



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

## Issued by the Chief Inspector

Name of designated centre:	Osprey Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	03 August 2023
Centre ID:	OSV-0003652
Fieldwork ID:	MON-0040618

## 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 environmental<sup>1</sup> 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

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<sup>1</sup> Chemical restraint does not form part of this thematic inspection programme.

limiting a person’s access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

## About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

**This unannounced inspection was carried out during the following times:**

Date	Times of Inspection	Inspector of Social Services
Thursday 3 August 2023	10:00hrs to 15:30hrs	Raymond Lynch

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

Residents enjoyed a good quality of life and were facilitated to lead lifestyles of their choosing. Systems were in place to ensure they were supported to stay safe and their home was observed to be comfortable, warm and welcoming.

The service provided full-time residential care and support to four residents comprising of a detached bungalow beside a beach and golf club in Co. Louth. Each resident had their own bedroom (one ensuite) and there was a large sitting room, a sun room, a kitchen cum dining room and communal bathroom. While some environmental restraints were in place to support the residents overall safety and well-being, the physical environment and configuration of the centre mainly supported the provision of a restrictive free environment.

The inspector met with all four of the residents on the day of the inspection, and one resident invited the inspector to see their room. Their room was observed to be decorated to the individual style and preference of the resident and they said that they loved living in the house. They appeared in very good form and informed the inspector that they had been out with staff earlier in the morning at an appointment and had an ice-cream and drink on the way back. The inspector also observed that the resident had chosen for themselves which staff member they wanted to accompany them to their appointment and this request was facilitated by the service.

In general the residents were supported to live their lives to the full with some minimal environmental restrictions in place to support their safety. For example, one resident liked to walk freely around the garden of their home as they liked to keep the external part of the premises tidy and enjoyed the garden. However, the resident had a specific medical condition and in order to ensure their safety, staff needed to be aware of their whereabouts at all times. A staff member spoken with informed the inspector that this issue had been discussed and reviewed so as to ensure the least restrictive measures were put in place to promote the residents safety while at the same time respecting their will and preference. Rather than lock the front door of the house it was agreed to place a wind chime in the hallway. This meant that when the resident went outside, the wind chime alerted staff that they were in the garden and staff ensured to keep an eye on the resident and provide support if needed. The assistant director of nursing (ADON) informed the inspector that this environmental restriction enabled the resident to use their environment freely and safely. It also meant that there was no need to lock the front door of the house.

This environmental restriction had also been reviewed by the organisation's equality and rights committee and they were satisfied that the intervention was supporting the resident's right to move freely about their home whilst at the same time ensuring they were safe. The resident was also informed and involved in this decision. For example, staff had developed a social story (in pictorial format) for the resident so as to explain the reason for the use of this intervention. Key working meetings were also facilitated with the resident to further explain why the intervention was put in place and it appeared the resident had no issue whatsoever regarding the use of the wind

chime. Additionally, the ADON informed the inspector that going forward, residents care plans were going to be updated to better reflect their will and preference throughout, to include information on how they make their own decisions and how they would consent to any intervention proposed or used.

Another resident at risk of falls, liked to spend time on their own in their bedroom relaxing and watching television. In order to ensure the resident's privacy and dignity was respected and to ensure their safety, a bell was placed in their room so they could call staff when they required support. However, at times the resident could forget to use the bell, so the service had to think of additional interventions to ensure the resident's safety while in their room on their own. Rather than staff checking on the resident every few minutes it was agreed to place a sensor mat in the room so if the resident attempted to stand on their own, this mat would alert staff they needed support.

Again, this intervention was reviewed by the equality and human rights committee and it was agreed that it facilitated the resident's will and preference to spend time on their own in their room, while at the same time ensuring they were safe. A social story had also been developed to explain and inform the resident of the reasoning behind the intervention and key working sessions were also facilitated with them to further discuss and explain the implementation of the bell and sensor mat system. The inspector observed from viewing a sample of key working notes that the resident indicated they felt safer and were happier since the sensor mat was put in place.

Residents were not subject to any physical interventions or restrictions in the centre and any environmental restrictions in place were clearly documented, assessed and reviewed.

Each resident had a personal plan which detailed their needs and outlined supports they required to maximise their personal development. For example, in line with the changing needs of residents, they had all been supported to retire. However, they lived full and meaningful lives and enjoyed a number of community based activities. For example, residents liked to avail of short holiday breaks, day trips, walks on the beach, meals out, go to the cinema, go to concerts, and go for drives. On the day of this inspection staff were supporting one resident to arrange a celebration for their birthday (which was the day after this inspection). The resident's will and preference was respected with regard to these celebrations which consisted of a themed night out based around a trip to the cinema.

Residents has various verbal communication preferences and it was clear that staff on the day of this inspection, could understand them and support them to communicate with the inspector. Residents were supported to express their views in many ways including day to day interactions with staff, resident meetings and key worker meetings. Additionally, easy to read information on rights, advocacy and environmental restrictions were available (in pictorial format for those that required it).

The inspector reviewed a sample of feedback from both residents and family representatives on the quality and safety of care provided. Overall the feedback was

positive and complimentary. For example, all residents reported that they were happy in their home, happy with the menu options available to them, happy with the visiting arrangements in place, happy their individual choices were respected and happy with the variety of activities they engage in. They also said that staff were very supportive and they had no complaints about the service.

Feedback from family representatives was equally as positive. All family representatives reported that staff were friendly and efficient, the service met with their expectations, they would recommend the service to others and overall, it was excellent.

A family member spoken with over the phone (on the day of this inspection) also reported that their relative was settled, happy and secure living in this service. They also said that their relative had a very good social life, staff were very good, they looked after the residents' very well, and the atmosphere in the house was family orientated. They said that any intervention in place for their family member such as, a sensor mat was needed and used only as a measure to ensure their safety. They said staff were very aware of their relatives support needs and, their relative was very happy in their home.

It was observed that staff has a good knowledge of residents assessed needs and on how to engage with them in accordance with their communication preferences. There was a positive and person centred relationship between residents and the staff on duty and, a number of the staff had worked in the centre for many years which promoted continuity of care for all residents. There was also suitable staffing arrangements in place with the appropriate knowledge to meet the needs of residents. For example, there were three staff available during the day and one waking night staff.

Staff had also undertaken a suite of in-service training to include training on capacity legislation, consent, safeguarding and positive behavioural support. While not a mandatory requirement by the organisation, some staff had also taken it upon themselves to undertake and complete a four module course on human rights. The inspector observed over the course of this inspection that staff were respectful of the will and preference of the residents and ensured that where any intervention was in place to promote their safety and well-being, it was the least restrictive. Staff spoke about the importance of residents having the right to move freely about their home or having the right to privacy and dignity in spending time on their own in their bedrooms. However, they also spoke about and were aware of the safety measures/interventions in place to ensure the residents rights to freedom of movement and privacy and dignity in their home were respected and promoted.

## Oversight and the Quality Improvement arrangements

The management team and staff were committed to ensuring that the residents in this service were supported to live lives of their choosing and as free from restrictions as possible. This inspection found that the provider was meeting the requirements of the regulations in relation to restrictive practice and were striving to meet the associated requirements of the National Standards for Residential Services for Children and Adults with Disabilities 2013.

The service had a 'Restraint Reduction' policy in place which was to ensure that the residents were as free in their choices, movement, and activities as they wished to be. The policy also highlighted that the risk of harm to residents must be considered, managed and prevented as far as reasonably practicable without the need for using restraint. The inspector observed that at the time of this inspection, this policy was under review and due for publication in September 2023. Additionally, it was underpinned and influenced by capacity legislation and, the concept of the '*will and preference*' of the residents.

In general, the service was promoting a restraint free environment and there were effective systems in place to ensure that restrictive practices were accurately recorded, monitored and regularly reviewed. The person in charge had completed a self-assessment questionnaire in preparation for this thematic inspection. This self-assessment was found to be reflective of what the inspector found on inspection.

There was also strong governance arrangements in place for the oversight and on-going review of the use of restrictive practices. For example, any restrictive practice in use in the service had been referred to the governance of restrictive interventions committee and/or the equality and human rights committee for review and agreement. The person in charge and ADON also met on a monthly basis to discuss and review any issue and/or development relevant to the centre. This included a review of any restrictive practice in use. Additionally, all persons in charge across the organisation kept a record of all restrictions in place and emailed these to the ADON on a monthly basis. This process supported the ADON to analyse trends and/or changes to the use of restrictive practices at organisational level and seek clarification and/or review on same from individual designated centres where required.

Weekly meetings between persons in charge and members of the senior management team were also ongoing. At these meetings any new organisational developments or policy initiatives were discussed and, relevant education and training provided to persons in charge. For example, at a meeting in June 2023 a qualified professional presented information on restrictive practices to include the guiding principles on preventing the need for restrictions. The ADON explained to the inspector that the updated policy on restraint reduction will also be reviewed and discussed at one of these meetings and, the learning the persons in charge take from this review and discussion would be shared with their staff teams at the next scheduled staff meeting.

All restrictions in use in this centre were clearly documented along with the reasons as to why they had been implemented. Additionally, there was no emergency use of restrictive practices or interventions in the centre. Positive behaviour support plans where required, focused upon support programmes and included proactive and reactive strategies however, it was observed that the environmental restriction in place in this service were not used in relation to behavioural issues, but more so to promote residents rights to autonomy, independence, privacy and dignity, while at the same time supporting their safety and wellbeing.

Staff had training in capacity legislation and consent. Additionally, some staff had training in human rights and examples how they used their training to enhance the quality of life of the residents was provided in the first section of this report *'What the inspector observed and residents said on the day of inspection'*.



## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
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>

<b>Theme: Responsive Workforce</b>	
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>

<b>Theme: Use of Information</b>	
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>

<b>Theme: Health and Wellbeing</b>	
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4.3	The health and development of each person/child is promoted.
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