



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

Issued by the Chief Inspector

Name of designated centre:	Oakridge
Name of provider:	St. Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	18 September 2023
Centre ID:	OSV-0001853
Fieldwork ID:	MON-0040625

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
Monday 18 September 2023	08:30hrs to 14:15hrs	Tanya Brady

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

This 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, environmental and rights restrictions. The aim of this inspection was to drive improvement in such areas for the benefit of the residents. Overall, the inspection found that residents living in this designated centre were being supported to engage in activities that maximised their independence in their daily lives.

This designated centre was comprised of a two-storey premises located at the end of a quiet cul-de-sac on the outskirts of a large town. Four residents lived in this house with the support of staff. Each of the residents had their own individual bedroom on the first floor. Three residents had shared access to a bathroom and one resident had an en-suite bathroom. On the ground floor was a kitchen-dining room, sitting room, utility room and staff office/sleepover room.

The inspector met with two residents living in this designated centre. One resident was on a short break with family and not present. They regularly spent time with family and had time away from the centre. One resident chose to remain in their room as they were enjoying a lie-in and later chose not to engage with the inspector which was respected. On arrival to the house in the morning a resident greeted the inspector at the door. This resident was going to their day service and explained they went in the car and a staff member from the day service collected them. The resident looked at the inspector's identification card and then introduced them to the staff member present. The inspector observed the resident gathering their belongings and putting them into the car to get ready for their day with minimal support.

This resident told the inspector that they liked their house and enjoyed going to the day service. They worked in the provider's canteen as part of their weekly routine and having this employment role was important to them.

Another resident met with the inspector in the house before they also left to go to their day service. They explained that they had packed their lunch the night before and had a drink ready to take. The inspector asked if they also had a lift and the resident said that they either walked independently or took public transport which they liked. This resident goes to their day service on two days a week and has paid employment on three days a week. The inspector explained the inspection was about restrictive practices and the resident stated that they knew about this. They told the inspector that they were a member of a group called 'STAG' which was the provider's advocacy group. They represented their peers at this and had discussions on their rights and on the use of restrictive practices.

Staff outlined to the inspector that the other two residents also attended day services and did some volunteer work. One resident was currently developing their curriculum vitae to look for a paid position in a local shop. Later in the day the inspector also saw a number of certificates for residents detailing that individuals also engaged in

education and training opportunities. These included adult literacy awards, food hygiene courses or manual handling training. Access to these classes was to support the residents in attaining skills required to enter the workforce as they wished to.

One resident who lives in this centre spends time on their own unsupported by staff and the person in charge outlined some of the training and assessment process that were completed in order to facilitate this. These included fire safety awareness or stranger danger training. The provider had CCTV (closed circuit television cameras) installed outside the front door with a live picture on the television in the kitchen. This had been installed to allow the resident observe who was at the door before opening it. It was discussed on the day of inspection that the location of the television screen resulted in everyone in the kitchen having full view of residents as they engaged with neighbours or friends outside their home. To protect residents' right to privacy the location of the screen could be considered and the person in charge was to discuss same with residents and with the provider's oversight committee.

A second resident had also been offered the opportunity to spend short periods of time in their home, unsupported by staff. They had also engaged in some educational supports but they choose not to be at home without staff present. The staff told the inspector that they had discussed the resident's choice during a staff meeting, as they felt it was possibly restrictive for them to be in the house, given that the resident could have stayed alone. However, following discussion the person in charge and staff advocated for the resident's right to make a decision regarding levels of support they wished to receive.

The person in charge and staff also explained that the residents have their own medication safes in their bedrooms and have had assessments completed to determine the levels of support that may be required to self-administer their medicines. Two residents collect their own medication at the pharmacy, arrange their prescription and administer their own tablets. While the provider and person in charge have safe oversight mechanisms in place the residents are supported to be as independent as possible. The other two resident continue to receive support and are developing their skills to take on aspects of this process as far as they wish to. For these residents they now can collect their own medicines from the pharmacy.

It was evident from speaking with the residents and observing their interactions together and with staff that they were supported to engage in activities of their choice. This included maintaining their independence, relationships and roles within their homes and community. There were many examples of this. Residents engaged in their own food preparation or assisted staff to prepare meals. Residents shared some household chores and took pride in their home. For one resident the use of household appliances such as the dishwasher and the washing machine formed part of a positive behaviour support plan. The resident liked to have full control of these appliances and this potentially restricted access to these activities for others who lived in this house. The person in charge supported by the behaviour support therapist had initially begun with setting a schedule of use for the washing machine with one resident having set times/days which better allowed them to manage possible anxiety with having access to the machine at all times. This also allowed other residents flexibility to use the washing machine as needed on other days. For the dishwasher

access to this had been discussed with all residents in the house and three individuals had consented to not use the dishwasher when one resident was present. This was discussed on the day of inspection as being an area that may benefit from further review as while the residents had consented to not freely using the dishwasher this did not negate the possibility of it still being restrictive and requiring review.

On display in the kitchen-dining room of the house were residents' visual goal boards where they had created canvas artwork that illustrated areas they were interested in. Residents were busy and active in their community and the provider had allocated sufficient staff support at different times of the day or at weekends to ensure residents could engage in activities they enjoyed. The residents went swimming, took aqua-aerobics classes, played soccer or Bocce. They enjoyed eating out, going to mass, to the cinema or to the local pub in particular on nights when there was music.

All staff spoken with during the inspection were aware of risk assessments in place for each individual they were supporting. Ongoing review was also evident. Staff explained that where there had been an increase in peer to peer arguments late in the evening the provider had added two hours of staff support to the roster that resulted in a reduction of the risk for a lone staff member and in increased opportunities for residents to engage in personalised activities. Staff spoke of the resident who walked or took public transport independently to their day service or employment.

Residents were supported to actively engage in advocacy and house meetings regularly. Residents were provided with information on a number of topics including their human rights, privacy and complaints. They were provided with information in easy-to-read format and supported to make choices about their routines. While residents were aware of their right to make a complaint, they had chosen not to make any as there were no reported issues at the time of this inspection.

The provider reported that there were no restrictive practices used in this designated centre. All residents have their own front door keys and can enter and leave the premises as they wish. In addition residents have keys to their personal bedrooms and can choose to lock these if they wish to. The staff office was not locked however, there were some locked presses in the office that contained residents' personal information. These were locked to ensure resident privacy and had been discussed with residents. It was a service wide decision not to consider these presses as restrictive and this was discussed by the provider. It was discussed on the day that while residents may request privacy for their personal information they could not freely access these either. Residents who spoke to the inspector outlined the arrangements in place for them to have access to their finances, which included money being kept in a locked press in their bedroom. All residents were supported to have money available to them as per their expressed wishes. Staff were also familiar with individual preferences relating to the management of personal finances when speaking with the inspector.

In summary, staff members on duty were observed to be very caring, professional, and respectful in their interactions with residents. They were familiar with individual preferences. Residents spoken with reported they were very happy in their home

and with the support provided by the staff team. They were offered choice in their daily lives and encouraged to engage in personal interests and activities independently or with minimal staff support as per their expressed wishes.

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

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 – Rights protection; June 2023 and were also identified and outlined in the Quality Policy statement. The inspector was informed that the limited access to the dishwasher for example had not been regarded as a restrictive practice by the provider. This was in part as the residents had consented to the practices in use in the centre. However, the providers' policy stated "6.4additionally an individual's right should never be restricted as a result of another person's behaviour". This decision was scheduled for further consideration by the provider with the rationale for the outcome documented.

The inspector acknowledges that the provider's systems for oversight and review of restrictive practices were being newly implemented and as such were not yet fully embedded into practice. This had been considered by the provider as part of their overarching risk assessments and reviews of their service. Specific decisions on restrictive practices such as the locking of presses in open offices were service wide and the inspector acknowledges had been identified and raised for discussion in the providers 'Individualised Support Committee' (ISC) meetings.

The provider's ISC meetings also performed the role of human rights review in addition to their review of restrictive practices. There were systems in place for the assessment of newly identified restrictive practices in addition to review of ongoing practices. There was a clear pathway for a meeting to be convened at short notice should there be an unplanned or emergency use of a restrictive practice.

In advance of this thematic inspection the provider was invited to complete a self-assessment questionnaire intended to measure this centre's performance against the 2013 National Standards as they related to physical, environmental and rights restrictions. These standards were divided up into eight specific themes in the questionnaire. The provider completed and submitted the self-assessment for review in advance of this inspection. Overall, the completed questionnaire suggested a high level of compliance with the National Standards, reporting that the requirements of seven of the eight themes were met. The provider despite a positive response to the self-assessment had also determined that there was a requirement for a quality improvement plan in this designated centre regarding restrictive practices.

The provider had ensured that this centre was fully staffed at the time of the inspection with no vacancies on the staff team. Additional staffing resources were provided when required to support individual residents. In addition, all staff had attended training in human rights and managing behaviours of concern. The person in charge had access to a system to assess staff knowledge in relation to restrictive practices as part of their supervision and oversight of the quality of care and support. The staff on duty demonstrated a good awareness of what restrictive practices were during the inspection. They spoke of how they supported the will and preferences of residents in choices being made. Individual and group activities were supported. One staff member had taken responsibility to create a poster that gave information on

restrictive practices. This was seen by the inspector and was clear and concise in the description and guidance related to restrictive practices. This poster had been laminated and was on display in the staff office for guidance.

As part of the provider's systems to ensure ongoing oversight there were regular audits taking place in the designated centre. The inspector reviewed the annual review and the last two six monthly unannounced audits. The auditors reported no restrictive practices were in place currently and evidenced the removal of a previous restriction that had been reported that of a window restrictor. The auditors also reported that all staff had attended or were scheduled to attend training in managing behaviours that challenge. Behaviour support plans were in place where required with input provided from the behaviour support team.

In summary, the residents living in this designated centre were supported to engage in activities in line with their expressed wishes either independently or with minimal staff support. The provider was developing comprehensive and robust oversight systems that were still being embedded consistently into practice.

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.

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use 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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