



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

Issued by the Chief Inspector

Name of designated centre:	An Diadán
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	26 September 2023
Centre ID:	OSV-0005654
Fieldwork ID:	MON-0040347

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
Tuesday 26 September 2023	10:30hrs to 16:00hrs	Anna Doyle

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

The inspector observed that aspects of the quality and safety of care and support provided to residents, was to a good standard and residents were being supported to live their lives in line with their personal preferences and wishes as much as possible. However, improvements were required in some areas to ensure that, restrictive practices were identified, reviewed and that the least restrictive measure was being used. The registered provider's policy also needed to be updated as it had not been reviewed since March 2019 (but was in progress at the time of this inspection).

The centre comprised of a detached bungalow situated in the middle of a small town. There was a garden to the back of the property where residents could sit out and relax in. It was evident that some of the residents liked gardening and some of them had decorated and built some garden decorations. Residents were observed enjoying being outside on the day of the inspection and they appeared very happy and content. The house contained four resident bedrooms (one of which was ensuite) an open plan kitchen/dining area, a utility room, a sensory room, a sitting room and a bathroom and toilet.

The premises was clean, homely and nicely decorated in line with the residents' preferences. Residents' bedrooms were comfortable and personalised to their individual tastes. However, there was a malodour from one ensuite bathroom. This had been an ongoing issue in the centre and despite remedial repairs being undertaken in the past, the odour had returned at the time of this inspection. This was followed up with the person in charge who had already reported the issue and both verbal and written assurances were provided that this was being addressed by the registered provider.

The inspector met all four of the residents on the day of the inspection, and residents engaged with the inspector with staff support. Residents were observed freely accessing all areas of their home including their bedrooms, communal areas and the garden area during the course of the inspection. One resident walked to the recycling centre with staff. This was something that the resident enjoyed and they got to meet people who lived in their community.

The inspector also observed from residents personal plans that they were supported to keep in regular contact with family members. One resident was planning on attending a weekend family reunion trip in the coming months. Family members regularly visited the designated centre and were informed about the care and support provided to residents. For example; in relation to restrictive practices, a family representative was contacted every time a restrictive practice was reviewed to inform them of the reason for this practice. This meant that residents had support from a family representative about decisions.

During the walk around of the centre, the inspector discussed the restrictive practices that had been previously notified to the Health Information and Quality Authority (HIQA) with the staff and the person in charge. Two restrictive practices were being reported to HIQA, one related to an angel guard that was used on a safety belt for a

resident to prevent them opening the seat belt when the bus was moving. The other related to a kitchen door which was locked for short periods of time to prevent injury to a resident. There was a clear rationale why these restrictive practices were required.

However, the inspector observed that some restrictive practices had not been recognised as such and therefore had not been reviewed to ensure that they were the least restrictive measure. For example; the inspector found that the front door was locked at night time for security purposes and intermittently at other times during the day as reported by staff. This had not been identified as a restrictive practice. The residents in the centre were unable to open the front door without staff assistance. The inspector also observed a sensor alarm in one resident's bedroom which was used to alert staff when the resident (who was at risk of falls) was getting out of bed. This had not been identified as a restrictive practice in line with the registered providers own policies and procedures.

The inspector also reviewed a restrictive practice log that was maintained in the centre when the kitchen door was locked. A review of this log showed that on three occasions over the last few weeks, the door had been locked because there was only two staff on duty as opposed to three staff. This issue is discussed further in the next section of this report.

Each resident had a personal plan which included an up to date assessment of need and outlined supports they required to maximise their health and social care needs. Residents had access to allied healthcare professionals to support their needs. For example; in relation to their emotional wellbeing, a clinical nurse specialist was available to support residents with some behaviours of concern. Positive behaviour support plans were in place to guide staff practice and, they had recently been reviewed.

Residents had communication plans in place which detailed how they communicated their needs and emotions. For example; it was recorded how a resident may present if they were feeling unwell. The registered provider was also implementing more resources to ensure that residents were included in decisions about their care and support needs. Each support plan now had a section called 'how I make decisions' and included an example of using objects of reference for one resident to make a decision. However, this required more detail for each support plan to include details about the residents will and preferences in relation to the different supports provided.

On a daily basis the staff supported residents to access meaningful activities. Some residents liked to have these activities displayed in picture format to inform them what was happening next. Residents enjoyed varied activities including swimming, going to the local shops, drives, helping out with household chores, and meals out. Residents enjoyed gardening and had come second in a gardening competition. Annual celebrations were also organised for family gatherings, resident's birthdays or other significant events.

Staff were observed to be respectful and attentive to the needs of the residents and a staff member went through some of the residents' needs. Residents were informed

about the running of the centre. For example, by way of communicating with residents about the use of restrictive practices in the centre, easy read information had been provided to them such as social stories. Social stories can involve using pictures to help someone understand a particular issue. Restrictive practices were also discussed at residents annual review meetings which included the residents' family representatives.

Overall while residents appeared happy and content on the day of this inspection, some improvements were required with regard to the oversight and review of some restrictive practices in the centre.

Oversight and the Quality Improvement arrangements

At the time of the inspection the provider had introduced some initiatives in the wider organisation in an effort to promote an environment that maximised residents' independence and autonomy, and to reduce the need for restrictive practices.

Prior to the inspection, the person in charge had completed a restrictive practice self-assessed questionnaire. The inspector reviewed this document and found that the practices outlined within the document were for the most part, observed during the inspection. However, as stated in the previous section of this report, some improvements were required.

The registered provider had oversight arrangements for restrictive practices in this designated centre. There were two committees in the wider organisation who reviewed restrictive practices and human rights issues in the centre. The '*Governance of Restrictive Interventions Committee* (GRIC)' reviewed and approved restrictive practices used in this centre every three months. The '*Human Rights Committee*' also reviewed other rights restrictions. For example; the locked kitchen door was impacting on other resident's access to this room in the centre when it was locked. This issue had been referred to the human rights committee as it was considered a rights restriction. The inspector found that the committee had written back to a resident regarding the locked kitchen door and had deemed it a rights restriction, however, they had not outlined how this would be addressed for the resident in question. This needed to be reviewed.

The person in charge also demonstrated a commitment to reducing the need for restrictive practices. For example, restraint reduction plans were in place with a view to removing or reducing the restrictive practice. The inspector found that this had positively impacted on one resident as they no longer required a transport device on their safety belt.

The person in charge maintained a register to record when restrictive practices were used. For example; the date, time and length of time the kitchen door was locked was maintained to assure that it was only locked as a last resort. This register also recorded the impact (if any), that it had on the resident. However, as discussed earlier in this report, this locked door also impacted other residents in the centre, and staff did not record the impact this locked door had on them.

The person in charge maintained planned and actual staff rotas showing staff working in the centre. There were no staff vacancies at the time of the inspection. However, the inspector was informed that budget constraints had been introduced in the organisation which meant that if a staff member took unplanned leave, they may not be replaced in this centre. This had resulted in the kitchen door being locked more times than required over the last few weeks. This had not been risk assessed or reported to senior managers which meant that staff shortages had resulted in the kitchen door being locked. This did not assure the inspector that the registered provider was adequately planning and managing staff resources to support a restraint free environment.

The inspector also found that the person in charge and the registered provider were reviewing other practices in the centre which may be considered a restrictive practice. For example; one resident was prevented from eating a specific food due to an assessed risk. The person in charge was reviewing this with the team and allied health professionals as the resident was not happy with this decision. As a result of recent staff training on restrictive practices the registered provider was also now reviewing whether the practice of residents

not having direct access to their finances was also a restrictive practice that should be identified and reviewed.

Notwithstanding, as already outlined in the previous section of this report, some practices such as the front door being locked and the sensor alarm had not been recognised as a restrictive practice.

The person in charge had also prepared written risk assessments regarding the need for restrictive practices. Regular staff meetings were also held and restrictive practices were now a standing agenda item to discuss and review at each meeting to promote a restraint free environment for residents.

Additionally, the statement of purpose had recently been updated and outlined the care and support provided in the centre. A review of staff training records demonstrated that staff had received training in positive behaviour support, the management of violence and aggression and safeguarding vulnerable adults.

Overall, while the inspector found some good practices in relation to restrictive practices; some improvements were required to ensure that restrictive practices were identified, used only as a last resort, that the impact of restrictive practices on other residents was considered, recorded and actioned, that the policy on restrictive practices was updated; and that the residents' will and preferences (if known) were recorded about decisions around their care and support.

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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