



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

Issued by the Chief Inspector

Name of designated centre:	Gentili
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	20 November 2023
Centre ID:	OSV-0008149
Fieldwork ID:	MON-0040653

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards for Residential Services for Children and Adults with Disabilities. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) with Disabilities) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental¹ in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

Physical restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include

¹ Chemical restraint does not form part of this thematic inspection programme.

limiting a person’s access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

This unannounced inspection was carried out during the following times:

Date	Times of Inspection	Inspector of Social Services
Monday 20 November 2023	13:30hrs to 17:30hrs	Michael Muldowney

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

From what they observed and was told during the inspection of this centre, the inspector found that the provider had systems in place to support the delivery of a human rights-based approach to residents' care and support.

However, some improvements were required to ensure that the quality and safety of the service provided in the centre was effectively monitored and that potential restrictive practices were identified and managed appropriately.

The centre provides residential care and support for vision impaired young people with additional disabilities. It operates during school terms, and residents go home every weekend. The centre aims to facilitate residents' access to educational programmes (such as day programmes operated by the provider) to maximise their independence, educational attainment and holistic development.

The centre comprised the ground floor of a large two-storey building close to many amenities including shops, parks, and day services attended by residents. The inspector carried out a thorough walk-around of the premises with the person in charge. The premises included a kitchen, dining and living room, utility room, office, staff rooms, bathroom, and residents' bedrooms.

The bedrooms were spacious with en-suite facilities and had been decorated to the residents' preferences. Some residents used specialised equipment and aids such as shower chairs and wheelchairs. Within the main living area, the inspector observed information on residents' rights and safeguarding, and that efforts had been made to make the space more homely, for example, certain furniture residents found comfortable had been provided. There was also some outdoor space for residents to use.

While this inspection was carried out to assess the providers' implementation of restrictive practice standards and best practice, some other matters were observed during the course of the inspection that required improvement to ensure residents were provided with a suitable environment to meet their assessed needs.

Some upkeep and maintenance was required to the premises. For example, there was a leak in the main bathroom, the flooring in one bedroom was damaged and some of the lighting in the hallway was not working. The central heating was also not working and the inspector observed plug-in electric heaters in use. The provider had made the decision that residents would not reside in the centre until the heating was fixed, and in the interim, the provider had arranged for residents to be collected from their homes and brought to their day services to ensure that their educational programmes were not disrupted.

The inspector also observed that some of the fire safety measures in the centre required attention. The inspector discussed the premise and fire safety issues with the provider before the inspection concluded. Following the inspection, they

submitted written assurances to the Office of the Chief Inspector on how they would address these matters.

On the day of the inspection, there was one resident vacancy, one resident was at home recovering from a minor illness, and two residents were in their nearby day services. As the centre was not operating residential services during the inspection, the inspector visited the residents in their day services with two social care workers from the centre. The residents did not verbally communicate their views of the centre with the inspector, however they did speak about topics of interest to them such as games they liked to play.

The provider had systems for consulting with residents in the centre. The person in charge told the inspector that along with daily informal consultations, residents had house meetings where they made planned menus (the inspector observed residents' 'favourite' foods in the fridge) and activities. However, minutes of the meetings were not always recorded.

Residents were also consulted with during 'link' key working meetings where they discussed their personal goals such as developing life skills. Some residents were also part of a representative forum that met with the provider to represent the interests of residents. In addition to these systems, there was an external advocacy service and internal complaints procedures that residents could utilise.

The provider's recent annual review of the centre had consulted with residents and their representatives using surveys. There was no feedback from residents reflected in the annual review, however feedback from their representatives was positive and indicated satisfaction with the service provided in the centre, for example, comments included "happy friendly courteous staff" and "happy home".

The inspector spoke with two social care workers, the person in charge, and Director of Social Care during the inspection. The inspector did not observe any restrictive practices within the centre, however, from speaking with staff, found that there were some potential restrictive practices that had not been recognised as such by the provider. For example, one resident used a lap belt in their wheelchair that they could not open independently, and another resident occasionally used an electric wheelchair that they could not self-operate as the controls were located behind their back.

The inspector observed social care workers engaging with residents in a kind and respectful manner. They spoke warmly about residents, and told the inspector that they received an excellent quality and safe service. They knew the residents' personalities well, and said that their needs were being met in the centre. They had no safeguarding concerns but were aware of the procedures for reporting concerns. They said that residents' rights were respected in the centre, and that they were actively consulted with, for example, during residents' and 'link' meetings. They told the inspector about how residents liked to spend their time outside of day services, for example, they liked to relax, go to cafés, and attend social clubs.

The person in charge told the inspector that residents received excellent care in the centre, and described the service as being 'person-centred'. They were satisfied that

the staffing complement and skill-mix was appropriate to residents' needs. They had no concerns about residents' safety, however said they could easily escalate any concerns to the Director. They had recently attended a restrictive practice webinar which they found useful in considering areas for potential improvement.

Oversight and the Quality Improvement arrangements

The inspector found that the oversight of the service required improvement to ensure that potential restrictive practices in the centre were assessed and appropriately managed to maximise residents' autonomy.

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 policies and practices outlined within the document were mostly consistent with what the inspector found during the inspection.

The provider had prepared a written policy on the use of restrictive practices. The policy included the arrangements for involving residents in decisions around implementing restrictions.

The policy had been recently reviewed, however the inspector found that it could be enhanced by providing more detail on the arrangements for approving and overseeing the use of restrictions. The Director told the inspector about the provider's efforts to establish a human rights committee to strengthen their provision of a human rights-based service. Once the committee was established, the policy would be updated to reflect their associated role.

The provider had systems for reviewing the quality and safety of the care and support provided to residents, for example, through annual reviews, six-monthly reports, quarterly audits, incident reports, and management meetings. However, the oversight systems required more consideration as the inspector found that there were some potential restrictive practices in use that had not been recognised as such by the provider. It was also not clear if residents had consented to their use.

Residents' needs had been assessed which informed the development of personal plans. Residents' families primarily managed their healthcare needs, however the provider had multidisciplinary team services for residents to avail of if required. Staff told the inspector that although some residents had behaviours of concern and used alternative communication means, there were no corresponding written support plans to guide staff on supporting them in these areas.

The person in charge told the inspector that the development of these plans would be prioritised, and that information gathering had already begun to develop a behaviour support plan.

The inspector found that the staffing complement was appropriate to the number and assessed needs of residents. While there were some vacancies, they were being filled by relief staff to minimise any potential adverse impact on residents. The skill-mix consisted of experienced social care workers and they were required to complete training to support their delivery of a human rights-based service, for example, on the safeguarding of residents, managing behaviours of concerns, and the Assisted Decision-Making (Capacity) Act 2015.

Some staff had also completed additional training in Human Rights, and there was information on restrictive practices in the centre for them to refer to. Staff attended weekly team meetings which provided a forum for them to raise any potential concerns. Recent meeting minutes noted discussions on residents' updates, and learning from thematic restrictive practice inspections.

The provider had also adequately resourced the centre to support residents in accessing their communities and social activities, for example, there was a vehicle available to transport them.

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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