



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

## Issued by the Chief Inspector

Name of designated centre:	Cuan Nua
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	05 October 2023
Centre ID:	OSV-0005704
Fieldwork ID:	MON-0041076

## 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	Times of Inspection	Inspector of Social Services
Thursday 5 October 2023	10:00hrs to 15:00hrs	Anna Doyle

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

The inspector observed that the quality and safety of care and support provided to residents, was to a good standard and residents were being supported to live their lives in line with their personal preferences and wishes as much as possible. While some minor improvements were required in the management and review of restrictive practices, the inspector found that a number of positive initiatives had begun in the wider organisation at the time of this inspection 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.

In addition, the inspector found that some restrictive practices were being reviewed to examine whether they met the definition of a restrictive practice. For example; the practice of storing residents' finances in a locked press in the kitchen was being reviewed. These reviews had been prompted following training that the person in charge had recently attended in the organisation about restrictive practices. The registered provider's policy was also being updated at the time of the inspection to ensure that it aligned with best practice and current legislation.

The centre comprised of a large detached dormer bungalow situated in the countryside but within driving distance to a large town. There was a large garden to the back of the property where residents could sit out and relax. One of the residents liked animals and took care of a cat. There was a polytunnel in the garden where some residents enjoyed growing vegetables, and a large swing that one resident in particular liked to use. To the front of the property there was room for ample car park spaces and an entrance gate which led on to a busy road. The house contained four resident bedrooms (two of which were en-suite) an open plan kitchen/dining area, a utility room, a conservatory, a sitting room bathroom and toilet. Upstairs there was an office, a toilet and a storage room.

The premises was spacious, clean and nicely decorated in line with the residents' preferences. Residents' bedrooms were comfortable and personalised to their individual tastes. One resident, who had recently moved to the centre had just had their bedroom repainted and had sensory lights on the ceiling, which the resident was observed to be enjoying on the day of the inspection. Another resident had a large room with a walk in wardrobe and a large en-suite. The resident was cleaning their room on the morning of the inspection and chatted for some time about what it was like to live in the centre.

The inspector also met three of the residents with staff support. Residents were observed freely accessing all areas of their home including their bedrooms and communal areas. Residents had privacy locks on their bedroom doors and one resident liked to ensure that their bedroom was locked at all times.

One resident was going to visit family for the weekend and told the inspector that they were looking forward to this. They also spoke about some of the things they were involved in like the tidy towns committee and a singing group. The inspector had tea and biscuits with one resident who was being supported by staff. The staff informed the inspector about a recent holiday the resident had been on which they had enjoyed.

Family members regularly visited the centre and were informed about the care and support provided to residents. For example; in relation to restrictive practices, a family representative was contacted every time a restrictive practice was reviewed to inform them of the reason for

this practice. This meant that residents had support from a family representative about decisions.

During the walk around of the centre, the inspector discussed the restrictive practices that had been previously notified to the Health Information and Quality Authority (HIQA) with the staff and the person in charge. Two restrictive practices were being reported to HIQA, one related to a wardrobe that was locked for one resident. The other which related to an alarm on a resident's bedroom window was no longer being used. This meant that at the time of the inspection there was now only one restrictive practice used in the centre. There was clear rationale for why this restrictive practice was in place.

Each resident had a personal plan which included an up to date assessment of need 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, a clinical nurse specialist was available to support residents with some behaviours of concern. Positive behaviour support plans were also in place to guide staff practice. Some of the records relating to positive behaviour support plans, restraint reduction plans required minor improvements however, these were not impacting on the care and support of the residents at the time of this inspection. For example; a restraint reduction plan for a resident had goals identified to try and reduce the amount of times it was used. The staff were gathering information on the amount of times the resident engaged in a particular behaviour, however, they were not recording a review of this information and including it in the restraint reduction plan to ensure that accurate records were maintained.

Residents had communication plans in place which detailed how they communicated their needs and emotions. For example; it was recorded how a resident may present if they were feeling unwell. The registered provider was also implementing more tools to ensure that residents were included in decisions about their care and support needs. For example; one new record tool outlined what supports a resident might need if they were making a decision. This record noted that the resident would probably be able to process and understand information at specific times during the day. This was a positive initiative as it ensured that when a resident was making a decision they were supported in an environment they would feel at ease in.

On a daily basis, staff supported residents to access meaningful activities. Some residents liked to have these activities displayed in picture format to inform them what was happening next. Residents enjoyed varied activities including swimming, going to the local shops, drives, helping out with household chores, and meals out. Annual celebrations were also organised for family gatherings, resident's birthdays or other significant events. Indeed the inspector observed birthday balloons which were still up in the centre after the weekend when a resident had celebrated their birthday.

Staff were observed to be respectful and attentive to the needs of the residents and a staff member went through some of the residents' needs. Residents were informed about the running of the centre and about their rights. For example, at residents meetings easy to-read information was provided and discussed in areas such as human rights and support with decision making and restrictive practices. One resident attended an advocacy group where they also got to talk about their rights. The inspector also found examples which showed that residents' rights had been upheld in the centre. For example; concerns had been raised by some residents about behaviours of concern that were impacting them. This had been referred to a human rights committee in the organisation who agreed that this was impacting

on the rights of the residents. As a result the residents affected and the resident causing the concern were supported in a positive way to address these concerns.

The registered provider had also collected feedback from residents on the quality of care being provided. Residents reported feeling safe and said that they liked the staff.

Overall, residents appeared happy and content on the day of this inspection and a restraint free environment was being promoted as much as possible. Where restrictive practices were in place there was systems in place to try and reduce or eliminate these practices.

## Oversight and the Quality Improvement arrangements

At the time of the inspection the provider had introduced some initiatives in the wider organisation in an effort to promote an environment that maximised residents' independence and autonomy, and to reduce the need for restrictive practices.

Prior to the inspection, the person in charge had completed a restrictive practice self-assessed questionnaire. The inspector reviewed this document and found that the practices outlined within the document were for the most part, 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.

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 '*Governance of Restrictive Interventions Committee (GRIC)*' reviewed and approved restrictive practices used in this centre every three months. The '*Human Rights Committee*' also reviewed other rights restrictions.

There were also systems in place to audit restrictive practices and other practices that were impacting on the residents rights. For example; one audit conducted recommended a review of the protocols for checking residents when they were asleep at night to ensure that there was a clear reason for this practice. As a result the practice of checking residents routinely at night had stopped.

The person in charge also demonstrated a commitment to reducing the need for restrictive practices. For example; restraint reduction plans were in place with a view to removing or reducing the restrictive practice. There was also a folder containing a number of documents regarding best practice on the use of restrictive practices to inform staff.

The person in charge maintained planned and actual staff rotas showing staff working in the centre. There were no staff vacancies at the time of the inspection. There were sufficient staff on duty to meet the needs of the residents. Staff were aware of the restrictive practice in place and one staff talked about how they insured that this was the least restrictive measure.

A review of staff training records demonstrated that staff had received training in positive behaviour support, the management of violence and aggression, safeguarding vulnerable adults and some staff had completed training in human rights.

The person in charge had also prepared written risk assessments regarding the need for restrictive practices. Regular staff meetings were also held.

The statement of purpose had recently been updated and outlined the care and support provided in the centre.

Overall, while the inspector found minor improvements were required, the registered provider was implementing changes to practices at the time of this inspection which would address these minor improvements.

## 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
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>

<b>Theme: Responsive Workforce</b>	
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>

<b>Theme: Use of Information</b>	
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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