy about. As with other residents spoken with, the resident made positive comments about staff and talked about being able to do the things that they wanted to do, such as going out for coffee.

Earlier in the day the resident had attended a disco which they appeared to have enjoyed. A staff member talked to the resident about this disco and it was overheard that the resident had the choice to go to this disco or to go on the day trip to a town in another county. The resident indicated that they had chosen the former as they did not want to get up earlier. The same staff member also asked if the resident wanted to go for a walk later with a peer. The resident declined this offer. When asked by the inspector how they were going to spend the rest of the day, the resident responded that they were going to take it easy and would stay in the house.

Both houses visited were seen to be generally well-presented, clean and homelike. All nine residents had their own individual bedrooms some of which were seen by the inspector. These were observed to be well-furnished with one appearing to have been recently painted. Communal areas were also seen to be generally well-furnished although some couches in one living room were worn as was some of the décor in both kitchens. On their arrival to one of the houses, the inspector observed that some fire doors were wedged open but this had been addressed by the end of the inspection. In addition, in the same house some light fittings contained visible dead spiders and flies and one wall had five different posters on display related to COVID-19. These did detract somewhat from the overall homely feel of the house.

While in the two houses that comprise this designated centre, the inspector did not observe any physical or environmental restrictions in use that impacted on residents' access to their home. However, it was indicated by multiple staff spoken with that the door to the staff office in both houses was locked when no staff were present and that this was a restrictive practice. At such times it was possible that residents would be present and therefore would not be able to access these rooms in their homes. It was indicated that this practice was in place for security purposes as these offices contained medicines and finances. In one office it was seen that residents' individualised personal plans were also kept there. Staff told the inspector that residents were aware of why the offices were locked and had not raised any issue with it.

Aside from this, the inspector queried if there were any rights restrictions in use and it was indicated that there were not. Residents were provided with varying supports around their finances, for example, one resident was indicated as having total control while others were supported by staff or their families to varying degrees. It was indicated that all residents had certain access to, and control over, their money. During the inspection one resident was seen to retain their wallet but gave some

receipts for things they had recently paid for to a staff member. Another resident told the inspector that they had paid for their own ice cream and coffee while on an outing earlier in the day.

It was clear that residents participated in outings and activities of their choice such as shopping, meals out, bowling, going to the cinema, and attending sporting events. Some residents also had jobs. These residents were very independent and sometimes made their own way to activities and events of their choosing via public transport. For those residents that did need extra support, staffing was generally available to support them. While most of the activities that residents did were based in the locality where residents lived, it was also apparent that residents were being supported to pursue their interests further afield, for example, it was indicated that one resident had an interest in cars and was due to attend the upcoming Formula 1 Dutch Grand Prix with staff support.

The staff members encountered during this inspection were seen to interact warmly with residents who appeared comfortable in their presence. There appeared to be good relationships between residents and staff, with residents heard greeting, saying goodbye, and freely chatting with staff. Residents also appeared comfortable in each other's presence. In one of the houses one resident was seen to help put away a peer's cereal bowl at the latter's request. While in the other house, a resident who was having a cup of coffee asked another resident if they wanted one too.

However, during the course of the inspection one resident was referred to as being on an 'inappropriate placement list' and that this was related to the age range of residents living in one house. This resident had earlier told the inspector that they liked living in their home. When reviewing the resident's personal plan it was indicated that their current home was suited to their needs, while goals for the resident identified for 2023 made no reference to living elsewhere. The inspector also reviewed the centre's risk register and noted that there were no high-rated risks for this resident. The inspector was informed at the feedback meeting for this inspection that while there was no list as such, this resident was discussed at the provider's risk forum where potential long-term living arrangements were discussed. When asked by the inspector if the resident was aware that they were being discussed at this risk forum, it was indicated that they were not aware of this but that the resident's living arrangements were previously discussed with them during which the resident indicated that they were happy living in their current home. Given the rights of residents to be involved in decisions about their support and to be consulted, this matter required review. Resident consultation had been highlighted as an area that needed improvement during the previous inspection of this centre on behalf of the Chief Inspector of Social Services in June 2022.

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

Oversight and the Quality Improvement arrangements

The provider had processes in place for restrictions to be reviewed with relevant policies available. However, the locking of staff office doors had not gone through such processes despite being identified on multiple occasions as being a restrictive practice. In general, appropriate staff resources had been provided for residents.

It was clear that some residents were very independent. This was supported by the provider ensuring that appropriate staffing resources were in place to support all of the residents living in the centre. The inspector was informed that most evenings and at weekends there could be three to four staff members on duty between the centre's two houses. When residents did require staff support for outings or activities, this enabled residents to be able to leave either house or to remain in their homes if they wished. While some residents may need staff support, the provider had completed risk assessments to support some residents to remain alone in their homes. This demonstrated a positive approach to risk taking.

It was indicated that one resident received one-to-one staff support by day and that there may be occasions when the staff member supporting the resident would not be licenced to drive. This could limit the resident's ability to leave their home for certain outings. However, it was indicated that this rarely happened and if it did, it would only be for short time and the resident would be supported to leave the centre supported by another staff later in the day. It was also indicated to the inspector that there was an overall good consistency of staff working in the centre with such consistency important for promoting professional relationships and a continuity of care. Staff members spoken with during this inspection demonstrated a good awareness and knowledge of the needs of the residents they supported. This contributed to the residents met during this inspection appearing comfortable in the presence of staff as evidenced by the staff and resident interactions highlighted earlier in their report.

The provider had two key policies which were relevant to the focus of this inspection, a policy for restrictive practices and a policy on rights protection and promotion. The inspector had previously been informed that both policies were in the process of being reviewed with the policy for restrictive practices due to be reviewed in September 2023 to take account of recent changes in Irish law. The existing policies set out the functions of two committees, a behavioural standards committee and a rights review committee. Based on a self-assessment completed by the provider in advance of this thematic inspection, it was indicated that the committees and a risk assessment process had a role in the review of restrictions depending on their type. During this inspection it was indicated that no matters regarding residents in this centre had been referred to either committee. It was therefore not possible to assess the workings of the committee regarding this designated centre. It was suggested to the inspector that what was referred to each committee could be something of "a

grey area". Despite this, the existence of these committees did provide a structure for the oversight of restrictive practices.

The provider's policy for restrictive practices outlined the process by which restrictions would be sanctioned (if appropriate to do so), reviewed and monitored. In the completed self-assessment the provider indicated that barriers to movement would be reviewed by this committee and that locked staff offices would be considered by risk assessment with consideration given to a referral to the rights review committee. As mentioned previously, no matter in this centre had been referred to the rights review committee and it was indicated to the inspector that the locking of office doors was not referenced in any risk assessment for the centre. The inspector was subsequently provided with a note from the behavioural standards committee from January 2023 which indicated that the locking of staff office doors was not to be considered as a restrictive practice. However, all frontline staff spoken with identified the locking of these doors as a restrictive practice. In addition, in March 2023 a representative of the provider had conducted a six-monthly unannounced visit to the centre and, while this was the first such visit since April 2022, the report of this visit listed the locking of these doors as a restrictive practice.

In keeping with regulatory requirements, notifications of any restrictive practices used in a centre must be notified to the Chief Inspector of Social Services on a quarterly basis. Quarterly notifications submitted for this centre, including one in July 2023, had listed such door locking as a restrictive practice. On review of these notifications, it was noted that sometimes they referenced the locking of the staff office door in one house, while in others both houses were included. Records of when these doors were locked were not being kept. A restriction log, referenced in the completed self-assessment, was not available in the centre on the day of inspection. It was suggested to the inspector that this log may have been in another location.

While this area needed review, as referenced earlier in this report the overall evidence of this inspection indicated that residents were not restricted in the lives they lived and the things they wanted to do.

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	
------------------------------------	--

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