



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

Issued by the Chief Inspector

Name of designated centre:	DC19
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	18 August 2023
Centre ID:	OSV-0005815
Fieldwork ID:	MON-0041132

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 18 August 2023	09:50hrs to 15:00hrs	Erin Clarke

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

This was an unannounced thematic inspection of the designated centre. It was intended 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 aimed to promote quality improvement in a specific aspect of care, in this instance, restrictive practices.

This designated centre provides full-time residential care which provides support to two residents with intellectual disabilities and complex needs. The centre is a ground-floor building with a layout for two separate apartments divided by an internal door. Each side of the centre has an exit door to the front and exit to the garden area.

The building is located on the grounds of a large congregated setting with several other designated centres, day services, and ancillary and office buildings. The centre was first registered in 2018 as part of a wider decongregation plan by the registered provider for its campus-based setting. Three residents moved into the existing building from a larger designated centre that, at the time, could accommodate 20-plus residents. It was acknowledged at that time that the residents required a lower stimulus environment to better suit their needs whilst also being able to avail of nursing care and on site supports.

This inspection was the fourth inspection of the centre since being operational, and the inspector found that the provider and management team had the living layout under constant review since residents moved in to ensure the best possible use of a small space and the varying needs of residents. The inspector met with both residents living in the centre, staff, the person in charge and the person participating in management (PPIM) during the course of the inspection.

While the centre was registered for three residents, only two residents had lived in the centre since February 2022. The inspector was informed by management that the maximum capacity of the centre would remain at two residents, as observed by layout changes by the inspector during the inspection. The rationale for two residents facilitated separate private and communal spaces, including living and dining spaces located at each end of a small corridor. Management also informed the inspector that the number of residents registered would be reduced at the renewal of the registration for the centre.

Part of the centre's operations, having been founded in recent years, and due to its smaller size was that historical customs and practices from the campus were not evident in the centre. For example, meals did not arrive from a centralised kitchen and were instead prepared freshly prepared in the centre. On a walk around of the centre, the inspector observed improvements had been made internally and externally to promote the unrestricted movement and enjoyment of residents.

For instance, one resident had transitioned to another designated centre within the campus due to changing needs the previous month. The inspector found that practicable accommodation changes had been made prior to the transition in order to

support the resident to remain in their home for as long as possible. A large shared accessible bathroom had an additional door installed, which allowed both residents to access the bathroom from their 'side' of the centre, which reduced noise impact on the other.

When the resident transitioned from the centre, another resident had been identified to move in, and they also transitioned from a larger designated centre on the grounds of the campus. The provider and the person in charge undertook another assessment of the environment to ensure it would meet the needs of the incoming resident. It had been identified that a kitchen was not fully accessible to the resident and, subsequently, the exit to the garden area. The person in charge spoke of the plans to redesign the kitchen, which had been approved for funding. The inspector met the resident on arrival at the centre. A previous entrance lobby to the centre that contained a small office had been changed to a relaxation area for the resident. The resident was listening to their radio in a comfy chair and greeted the inspector when they entered. The resident looked peaceful and told the inspector they liked their new home. From speaking with staff who knew the resident, the quieter environment was better suited to their needs.

The second resident, who had lived in the centre since 2018, had shown a preference to change bedrooms and their living space, which had been facilitated. The inspector viewed the outdoor area for the resident, which had been enhanced since the previous visit. The garden area had been fenced in, and a football net was purchased due to the resident's enjoyment of this activity. By redesigning the garden area, it allowed the resident to enjoy the security of open space without staff support as it created a natural boundary separating the centre from the larger campus grounds.

The resident was resting in bed when the inspector arrived at the centre. This resident attends day service on the campus with the support of one or two staff members, depending on the resident's assessed needs on that day. The inspector observed that the resident's morning routine preference was respected, whereby they did not like to be rushed or hurried. While the resident liked attending day service, they choose to attend at a time of their choosing. During day service closures for summer break, the resident and staff were able to continue accessing the day service building as it was important routine in their daily structure.

Restrictive practices were in place to support the reduction of behavioural incidents occurring and, overall, to ensure the health and safety of the residents; these included physical interventions. The inspector found there was a greater emphasis on rights reduction plans since the establishment of the reform restrictive practice committee and also recognition of existing restrictive practices not previously identified. For example, it was recently notified to the office of the Chief Inspector that one resident at times required 'low escort holds' by either one or two staff during the walk from the centre to the day service building. The inspector found there was good scrutiny by the committee in reviewing this previously undocumented restriction, and therefore, plans to reduce the restriction had been identified.

The inspector observed no environmental restrictions in place while walking around the centre, and none had been identified by the provider other than the planned premises works, including improving access issues. Two cupboards, one in either kitchen, had

locks in place but were no longer in use. Management removed the keys from the locks during the inspection to avoid ambiguity in the use of these presses. Residents were freely able to access food, snacks and drinks.

Each resident was provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. The plans included behavioural support plans and personal wellbeing support plans related to restrictive practices in use for the residents. Positive behavioural support plans included proactive and reactive strategies with a focus on support programmes and skills teaching. The personal wellbeing plans guided staff on how to support the residents and included information regarding the rationale for the restriction. The inspector observed that recent photographs of staff were taken using this restriction to ensure the least restrictive hold was being consistently implemented.

Staff working in this centre worked live nights, and part of the nightly duties involved conducting hourly checks on residents. It was unclear what clinical observations were being used or the decision-making process for this practice. The inspector found that improvements were needed to the personal plans in this regard, and this was to ensure that where a resident was subjected to nightly checks, there was a clear rationale for doing so, the resident had been consulted, and there was clear evidence of this process, including informed consent, in a communication format of preference to the resident.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high-quality, safe and effective services for the residents. All staff had been provided training relating to the management and de-escalation of behaviours of concerns. All staff were also due to complete positive behavioural support training by the end of August 2023.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Where relief or agency staff were required the person in charge endeavoured to ensure continuity of care.

Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were striving to ensure that residents living in the designated centre were supported to live lives that were as independent and restriction-free as possible. An organisational approach had been taken to review all current and existing restrictive practices in line with recently published guidance from the Health Information and Quality Authority (HIQA). Overall, the provider and person in charge demonstrated a reduction in restrictive practices and potential rights restrictions were considered and reviewed. However, to ensure the provider was in compliance with the National Standards for Residential Services for Children and Adults with Disabilities 2013, some further improvements were required.

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. The questionnaire's questions align with the themes and standards in the National Standards for Residential Services for Children and Adults with Disabilities (2013). This questionnaire was completed and returned to the office of the Chief Inspector within the requested timeframe.

The inspector reviewed this document prior to the inspection and during the inspection, along with the person in charge. It was self-identified by the person in charge that six of the eight themes were compliant, and two themes were substantially compliant. These were 'Responsive Workforce' for some outstanding training and 'Individualised Supports and Care' as it was recognised that one resident required an independent advocate for consent and supported decision-making purposes.

The inspector found that the document's findings were overall consistent with what the inspector observed during the inspection. However, 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. 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.

From speaking with management, it was recognised that some healthcare needs may require frequent checks while others did not, and it was something that been discussed as a potential rights restriction when reviewing information from a webinar recently delivered by the Health Information Quality Authority (HIQA) in preparation for the thematic restrictions. Management informed the inspector that this practice would be reviewed to ensure the privacy and consultation of residents were promoted and maintained.

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 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 which was to update the policy in line with national policy and

other relevant legislation, regulations and enactments. The inspector was aware that the policy was under review due to the changes that had occurred to the oversight committees and was due to be completed in quarter one of 2023; however, at the time of the inspection, the policy update had not been completed.

In the absence of this policy, however, the inspector found improved and strengthened processes for the review of restrictive practices had been implemented within the centre and overall organisation. From previous inspections in the centre, speaking with staff, and analysing recorded data, it was clear that the opportunity to live with fewer residents in a calmer, low-stimulus environment had a positive impact on residents, resulting in reduced behaviours of concern and, therefore a reduction in the number, frequency and duration of restrictive interventions for these residents.

The restrictive practice committee set up by the provider included allied healthcare professionals and members of senior management. Restrictive practice assessments were submitted to the committee on a quarterly basis. The group reviewed the assessments and, where appropriate, approved 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 and health and safety of residents were considered. The forms for completion to the committee were comprehensive in nature and required input from all staff that were known to the resident.

The six-month unannounced visit by the provider, a legally mandated audit as required by the regulations, included a section on restrictive practices. The last six-month unannounced audit completed in May 2023 made the recommendation that the person in charge and staff familiarised themselves with the then-recent publication from HIQA regarding the thematic inspections, self-assessment questionnaire and guidance. A link to this guidance was provided in the audit for ease of access for staff.

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.
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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

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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