



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	No. 4 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	21 August 2023
Centre ID:	OSV-0008060
Fieldwork ID:	MON-0041001

## 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
Monday 21 August 2023	09:00hrs to 13:00hrs	Elaine McKeown

## 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 inspector was able to meet with three residents at the start of the inspection before they left the designated centre to attend their day services. The inspector was informed all were attending services in different locations which best supported their assessed needs. None of the residents present could communicate with words. Two residents were deaf and the third resident could understand the spoken word. All of the residents were supported with individual communication aids such as picture exchange communication systems (PECS) and easy-to-read information. Residents also used Lámh (a sign system used by children and adults with intellectual disability and communication needs in Ireland) to effectively communicate with staff.

On arrival the inspector was met by the person in charge and one of the residents greeted the inspector in the hallway of their home. Staff reported that the resident had a disturbed night's sleep and had woken early in the morning. They were waiting for their day service staff to pick them up. The person in charge was observed to include the resident in the conversation while explaining to the inspector the preferred daily routine for the resident. They enjoyed a number of community activities with staff support, for example, walks in local scenic areas, and spins to locations of interest with their peers.

Another resident was seated in the sitting room next to a large window. They acknowledged the inspector but showed more interest in the activities of staff members from the maintenance department that had also arrived to complete scheduled maintenance works. The resident was observed to be included in the group when they were checking the bathroom where the works were being carried out. The resident had been supported by the staff team during a difficult period of poor health earlier in the year. This required medication changes for the resident. The person in charge explained adaptations to the communal areas that were made to support the resident. These included the installation of notice boards that were secured with Velcro. If the resident chose to remove these boards, this could be done without causing damage to the wall surface underneath. The boards could then be placed back on the walls once the resident was happy for this to be done.

In addition, staff had supported the resident to return to swimming activities. The resident had declined to go with their day service staff. While this choice was respected it was unclear why this had changed when the resident previously enjoyed the activity. Staff in the designated centre had brought the resident to a local swimming pool in recent months. The resident was reported to have enjoyed the activity and had been supported to attend on a number of occasions since. The

resident had also returned to their horse riding activity which had been stopped during the pandemic. Another positive outcome for the resident in recent months was that they no longer required medication support to help them sleep at night time.

Another resident was relaxing in a room at the rear of the house when introduced to the inspector. The resident was observed to smile at the staff as the inspector was told what activities the resident liked to complete, including puzzles, in this room. The resident had returned earlier in the morning from a planned overnight stay with family representatives. The resident spent time with family representatives regularly and staff ensured planned activities were scheduled around these visits.

Staff also explained how they supported the resident to safely engage in food preparation. The resident had a dedicated table in the kitchen area where they could prepare their own vegetables as per their will and preference. The resident required a sharp knife to effectively complete these activities. The resident was provided with steel safety gloves which they consistently wore while completing the activity, with staff nearby to provide assistance if required. The resident was reported by staff as being in good health, with a recent consultant appointment reporting that the resident did not need to return for five years for their next review. The resident was also being supported with some adaptations to their diet which improved their overall health. Staff had also assisted the resident to start surfing lessons on a beach. The resident had their own surf board and wet suit. They were enjoying this activity one afternoon each week during the summer months.

The inspector was informed that another resident chose not to spend all of their time in the designated centre. They were staying with family representatives at the time of this inspection. They did have a full-time residential placement but usually spent six nights every fortnight in the designated centre and the remainder of their time with family representatives. When staying in the designated centre, the resident liked to spend time in an activity room at the rear of the property. There they had access to a gaming machine and smart television. They also had facilities to complete art work in the same room. The resident had a spacious bedroom to the rear of the building where they could relax and watch their preferred programmes on a television.

The designated centre was a large bungalow located in a busy residential area, with local amenities including shops within walking distance. All of the residents had their own bedrooms with adequate space for storage of personal belongings. There were a number of large communal areas where residents could spend time with peers or on their own if they wished. The person in charge had identified a number of maintenance issues which were scheduled to be addressed in the weeks after this inspection. These included upgrade works to one of the bathrooms and replacement of the flooring in the sitting room.

Residents were supported to actively engage in house meetings regularly. Residents were provided with information on a number of topics including their human rights, privacy, and complaints. There were no open complaints at the time of this inspection. The inspector noted repeated issues were documented in May, June and July 2023 meeting notes regarding the rear garden area and sourcing appropriate furniture. The person in charge had outlined plans to purchase suitable garden

furniture to suit the assessed needs of the residents during the walk about of the designated centre. While this had not been resolved at the time of the inspection, updates had not been documented as being provided to the residents in subsequent meetings in June or July 2023.

It was evident from speaking with the staff that the residents were supported to engage in activities of their choice. These included maintaining their independence, relationships and roles within their homes and community. Three of the residents had been supported to avail of a short break in a large tourist town during the summer. Staff were aware that another resident had previously not coped very well with being away overnight from the designated centre. Staff supported this resident to drive with a peer to the location and come back the same day with another peer that was coming home. On reflection, while the three residents staying away for the short break enjoyed their holiday, the journey there and back in one day for the fourth resident was found to be very long. Staff were planning another short break in the coming months for the group with an alternative day time activity being considered for this resident.

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. A number of practices within the designated centre reduced the requirement for some restrictions. These included removal from sight of objects such as sharp knives and cleaning agents. As a result these were no longer stored in locked presses. Residents were supported to access these items which had previously been reported as restrictive practices, but were deemed to no longer be required in this designated centre.

Following a review of the staff training matrix by the inspector, it was identified that not all staff working in the designated centre had attended training in managing behaviours that challenge. This was a mandatory training for staff working in this designated centre and had been listed as a control measure in the risk register to support the residents. The inspector was informed that the provider was also actively seeking all staff to complete training in human rights at the time of this inspection.

There were minimal restrictive practices reported by the provider as being used in this designated centre. There were no locked presses in any of the communal areas. Two residents had keys to their homes if they wished to use them. Staff encouraged the residents to use these keys when they returned to the designated centre. At the time of the inspection the front door and side gates were kept locked. However, it was planned to review the locked front door restriction for one of the residents in September 2023. One resident required their bedroom window to remain locked due to their assessed needs. The locking of the staff bedroom was reported as a restrictive practice as it was being used to store excess food items. This had been reviewed by the provider's rights restriction committee. The rationale for the

restriction being in place was the risk of possible adverse outcomes such as the risk of over-indulging or choking by one of the residents.

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 systems in place for the review and monitoring of restrictive practices. These were outlined in the provider's current policy- 'Fuller Lives Safer Lives – September 2021'. The inspector was informed this policy was under review by the provider at the time of this inspection. The person in charge ensured the restrictive practice log for the designated centre was subject to regular review, with the most recent review completed on 29 June 2023. Restrictive practice meetings were convened in line with the provider's policy. However, there was delay in a documented response being sent by the behavioural standards committee following a review in December 2022 of the restrictions in place for one of the residents. The response document was dated the 14 February 2023 and was sanctioned to remain in place for six months.

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. Overall, the completed questionnaire suggested a high level of compliance with the National Standards, reporting that the requirements of all eight themes were met. The provider also responded in the self-assessment that there was regular review of all restrictive practices. 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. The provider also used the data to promote quality improvement and promote a restraint-free environment.

The staff team were required to ensure that all alternatives were considered before using a restrictive practice. These included ensuring communication supports were available, and the physical environment was adjusted to suit the needs of the residents. These were found to be in place at the time of this inspection. There were reviews of restrictions scheduled. The person in charge was working towards synchronising the review dates of all restrictive practices in the designated centre to ensure a whole centre approach was adopted in these reviews.

As part of the provider's systems to ensure ongoing oversight of restrictive practices, regular review of residents' behaviour support plans or periodic service reviews (PSR) had been completed. Two residents no longer required ongoing intensive input from the behaviour support team. This was clearly documented and staff were aware of the assessment and report which were in place to support these residents. These reports outlined the importance of structured routine, skills teaching and effective strategies, both proactive and reactive, to support the individuals. Another resident's PSR was scheduled to be reviewed by the staff team in advance of planned meetings



in September 2023. This resident was experiencing difficulties with their mental health in recent months, which included disturbed sleeping patterns. This was not found to be adversely impacting the other residents in the designated centre. This resident's bedroom was located at the front of the house and distant from the other bedrooms. As previously mentioned two of the residents were deaf and the third resident's bedroom was located at the rear of the property.

The person in charge was new to the role in this designated centre since February 2023. The supervision of staff was scheduled by the person in charge for the remainder of 2023. Due to a number of changes to the staff team during the end of 2022 and 2023, staff meetings had not taken place regularly in this designated centre. However, staff meeting notes reviewed from 05 and 19 July 2023 and 16 August 2023 documented restrictive practices and risk management as an agenda item and being discussed with the staff team.

All staff spoken with during the inspection were aware of risk assessments in place for each individual they were supporting. Ongoing review was also evident, with the most recent review taking place in February 2023. Effective controls were in place to ensure the privacy and dignity of residents when using the shared bathroom. Residents were supported to use an alternative bathroom, if required. Staff were also aware of distraction techniques to support one resident, if required, when out in the community.

Three of the residents were identified as being at risk from possible self-injurious behaviour. The risk assessments in place outlined potential triggers and had been reviewed on 05 August 2023. The controls documented as being in place included all staff having completed the mandatory training in managing behaviours that challenge. However, at the time of this inspection not all staff had completed or were scheduled to complete this training.

In summary, 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. In addition, the process outlined in the provider's policy of sanctioning a restrictive practice requires the behavioural standards committee to confirm the decision in writing. As per the findings of this inspection the documenting of the sanctioning of a restrictive practice following review by the behavioural standards committee in December 2022 was dated almost two months after the review had taken place.

## 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.

<b>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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### 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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