



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

Issued by the Chief Inspector

Name of designated centre:	Nagle Adult Residential Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 December 2023
Centre ID:	OSV-0004475
Fieldwork ID:	MON-0041315

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 5 December 2023	11:20hrs to 15:30hrs	Conan O'Hara

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

Overall, the finding of this inspection was that the residents living in this designated centre were in receipt of a quality service. The inspector found that the service in general had good systems in place for the oversight and management of restrictive practices. However, due to the changing needs of the resident group, the staffing arrangements in place required further review to ensure the designated centre had sufficient resources to support the residents to engage in their routine and support residents choices.

Nagle Adult Residential Service is a detached bungalow with an adjacent apartment located in a rural setting in County Tipperary. The designated centre is home to five adults with a disability on a full-time residential basis. The detached bungalow was home to four residents and consists of four individual bedrooms (one of which is an en-suite), a staff bedroom, a kitchen/dining room, living room, shared bathroom and staff office. The adjacent apartment was home to one resident and consists of an en-suite bedroom and kitchen dining area. It is within driving distance of the local village and local amenities such as shops and takeaways. At the time of the inspection a vehicle was available to support residents to attend services and access the local community.

The inspector completed a walk-through of the centre and found that the house was generally well maintained and decorated in a homely manner. Resident bedrooms were personalised with pictures of people important in the residents' lives and their personal possessions.

The inspector had the opportunity to meet the three residents living in this centre over the course of the inspection. Some residents used alternative and augmentative methods to communicate with the inspector. The inspector also spoke with management and staff of the designated centre, reviewed documentation and observed the interactions and support provided to residents during the day.

On arrival, three of the residents were in the sitting room preparing for the day. One resident was preparing to attend an appointment in the community while the other two residents were engaged in table top activities. Two other residents were attending day services at the time of the inspection. Residents were observed spending time in the sitting room and kitchen throughout the inspection engaged in activities meaningful to them.

In the afternoon, the resident returned to the centre from their appointment and showed the inspector their bedroom. The resident discussed their previous

involvement in the Special Olympics and books they were interested in. Overall, the residents appeared comfortable in their home and in the presence of the staff team. The inspector observed caring, pleasant and respectful interactions between the residents and the staff team.

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

Oversight and the Quality Improvement arrangements

Overall, there was a clearly defined management system in place which ensured a good level of oversight of care and support in the designated centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was also responsible for two semi-independent living houses.

The provider had systems in place for the identification, assessment and review of restrictive practices. The provider had a Human Rights policy which outlined the process for managing restrictive practices which was available for review. The policy outlined the process for identifying and reviewing restrictive practices. The inspector was informed that a specific policy on restrictive practices was in the process of being drafted to complement the Human Rights policy.

There were a number of restrictive practices in use in the designated centre including an electric gate, a falls detector, the use of plastic Delph, bedrails and bed mats to alert of seizure activity. These restrictive practices were reviewed by the provider's Human Rights Committee. The inspector reviewed a sample of records in relation to restrictive practices and found that the identified restrictive practices had been reviewed. The provider had also recently identified additional restrictive practices and had made referrals for review by the Human Rights Committee.

The provider also had other means to monitor restrictive practices in use in the centre. These included quality assurance audits such as the annual review and six-monthly provider unannounced visits. The inspector also reviewed a sample of staff meeting minutes and found that restrictive practices were discussed.

The staffing roster demonstrated that the five residents were supported by two staff during the day. At night two staff supported the residents, one on waking night shift and one on sleep over. The person in charge, who was also responsible for two semi-independent living centres, may at times also be available to support residents during the day. The inspector found that the staffing arrangements in place required further review due to the changing support needs of the resident group.

For example, a recent change in support needs for one resident meant that they required 2:1 support for aspects of their daily life including personal care and transfers. The inspector was also informed that due to the resident's assessed needs they had not left the centre for a number of months. At times, this had a negative impact on the staffing resources available to support the choices and preferences of the other residents.

At the time of the inspection, during the day one resident attended a day service five days a week, two residents attended a day service part time for one or two days a week and two residents were supported from home. The inspector was informed that one resident, who attended day services two days a week, was planning to retire in December 2023. This upcoming change in day service provision would also impact on the staff teams ability to support the choices and preferences of the resident group.

Overall, the staffing arrangements required review in order to ensure that the designated centre had sufficient resources to support the residents to engage in their routine and support residents' choices. While there was evidence that the provider had previously increased the staffing levels in the last number of years and had arrangements at the weekends to support two residents visit family members, the provider had also self-identified this an area of concern in the last two provider six-monthly audits dated October 2023 and March 2023. The audits noted that due to the changing needs of the resident group, resident choices are limited and a third staff member would be beneficial to access the community more frequently. There was evidence that the provider had submitted a number of business cases to their funder regarding increased staffing in May 2023.

The inspector reviewed a sample of staff training and found that some improvement was required to ensure all staff had up to date training in de-escalation and intervention techniques. The provider had also completed a training needs analysis and plans were in place to support the staff team to complete training in restrictive practices, assisted decision making (capacity) act and human rights.

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 restrictions, environmental restrictions and rights restrictions. These standards and the questionnaire was divided up into eight specific themes. This self-assessment was completed and submitted for review in advance of this inspection.

Overall, the completed questionnaire suggested progress towards the National Standards. The self-assessment suggested that a quality improvement was required in relation to:

- developing a restrictive practices policy to complement the human rights policy,
- ensuring up-to-date staff training in de-escalation and intervention techniques,
- supporting additional training in restrictive practices and human rights,
- capturing the will and preference of the residents in regarding the use of restrictive practices,
- and, that data recorded is used appropriately to monitor progress in relation to the use and promote the reduction 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.

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	
------------------------------------	--

4.3	The health and development of each person/child is promoted.
-----	--