



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

Issued by the Chief Inspector

Name of designated centre:	Boherduff Adult Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	11 December 2023
Centre ID:	OSV-0005071
Fieldwork ID:	MON-0041067

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 11 December 2023	10:30hrs to 16:30hrs	Miranda Tully

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.

The centre comprises two houses which combined, provided residential care for up to ten residents. At the time of inspection there were no vacancies. Each resident had their own bedroom. Other facilities throughout the centre included sitting rooms, kitchens, bathroom facilities and staff rooms.

On arrival to the first house within the centre, the inspector was greeted by a staff member and resident. The resident and staff member were on their way shopping for the morning. The other residents had left the centre for day services. New windows were being installed at the centre at the time of inspection. Measures had been taken by staff and the person in charge to limit the impact of such works on residents. In addition, it was evident further works were underway to expand the footprint of the centre. The person in charge informed the inspector of plans to create additional recreational and bathroom facilities for residents. Both properties were decorated for Christmas and there was a warm and welcoming feel to both houses.

The inspector had the opportunity to meet residents on their return from day services in both houses. Residents were seen to be comfortable in the company of staff and were busy carrying out afternoon and evening activities such as walks and swimming. One resident showed the inspector their bedroom, personal photos and spoke about interests such as politics, horses and socialising. The resident had a good rapport with staff and spoke of many social events scheduled over the Christmas period. Residents had access to a number of service vehicles which supported community access and socialisation.

Staffing resources were in place to ensure residents could engage in individual or group activities as per their preferences. In addition, the provider ensured residents were supported at night with a waking staff. An additional sleep-over staff was also present each night as additional support, if required. Staff spoken with during the inspection demonstrated their awareness of individual preferences and routines. They also demonstrated an awareness of the rationale and requirement for the restrictive practices used.

Following a review of the staff training matrix by the inspector, it was identified that not all staff working in the designated centre had up to date training in managing behaviours that challenge. The person in charge informed the inspector that while the training had been booked, it had been cancelled and an alternative date was yet to be confirmed. The inspector was informed that the provider was also actively seeking

all staff to complete training in human rights and positive behaviour support at the time of this inspection.

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 met with appeared to be content and smiling, and were observed to be responding positively to the support provided by the staff team. They were offered choice in their daily lives and encouraged to engage in personal interests and activities with staff support as per known preferences.

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 policies and procedures which guided the systems in place for the review and monitoring of restrictive practices. The inspector was informed this policy was under review by the provider at the time of this inspection.

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.

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. The provider had identified areas of improvement on completion of the self-assessment and had developed a quality improvement plan in response.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. It was evident that they were aware of what constituted best practice and they were endeavouring to ensure it in this designated centre. The provider had ensured regular audits were taking place within the designated centre. The inspector reviewed the six monthly unannounced audits, annual review and other local audits that were completed. Regular staff meetings were occurring and included discussion regarding restrictive practices.

The provider had a statement of purpose and function that set out the number of residents and the range of needs that could be met in the service. The provider operated the service as outlined in the statement of purpose.

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. The staff to resident ratio maintained in the centre ensured resident's specific person-centred support needs were met in line with their assessed needs.

A review of the staff training matrix by the inspector identified that not all staff working in the designated centre had attended training in managing behaviours that challenge. The person in charge informed the inspector that while the training had been booked, it had been cancelled and an alternative date was yet to be confirmed. The inspector was informed that the provider was also actively seeking all staff to complete training in human rights and in positive behaviour support at the time of this inspection.

The person in charge ensured the restrictive practice log for the designated centre was subject to regular review. This included review by the multi-disciplinary team. A

proactive approach was implemented in the centre to reduce the requirement for restrictions where possible, alternatives were considered before using a restrictive practice and behaviour support plans were in place and subject to regular review.

The provider had a risk management escalation process in place to senior management who would progress any issues for resolution. There were no escalated risks in this designated centre at the time of this inspection.

Overall, it was evident that the provider, person in charge and staff team were committed to ensuring a good quality of life for the residents in this centre. Residents were supported to live in an environment with minimal restrictions which were subject to regular review. However, not all staff had attended training in managing behaviours that challenge at the time of this inspection. The provider had identified additional areas for improvement and was in the process of reviewing the policy and procedures in relation to oversight and review 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	
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4.3	The health and development of each person/child is promoted.
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