



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

Issued by the Chief Inspector

Name of designated centre:	Suir Services Clonmel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	01 November 2023
Centre ID:	OSV-0005363
Fieldwork ID:	MON-0040748

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
Wednesday 1 November 2023	11:30hrs to 17:30hrs	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.

The designated centre comprised two houses located in an urban area. The centre was home to seven residents and had two vacancies. At the time of the inspection, two residents lived in one house and five residents were living in the second house.

The inspector visited both houses within the centre on the day of inspection, in the first house both residents were attending day service. The inspector met five residents living in the second house on their return from day service. Residents could not verbally communicate their views to the inspector. Therefore, the inspector observed residents' physical prompts, gestures and interactions with staff members and their physical environment. The inspector also spoke with staff members and observed the supports they provided to residents in their home. One individual was engaged in an individualised day programme due to their individual needs. The resident returned to the centre in the afternoon following a walk which staff reported to be a keen interest of the resident.

Residents were observed being supported with evening drinks and snacks. Each resident gathered around the large kitchen table with staff. It was evident that residents and staff were comfortable in each other's company. There was increased activity in one house, with external power washing ongoing outside. It was evident that the increased activity and increase in vehicles outside the property was of interest to one resident. Staff were seen to respectfully support the resident during this time.

The inspector requested to review residents' key working and documentation relating to consultation, the inspector was advised that individual folders were brought with residents to their day service. The inspector reviewed a sample of documentation when residents returned to the centre and found while there was evidence of discussion through keyworking, further improvements were required to seek residents' views in relation to restrictive practices. The annual review for the service was reviewed and had included consultation with residents and their families. Positive feedback was provided in relation to opportunities for private visits with family while in the centre.

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. For example, one resident was supported by a staff member throughout the night, it was noted that the resident felt at ease having someone present with them and would return to sleep once seeing a staff present.

The inspector completed a walk around of both properties with the person in charge. While some works had been completed to the property additional works were required for example, windows, flooring and repairs to pipe work. The person in charge advised the inspector that they were in consultation with the landlord in relation to completion of the required maintenance.

One resident had moved to the centre in the past year, it was evident the accommodation had been adapted to meet the residents' needs. For example, a room had been repurposed as a second recreational space. It was highlighted to the provider that the statement of purpose should reflect the purpose and function of each room in the centre. On the walk around of the centre, the inspector had the opportunity to observe restrictions such as external front door locks and an alarm to alert when the front door opens.

On the walk around of the second property, the inspector observed additional restrictions which had not been reviewed as such, for example, locked store cupboards. The person in charge advised that the doors were locked due to issues with the door closing.

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. However , improvements were required to ensure effective systems were in place for the review and monitoring of restrictive practices

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

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There had been recent changes to the person in charge. A series of audits were in place including six monthly unannounced visits. These audits identified areas for service improvement and action plans were derived from these.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. However, a sample of the roster identified a dependency on agency staff with six different agency staff members allocated within a two week period. The provider had advised that they were actively recruiting for the vacancies.

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. Improvements were required to ensure progress was tracked and available at centre level.

While the provider did have systems in place for the review and monitoring of restrictive practices significant improvements were required. The provider advised the inspector that the policy that guided process in terms of restrictive practices was in development. There was no expected date for ratification of this policy. The provider was requested to provide the inspector with current policy and procedures in relation to restrictive practices however this could not be accessed on the day and was not submitted as requested.

Improvements were required in relation to risk management. For example, a risk assessment in relation to absconsion was in place for a resident with an initial risk rating score of 25, no current risk rating following the implementation of controls was recorded. It therefore could not be determined if the use of restrictions were proportionate to the risk posed to the resident. In addition, the most recent unannounced audit by the provider noted that staff had advised the auditor that staff lock the kitchen door in order to prevent residents from absconding at night. This had not been reviewed as a restrictive practice. The person in charge and person participating in management advised they were unaware this practice was occurring.

A restrictive practice committee was in place and did review restrictive practices used within the centre. A terms of reference for the committee, committee membership or minutes from such reviews were not available to review on the day of inspection. Correspondence from the committee to ascertain whether or not restrictions were upheld were evident in each residents' file.

On speaking with staff, restrictions were discussed with the residents using individualised communication methods appropriate to their needs. For example, a staff member described how they showed the resident the external gate at the centre as the resident responded better to objects of reference and real life examples. Staff were also able to describe how one resident who was supported one to one overnight sought the comfort of staff at night and that staff had consulted with family to help determine the resident's wishes. However improvements were required in terms of documentation to reflect discussion and also in terms of consultation pre and post restrictive practice meetings. There was little evidence residents were aware the meetings were occurring, if residents could attend or if minutes of discussion being shared with residents post the review.

The provider advised the inspector that there had been reductions in use of restrictions and that impacted positively on residents. For example, the increase in staff resources had reduced the use of locking kitchen and external doors. However, on review of quarterly restrictions submitted to the Chief Inspector, and following discussions there had been two occasions when such restrictions had been utilised due to a shortfall in resources available. The inspector requested to review local records which recorded the use of restrictions in the centre, however due to connectivity issues these records could not be accessed. In addition, on review of restrictive practice logs not all restrictions were notified to the chief inspector as required. For example, restricted access to fluids.

The inspector was advised that there were protocols available to guide staff in relation to implementation of restrictions, not all protocols were available to view on inspection. On speaking with staff, staff could clearly outline when and why restrictions were to be implemented. The provider advised that additional training is being sought for staff in relation to restrictive practices and positive behaviour support. A training matrix was not provided to the inspector for verification of trainings completed by staff.

While there were restrictive practices that were readily identifiable a greater body of work was needed to consistently monitor, identify and correct practice that resulted in human rights restrictions such as those described above. In general, the inspector found much improvement was needed in the maintenance of and access to records. This included the documentation that supported and informed the use 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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