



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

Issued by the Chief Inspector

Name of designated centre:	DC15
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	19 October 2023
Centre ID:	OSV-0005316
Fieldwork ID:	MON-0041750

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
Thursday 19 October 2023	13:15hrs to 17:35hrs	Erin Clarke

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

This was an unannounced thematic inspection of the designated centre. It was intended to assess the registered 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.

The designated centre consists of two houses located a short drive apart in a large town in Co. Kildare. One house is a semi-detached house that can accommodate a maximum of five residents, and the second house is registered for a maximum of two residents. Both properties are three-storey buildings with easy access to local shopping, public transport and community facilities. The inspector spent the duration of the inspection in the first house, meeting with all five residents who lived there, using observations and discussions with residents to form judgments on the residents' quality of life. In addition, a review of documentation and conversations with key staff took place to determine how one resident in the second house was being supported to live their life in line with their personal preferences and wishes.

This inspection shows that residents living in this designated centre enjoyed a good quality of life where they were encouraged to lead active lifestyles to the best of their abilities and engage in positive risk-taking while at the same time being protected.

On arrival at the house, all five residents were out attending day services and work placements. A staff member welcomed the inspector to the house and contacted the centre's social care leader and person in charge to inform them of the inspection. The inspector spent time with staff and management, completed a walk-around of the house and reviewed documentation before meeting all residents on their arrival back to the house.

The house had a warm and pleasant atmosphere and was decorated externally and internally for Halloween. The residents' communal areas were decorated in a homely manner and contained games and activities in line with residents' individual preferences. The inspector observed no environmental restrictions in place while walking around the centre; residents had access to all areas of their home.

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Residents were encouraged and supported around active decision-making and social inclusion. Residents attended weekly meetings where they planned the week ahead and discussed activities, menus, house issues, and aspects of the national standards, including some of the rights referred to in the standards, including privacy and dignity. In line with the centre's statement of purpose, such

meetings were to be used to discuss issues relevant to residents, such as staffing, meals, activities and how to make a complaint. The inspector reviewed the minutes of such meetings and noted that the meetings were being used in this way. The minutes of these meetings showed that residents participated in the house's organisation and were informed of any developments or changes. For example, updates to outstanding maintenance requests were shared with residents through this forum. The minutes of the house meetings were respectful of residents' privacy and did not include any personal sensitive information. Residents planned a wide range of activities through their communal house meetings, and some of these activities included trips to a vintage car show, music festivals, agricultural shows and planning of holidays.

In addition to the residents' meetings, residents also had individual key worker meetings where they were supported to choose and plan personal goals. Residents enjoyed a good quality of life and were facilitated to lead lifestyles of their choosing. Two residents were in a relationship and they showed the inspector pictures of holidays they had taken together. The inspector observed that a number of the activities being planned by residents related to their own personal goals and were meaningful to them. Residents also contributed to a 'mini goals jar' where residents generated ideas for days out and other recreational ideas that they could complete over the year. Staff informed the inspector this concept had begun during the COVID-19 pandemic when it was more difficult for residents to plan and complete longer term personal goals.

The inspector found that the residents were consulted about and made decisions about the services and supports they received. Their views and feedback were actively and regularly sought by the provider. For example, the provider produced a detailed and comprehensive six-monthly visit report of the centre as required by the regulations. This report evidenced consultation with the residents and provided a summary of all residents' views that were met with during the visit. The report also had a section on any prioritised actions resulting from the engagement with residents if necessary.

The last six-month unannounced report from April 2023 found that the residents spoken to were happy; they loved their home and were looking forward to going on holidays to Paris during the summer. Residents mentioned that they were happy with the maintenance works recently carried out in the house as they had been waiting some time for these to be fixed. Residents spoke to the inspector about other maintenance issues in the house that required attention, such as new carpeting and painting. The inspector could see that staff and management were advocating on behalf of residents by filing complaints, discussing updates on maintenance works in resident meetings and escalating to the provider. However, due to the length of time in addressing long-standing property works, this was causing some frustration for residents who were proud of their home.

Each resident had a personal plan, which included an up-to-date assessment of needs and outlined supports they required to maximise their health and social care needs. Residents had access to allied healthcare professionals to support their needs. For example, in relation to their emotional wellbeing, psychological support was available to support residents with some behaviours of concern. Positive behavioural support plans included proactive and reactive strategies with a focus on support programmes and guidance for staff on how to support the residents. One resident was receiving pastoral care support through the provider on a weekly basis following a bereavement. The resident told the inspector about these visits and how beneficial they found them.

Some residents spoke to the inspector about their move to the centre in 2016 from a large congregated setting. Due to the nature of the congregated setting, they lived with many other residents, resulting in a busy and loud environment. Residents described their previous home as being located far away from community facilities, and they did not always have the choice to leave the centre. Residents told the inspector they had been supported to move into community-based homes by the provider and had viewed a number of houses before deciding upon this location. The inspector was told by the residents that they loved their home, enjoyed spending time with each other and were very complimentary of the staff team.

The inspector found that there was a stable workforce employed in the centre. It was clear to the inspector that there was good continuity of care and support, which resulted in staff and residents developing good relationships. On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. The person in charge kept the staff team's training and upskilling under regular review across several key areas. Staff had completed training in the application of a human rights-based approach in health and social care settings. From what the inspector observed and what residents and staff communicated, this training was used to enhance the care and support provided to residents

Residents were empowered to engage in positive risk-taking to exercise choice and take risks to achieve outcomes that were important to them. These included independent public transport travelling, self-administration of medicines and international travel. In addition, some residents did not always require the support of staff and could stay in their homes in the absence of staff for periods of time.

The residents were familiar with residents living in other centres and often made plans together or invited each other to events such as dinner dances and birthday parties. Residents spoke to the inspector about various parties and get-togethers they had been part of and how much they enjoyed attending these since they returned post-pandemic restrictions.

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 they were, in particular, happy with the positive relationships residents have with staff.

One resident living in the second house, registered for two residents, had been living by themselves for a number of months. It was reported incidents relating to behaviours of concern and anxiety had reduced since they no longer shared their living environment with another resident. Also, from discussion with the person in charge and from the inspector's knowledge of the centre, this resulted in a less restrictive living environment due to previous competing and demanding needs. While one vacancy existed in this house, the person in charge confirmed that no new admission had been identified for this vacancy to date. The person in charge also detailed a new comprehensive compatibility assessment tool that would be used in the event of another resident being identified for this location. This was a positive change initiative as it ensured that when admissions were being reviewed, the current residents' needs living in the centre were also promoted to ensure the best possible outcomes for all residents.

Overall, the inspector saw that the residents in this centre received high-quality and safe care delivered by competent and well-informed staff. This care effectively upheld residents' rights and ensured that they 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 inspector observed that the quality and safety of care and support provided to residents was to a high standard, and residents were being supported to live their lives in line with their personal preferences and wishes as much as possible. The service was being operated in accordance with the centre's statement of purpose, which stated the centre's objectives was to enable and empower individuals with an intellectual disability to live and integrate into the community and provide appropriate supports to individuals based on choice and needs. It was evident to the inspector that the centre was effectively implementing the National Standards, which were assessed as part of this thematic inspection. The result of this was that residents received a good quality and safe service that was upholding their human rights.

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 held the role of residential coordinator. They had oversight of one additional designated centre as a person in charge, along with other managerial duties.

A social care leader was appointed at a local level in the designated centre to support the person in charge in fulfilling their regulatory responsibilities. The supervisor was supernumerary to the roster and had defined responsibilities, including rostering and supervision of staff. Monthly meetings were held between the social care leader and the person in charge. The person in charge reported to a programme manager. They also held monthly meetings which reviewed the quality of care in the 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 aligned 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 within the requested timeframe.

The inspector reviewed this document and found that the practices outlined within the document were observed during the inspection. While some improvements were required, the inspector was satisfied that the provider was addressing these through initiatives they had begun in the wider organisation following learning gained through published guidance from the Health Information and Quality Authority (HIQA) *Guidance on promoting a care environment that is free from restrictive practice June 2023* and associated webinars.

The person in charge self-identified that five of the eight themes were compliant, and three themes were substantially compliant. These were as a result of the person in

charge and the registered provider reviewing practices in the centre, which may be considered a restrictive practice. Two of these themes, 'Use of Resources' and 'Individualised Supports and Care, ' both related to additional skills teaching required within the designated centre in relation to money management. Also, the 'Responsive Workforce' was recognised for some outstanding training in positive behaviour training.

The provider had a number of policies and guidelines for staff to ensure that they were familiar with their culture and procedures regarding restrictive practices and human rights. These policies included a *Restraint Reduction* policy, a *Positive Behaviour Support Policy* and an *Equality and Human Rights* policy. The restraint reduction policy was last reviewed in March 2019. Therefore, it had not been reviewed within the minimum three-year timeline as required by the regulations to ensure the policy was in line with national policy and had made reference to other relevant legislation, regulations and enactments.

However, the review of the policy was underway at the time of the inspection, and the inspector was assured that the person in charge had sufficient knowledge of the changes occurring within the organisation to promote an environment that maximised residents' independence and autonomy, and to reduce the need for restrictive practices.

Discussions had taken place to review whether some practices in the organisation should be considered restrictive practices. For example, the practice of storing residents' finances in a locked press in the staff office was being reviewed. These reviews had been prompted following the commencement of the thematic inspections and published guidance. The person in charge spoke to the inspector about the progress of reviewing such practices. The auditing of residents' finances was also being scrutinised to ensure that the right of residents to purchase personal items without undue collection and maintenance of receipts for minor purchases was being considered in line with the general population. This approach aligned with the National Standards whereby a sensible balance is made available regarding everyday events and activities between the choices residents make and the reasonable risks they want to take and their safety.

The registered provider had oversight arrangements for restrictive practices in this designated centre. There were two committees in the wider organisation who reviewed restrictive practices and human rights issues in the centre. The *Equality and Human Rights Committee* (EHRC) reviewed and approved any restrictive practices used in a designated centre every three months. The *Human Rights Committee* (HRC) reviewed other rights-based infringement restrictions. In the event of a restrictive practice being required, a restrictive practice assessment would be submitted to the relevant committee on a quarterly basis. The group with the oversight of the restrictive practice would be responsible for the approval for the use of the restriction

and, or the reduction or cessation of the restriction to ensure the rights, well-being and health and safety of residents.

For the most part, 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 service for residents. Staff had been provided training in managing behaviours of concern, including de-escalation techniques, safeguarding, personal planning and training in human rights. The person in charge had outlined in the self-assessment questionnaire that additional training for staff in positive behaviour training was required, and action had been taken to address this gap in training.

While some minor improvements were required in the management and review of restrictive practices, the inspector found that many positive initiatives had begun in the broader organisation to promote a restraint-free environment. This meant that the inspector was assured that the registered provider and the person in charge were making progress in relation to these initiatives.

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 live in a restraint-free environment. The registered provider, the person in charge and the wider staff team promoted an environment which used minimal restrictive practices to keep residents safe in their homes. Residents were not subject to any physical interventions or physical restrictions in the centre. Additionally, there was no emergency use of restrictive practices or interventions in the centre. Residents enjoyed a good quality of life and were facilitated to lead lifestyles of their choosing through a person-centred approach to service provision that meets the needs of each resident.

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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