



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

Name of designated centre:	St John of God Kildare Services - DC 13
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	06 September 2019
Centre ID:	OSV-0002964
Fieldwork ID:	MON-0027443

## 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	Inspector of Social Services
06 September 2019	Andrew Mooney

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

During the day of inspection, the inspector met with four residents living in the centre and spoke with three of them. From speaking with these residents and from what the inspector observed over the course of the day, it was very clear that residents were happy and content in their home. Residents were facilitated to engage in activities that were meaningful to them and were not restricted unnecessarily and this enhanced their quality of life. Residents told the inspector they were very happy with the people they lived with and they loved their home.

The centre provides residential care to seven adults. The centre consisted of two separate bungalows, located very close to each other. The first bungalow supported three residents, each with their own bedroom, a sitting room, kitchen-diner and communal bathroom. This part of the centre had been adapted with visuals to support a resident with their assessed need. The second bungalow supported four residents, each with their own bedroom, a sitting room, kitchen-diner and communal bathroom. The centres configuration and the use of visual aids positively contributed towards avoiding the necessity for any unnecessary environmental restrictions. Residents were free to use their environment unrestricted and this enhanced residents lived experience within the centre. The centre had a homely feel and was decorated in accordance with residents' wishes.

Residents were engaged in monthly meetings where a variety of topics were discussed, which included all aspects of the running of the house. Residents were given the opportunity to raise concerns, which could include concerns relating to restrictions. The inspector did not identify any complaints from residents in relation to restrictions. Residents had access to advocacy and this was promoted by the provider. There was good evidence that advocacy had been previously utilised by residents and residents could tell the inspector how they would access it again, if they needed it.

The culture of the centre was one that supported a homely and happy environment. Residents were busy during the day and were encouraged and supported to pursue their interests. Where possible the provider encouraged residents to access the community independently, unless they were assessed as requiring additional support. In these cases, staff supported residents as required. Residents were engaged in their local community and were supported to maintain good relationships with family, friends and neighbours. Rosters were flexible and this allowed staff to respond to the support needs of residents, to deliver positive behaviour support and promote a restraint free environment.

During the inspection residents' spoke fondly of staff members and said they were kind and they knew them well. Continuity of care within the centre was very important to these residents and some staff had worked in the centre for over a decade. A resident showed the inspector a comprehensive life story book that a staff member had supported them to develop. The resident was extremely proud of this and spent time telling the inspector about their life. This work demonstrated to the inspector that the staff knew and understood residents well and this contributed to

staff being able promote a restraint free environment. Residents said they did not feel restricted within their daily lives and were supported by staff to make choices in their daily lives and live full meaningful lives.

The inspector observed some very good examples of where informed consent was established regarding the implementation of restrictions. This included the use of a vega monitoring watch. The provider recognised the importance the resident put on being able to access the community independently and utilised this restriction to ensure the resident was appropriately supported. This watch was used to enable the resident to maintain independence within their community, despite a serious change in their assessed needs. Without this restriction, the resident would not have been able to access their community safely on their own. This restriction was risk assessed, agreed with the resident and reported to the providers' human rights committee.

## Oversight and the Quality Improvement arrangements

The provider and staff made a concerted effort to promote an environment which was restriction free and this maximised resident' independence and autonomy. The provider utilised a variety of information sources to inform themselves about the quality of the service in the centre. All restrictive practices were implemented in consultation with residents, the provider and relevant allied healthcare team members. Restrictions were agreed with residents through the personal planning process and were subject to approval from an organisational human rights committee.

Prior to the inspection, the provider had completed and returned a restrictive practice self-assessed questionnaire. The inspector reviewed this document and found that the policies and practices outlined within the document were consistent with what the inspector observed during the inspection.

The provider had a very clear restrictive practice assessment process that guided staff in a step by step process. This was supported by a clear restraint policy that had been regularly reviewed. This policy described under what circumstances restrictions were permitted or not. Among other things, it made provision for how restrictions should be implemented and how consent or refusal of restrictions should be managed. All restrictive practices were subject to approval from the providers' human rights committee. Furthermore, if approved by the committee, six month progress updates were also required. This included the committee seeking clarification on why restrictions were being retained and seeking evidence that they remained necessary. The inspector observed how this process was beneficial as an oversight arrangement.

The centre was well resourced with ample staffing to facilitate and support residents during the day and night. All staff received positive behaviour support training. This was further enhanced by the regular review of residents positive behaviour support plans. This promoted a culture of positive behaviour support within the centre and this reduced the need for restrictions.

The inspector met with and spoke to a number of staff and found them to be knowledgeable regarding the appropriate use of restrictive practices. Staff were very clear on how each agreed restriction should be implemented and were also clear on when not to use them. All staff received positive behaviour support training and this training enabled staff to provide care that reflected up-to-date, evidence based practice. This promoted a culture of positive behaviour support within the centre and this reduced the need for unnecessary restrictions.

Staffing arrangements enabled the centre to support residents with individualised

requests. These staffing arrangements were key to enabling residents with specific support needs to access meaningful community activities. This level of support was verified through conversations with residents, staff and a review of staff rosters.

## 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>

<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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