



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

Issued by the Chief Inspector

Name of designated centre:	College Green Designated Centre
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	12 September 2023
Centre ID:	OSV-0005872
Fieldwork ID:	MON-0040743

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 12 September 2023	11:00hrs to 16:30hrs	Miranda Tully

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

This inspection was an unannounced thematic inspection of this 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 restrictions, environmental restrictions and rights restrictions. The aim of this inspection was to drive service improvement in such areas, for the benefit of residents.

The centre comprises two bungalows both of which are close to the centre of Kilkenny City. Each house sits on its own site with enclosed gardens. One house is registered for a maximum of five individuals, each having their own bedroom, and with three of these en-suite. There is a large and small sitting room, and a kitchen dining room, with a smaller quiet sitting room and a working or cooking kitchen separate to the kitchen/dining room. The other house is registered for five individuals also. It has five bedrooms, three of which are en-suite, a sensory room, a large sitting room, a kitchen, and a dining room.

The designated centre is registered to accommodate up to ten residents at any time, at the time of inspection there were two vacancies. The person in charge informed the inspector that there were planned transitions for the vacancies. During the inspection family and one resident visited one house in the centre and met with staff as part of their transition plan. The person in charge noted that the transition to the second vacancy was a short term plan with a view to finding a more suitable placement long term. Further consideration was required in terms of how this may impact on residents' currently living in the centre.

The person in charge accompanied the inspector on a walk around of the centre. The centre was seen to be homely and well-maintained. A painter was present in one bungalow at the time of inspection and the second bungalow was scheduled for painting and decorating as part of the provider's general upkeep and maintenance of the premises. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

While some restrictions were in place to support the residents' overall safety and well-being, the physical environment and configuration of the centre required review to ensure accessibility and promotion of a restraint free environment. For example, the garden in one house had a large slope which was not accessible to those with mobility needs, the kitchens in both houses were also small and did not allow for ease of access, in particular to those who use mobility aids. In addition, while residents had access to transport resources assigned to the centre, for some residents this required advance planning and organisation. During the walk around of the property, the inspector observed a keypad on the front door. While a push button had been installed to support residents' access, it had been located in an inappropriate location for use, preventing accessibility. For example, there was insufficient space for the door to open if a resident was using a mobility aid such as a rollator.

Where restrictions were in place and identified there were robust assessments in place for these and for the most part associated risk assessments had been completed. The assessment of risk required additional review as not all risks were clearly identified and the restrictive practice log required review to ensure it was reflective of all restrictions. This had been recognised and identified by the provider in an unannounced six monthly audit. A protocol for the use of the restrictive practice was in place to provide guidance for staff. There were some restrictions in place for individuals that were prescribed by the appropriate health and social care professional to ensure individuals were supported to maintain health and functional movement as much as possible. These included lap belts on wheelchairs and bed rails for use at night. Consent for the use of these was clearly documented. The provider as part of their focus on the area of restrictive practices was looking at systems to ensure that residents were asked on a regular basis that they were still happy they understood the reason for use and wished them to be in place.

During the inspection the inspector had the opportunity to meet with the residents and staff on duty. Not all residents used verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. However, the inspector reviewed the most recent annual review which contained feedback from residents on the quality and safety of care provided. Resident's views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. Staff were very familiar with all the residents' communication styles and cues including gestures, facial expressions and vocalisations. On the morning of the inspection, one resident was attending an appointment at the time of inspection. The inspector had the opportunity to meet with the resident on their return. The resident had an interest in wildlife and nature. A number of measures had been taken to support the resident with this, such as placing a bird feeder on their window and close to parts of the home where they enjoyed to relax. Other residents were seen to enjoy the company of staff singing songs, having tea and or enjoying a massage. Residents in one house spoke to the inspector about a trip they enjoyed the previous day at the pictures. Staff also spoke about additional activities residents enjoyed such as football, locals walks in the park and bingo.

The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions. They were jovial in their interactions with residents and were observed engaging in activities relevant to their likes and dislikes.

Families played an important part in the residents' lives and the person in charge and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis.

Oversight and the Quality Improvement arrangements

The provider did have systems in place for the review and monitoring of restrictive practices. These were outlined in the provider's current policy which had been recently reviewed and updated in 2023. In addition the provider had been developing their oversight processes and standardising their approach for the assessment and review of restrictive practices.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical, environmental and rights restrictions. These standards and the questionnaire was divided into eight specific themes. The provider completed and submitted the self-assessment for review in advance of this inspection.

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.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge was supported in their role by a deputy manager. From conversations with the person in charge and deputy manager, it was evident that they were very aware of what constituted best practice and they were endeavouring to ensure it in this designated centre.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. However, a sample of the roster identified a dependency on agency staff with 14 different agency staff members allocated in one month period.

The provider had ensured regular audits were taking place within the designated centre. The inspector reviewed the six monthly unannounced audits, annual review and other local audits that were completed and found that consideration of restrictive practices and risk management formed part of these. There was also evidence of information and learning shared between centres and between persons in charge.

There was a restrictive practice policy in place which had been reviewed in the six months prior to the inspection. As a follow on from a review of the policy and their processes the provider was rolling out a system for incident reviews and management of risk. A new online risk management system was in the process of implementation at the time of inspection. The assessment of risk within the centre required additional review as not all risks were clearly identified and the restrictive practice log required review to ensure it was reflective of the restrictions in use. This had been recognised and identified by the provider in an unannounced six monthly audit.

A restrictive practices committee had been established. The committee met every three months and consisted of members of the senior management team, social workers and behaviour specialists.

Overall, it was evident that the provider, person in charge and staff team were committed to ensuring a good quality of life for the residents in this centre. Improvements were however required in the management of restrictive practices.

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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