



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

Issued by the Chief Inspector

Name of designated centre:	Coolnevaun
Name of provider:	St John of God Community Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	07 November 2023
Centre ID:	OSV-0002879
Fieldwork ID:	MON-0041898

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 7 November 2023	10:00hrs to 15:30hrs	Karen McLaughlin

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

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

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.

The centre consisted of a large bungalow situated on a small congregated campus setting in Co. Wicklow. The building provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes and preferences.

The inspector observed no environmental restrictions in place while walking around the centre. Doors were observed to remain open throughout the course of the inspection making the communal areas accessible to all residents.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Residents were observed to be supported by staff who knew them and their individual needs well.

There was a welcome folder at the entrance to the centre which contained accessible easy read information about the designated centre including information on advocacy, the complaints procedure and the centre's most recent annual review.

During the inspection the inspector had the opportunity to meet with some residents and staff on duty. Residents did not use 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. Residents' views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here and were happy with the amount of choice and control in their lives.

The inspector asked how residents indicate choice and preference and was told that staff are very familiar with all the residents' communication styles and cues including gestures, facial expressions, body language and vocalisations.

Residents were observed smiling, making eye contact, gestures and verbal interactions with staff during the course of the day to express their choices and personal preferences.

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.

Staff were also in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspector during the course of the inspection.

The inspector saw that there was information available to the residents to support their communication including visual rosters, a visual activity board and social stories. One staff member explained how residents are supported to communicate with family members and friends who visit. There was a photo memory wall at the entrance to the premises beside the conservatory, that was updated weekly so that visitors would know what recent events/activities the residents had participated in and could therefore use as a conversation starter.

Residents enjoyed a good quality of life and were facilitated to lead lifestyles of their choosing. The inspector saw staff using visual supports with some of the residents to ensure that they were informed and supported to make choices. The inspector was shown a tablet used to take photos and record videos of activities for residents to scroll through and reminisce. Activities recorded on the device included birthday celebrations, a fancy dress party, music and karaoke sessions, a dance class and a drumming class.

Residents were provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. The plans reflected the residents' right to exercise choice in their lives. Meaningful activities and engagement was considered throughout the care and support plans reviewed by the inspector and included a social activity assessment and goal planning in consultation with each resident.

As a result, residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the course of their day. For example, On the day of the inspection, two of the residents were heading out to use a hydrotherapy pool. Another resident was at her day service, returning in the evening before the inspector left. Two other residents were watching TV and another resident was enjoying relaxing in the conservatory.

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.

Furthermore, families were consulted for feedback in the provider's most recent annual review and they reported they were satisfied with the quality of care and support provided in the centre saying 'the staff are wonderful' and the centre has a 'lovely set-up' with a 'very relaxed atmosphere, very welcoming'.

There were some environmental restrictions implemented within the centre, namely the use of bedrails and bed bumpers. The restrictive practices in use in the centre

which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were reviewed every quarter and reduction plans were in place where agreed upon, in line with residents' assessed needs. Each of these restrictive practices had an accompanying risk assessment to substantiate and justify the rationale and risk they managed. It was also evidenced that they were implemented for the least amount of time possible and only to manage the specific risk identified. It was evident that every effort was made to provide residents with information, to seek their consent and to keep them informed about their care, including any restrictions in the centre.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection. The care provided was effective in ensuring that residents were living in an environment and home that was as restraint free as possible with due regard to their health and safety and assessed needs.

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 free from restrictions as much as possible. 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.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge was suitably qualified and experienced and had sole oversight of the designated centre. They were supported by a programme manager who in turn reported to a regional manager. From conversations with the person in charge it was evident that they were very aware of what constitutes best practice and they were endeavouring to ensure it in this designated centre.

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. This questionnaire was align with the themes and standards in the National Standards for Residential Services for Children and Adults with Disabilities (2013). This questionnaire was completed by the person in charge and returned to the office of the Chief Inspector. The inspector reviewed this document prior to the inspection and also during the inspection and found that all practices outlined within the document were consistent with what the inspector observed during the inspection.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. Resources in the centre were planned and managed to deliver person-centred care. A high staff to resident ratio was maintained in the centre, which ensured resident's specific person-centred support needs were met in line with their assessed needs.

Staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference. Staff were found to be knowledgeable of what constituted restraint and restrictive practices.

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. In addition to mandatory training, specific provider led training had also been provided in relation to restrictive practices. All staff had received training in human rights. From what the inspector observed and what residents and staff communicated, this training was used to enhance the care and support provided to residents.

The provider had put in place a number of policies and guidelines for staff to ensure that they were familiar with the provider's culture and procedures regarding restrictive practices and human rights. These policies included a restraint reduction policy, complaints policy and policy on equality and human rights. The restrictive practice policy was currently under review and contained a positive behaviour support framework. Restrictive practices were viewed from a human rights approach which provided guidance on when and why such practices should be considered.

The provider had a number of committees to support them in having oversight of restrictive practices in this region. These committees included an equality and human rights committee and a mechanical restraints committee. There were plans in place to establish an environmental restraints committee. The committees were made up of staff members from the provider's internal staff team as well as external staff from other providers and agencies. Committee members also included residents, family members and multi-disciplinary team members where required. The inspector was informed that committee members had received additional training and that there were clear local operating procedures and policies to guide them in their work.

The restrictive practice committee met every three months and consisted of members of the senior management team, social workers, psychologists, speech and language therapists, occupational therapists and behaviour specialists. This initiative was in place across the organisation to try and reduce the number of restrictions in the designated centres.

It was evident that residents were being supported to engage in meaningful and motivating activities and that every effort was being made to promote residents' rights to living in a restraint-free environment. The provider, person in charge and the wider staff team promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their homes. Additionally, there was no emergency use of restrictive practices or interventions in the centre.

There were procedures in place to protect the resident from abuse. Allegations of abuse were reported, documented and responded to in a timely manner and in line with statutory frameworks. Safeguarding plans were implemented where required.

Overall, the inspector found that in this centre, each resident's right to autonomy, independence, privacy and dignity was promoted, while at the same time supporting their safety and wellbeing. The result being that the residents of this centre were in receipt of a good quality and safe service that was upholding their human rights.

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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