



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

Issued by the Chief Inspector

Name of designated centre:	Killiney DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 September 2023
Centre ID:	OSV-0008245
Fieldwork ID:	MON-0040729

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
Friday 29 September 2023	11:00hrs to 17:00hrs	Karen McLaughlin

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

This was an unannounced thematic inspection of the designated centre. It was intended to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical, environmental and rights restrictions. This inspection aims to promote quality improvement in a specific aspect of care, in this instance, restrictive practices.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

The designated centre comprised of two houses in close proximity to each other, located in a busy suburb of South Dublin. The inspector visited both of the houses which made up the designated centre and observed both homes were clean and well-maintained internally and externally. Each house provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes and preferences.

The inspector saw photographs of residents engaging in community activities and going on holidays. The inspector observed no environmental restrictions in place while walking around the centre. Doors were observed to remain open throughout the course of the inspection making the communal areas accessible to all residents.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Residents were observed to be supported by staff who knew them and their individual needs well. Where relief or agency staff were required the person in charge and the supervisor endeavoured to retain familiar staff to ensure continuity of care.

On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. The centre presented as a relaxed and calm environment and not restrictive in nature.

Residents were observed to have busy and active lives. The inspector had the opportunity to meet with some of the residents on the day of inspection. The residents from one of the houses had plans for the evening and met staff directly after their day services to go for a meal and to the cinema after.

The residents from the other house were on the way out the door to go swimming when the inspector arrived. One of the residents communicated where they were going by showing the inspector his swimming bag and a music CD he was bringing to listen to on the way. Some of the residents had plans to attend a disco a later on that evening organised by the provider.

The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions. Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights. Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

Residents enjoyed a good quality of life and were facilitated to lead lifestyles of their choosing. Residents were provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development.

The plans reflected the residents' right to exercise choice in their lives. For example, residents in the centre were supported to maintain relationships with those important to them. Staff told the inspector that one resident had recently started dating and they were supporting them to do so.

Additionally, families played an important part in the residents' lives and the person in charge and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis.

Families were consulted for feedback in the provider's most recent annual review and they reported they were satisfied with the quality of care and support provided in the centre saying they were in particular happy with the level of choice and control residents have over their lives including access to activities such as trips to theatre, going out for walks and accessing local community events and clubs.

The residents in both houses were familiar with each other and often made plans together or invited each other to house events such as barbeques and birthday parties. Friends from outside the designated centre were also regularly invited to visit both homes.

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Residents attended weekly meetings where they planned the week ahead and discussed activities, menus, house issues, and aspects of the national standards including some of the rights referred to in the standards. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

All staff had received training in human rights and the provider had a human rights committee. From what the inspector observed and what residents and staff communicated, this training was used to enhance the care and support provided to residents.

Each resident's personal plan promoted positive risk taking and engagement in the residents' local community. For example, one resident was supported to engage in and attend paddle boarding classes at the local harbour. Another resident did not always require the support of staff and could stay in their home in the absence of staff for periods of time.

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Some residents' had communication care plans in place which detailed that they required additional support to communicate. The inspector saw that staff had received training in communication and were familiar with residents' communication needs and care plans.

The inspector saw that there was information available to the residents to support their communication including visual rosters, a visual activity board and social stories. The inspector saw staff using these visual supports with some of the residents to ensure that they were informed and supported to make choices.

There was one active restrictive practice in place for one resident in the designated centre, which was in line with the organisation's policy and procedures and had been notified to the Chief Inspector. There was clear documentation on the rationale for this practice. Input from members of a multidisciplinary team was evident as was their involvement in the decision-making and review of this practice. There was ample evidence to show that the resident was being supported to promote his independence by providing additional equipment to reduce the restriction while still ensuring safety for the resident.

It was clearly demonstrated that where restrictive practices were identified and utilised in the centre, they were in place to manage an identified personal risk or assessed need for residents. It was evident that every effort was made to provide residents with information, to seek their consent and to keep them informed about their care, including any restrictions in the centre. Restrictive practices were reviewed every quarter and reduction plans were in place where agreed upon, in line with residents' assessed needs.

Overall, the inspector saw that the residents in this centre was in receipt of high quality and safe care which was delivered by competent and well-informed staff. This care was effective in upholding the resident's' rights and was ensuring that they were living in an environment and home that was as restraint free as possible with due regard to their health and safety and assessed needs.

Oversight and the Quality Improvement arrangements

The inspector found that the provider, person in charge and staff team were striving to ensure an appropriate balance of each residents' right to autonomy and liberty with the need to ensure their health and safety.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge was suitably qualified and experienced and had oversight of two additional designated centres that were located in the same region.

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

A series of audits were in place including monthly local audits and six monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

A self-assessment questionnaire was issued to the provider in advance of the thematic inspection to assist them in preparing for the restrictive practice programme. This questionnaire was aligned with the themes and standards in the National Standards for Residential Services for Children and Adults with Disabilities (2013). This questionnaire was completed by the person in charge and returned to the office of the Chief Inspector. The inspector reviewed this document prior to the inspection and also during the inspection and found that all practices outlined within the document were consistent with what the inspector observed during the inspection.

A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs. Resources in the centre were planned and managed to deliver person-centred care.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference. Staff were found to be knowledgeable of what constituted restraint and restrictive practices.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high-quality, safe and effective services for the residents.

The provider had effected a number of policies and guidelines for staff to ensure that they were familiar with their culture and procedures regarding restrictive practices and human rights. These policies included a restraint reduction policy, complaints policy

and policy on equality and human rights. The supervisor showed the inspector how some of the policies and associated documents had been made easy to read in order to support effective consultation and engagement with residents. For example, there was an accessible version of the equality and human rights committee policy along with an accessible version of a consent form for referral to this committee.

The provider had effected a number of committees to support them in having oversight of restrictive practices in this region. These committees included an equality and human rights committee and a mechanical restraints committee. There were plans in place to establish an environmental restraints committee.

The committees were made up of staff members from the provider's internal staff team as well as external staff from other providers and agencies. The committee members also included residents, family members and multi-disciplinary team members where required. The inspector was informed that committee members had received additional training and that there were clear local operating procedures and policies to guide them in their work.

The restrictive practice committee met every three months and consisted of members of the senior management team, social workers, psychologists, speech and language therapists, occupational therapists and behaviour specialists. This initiative was in place across the organisation to try and reduce the number of restrictions in the designated centres.

It was evident that residents were being supported to engage in meaningful and motivating activities and that every effort was being made to promote residents' rights to living in a restraint-free environment. The provider, person in charge and the wider staff team promoted an environment which used minimal and proportionate restrictive practices to keep residents safe in their homes. Additionally, there was no emergency use of restrictive practices or interventions in the centre.

There were procedures in place to protect the resident from abuse. Allegations of abuse were reported, documented and responded to in a timely manner and in line with statutory frameworks. Safeguarding plans were implemented where required.

Overall, the inspector found that in this centre, each resident's right to autonomy, independence, privacy and dignity was promoted, while at the same time supporting their safety and wellbeing.

It was evident to the inspector that the centre was effectively implementing the National Standards which were explored as part of this thematic inspection. The result of this was that the resident was in receipt of a good quality and safe service that was upholding their human rights.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

The National Standards

This inspection is based on the *National Standards for Residential Services for Children and Adults with Disabilities (2013)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for adults and children for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of adults and children with disabilities in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Individualised Supports and Care** — how residential services place children and adults at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for children and adults , using best available evidence and information.
- **Safe Services** — how residential services protect children and adults and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and development for children and adults.

List of National Standards used for this thematic inspection (standards that only apply to children's services are marked in italics):

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each person and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

Theme: Use of Resources	
6.1	The use of available resources is planned and managed to provide person-centred, effective and safe services and supports to people living in the residential service.
6.1 (Child Services)	<i>The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.</i>

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service.
7.2 (Child Services)	<i>Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.</i>
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of people living in the residential service.
7.3 (Child Services)	<i>Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.</i>
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	<i>Training is provided to staff to improve outcomes for children.</i>

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred/child-centred, safe and effective residential services and supports.

Quality and safety

Theme: Individualised supports and care	
1.1	The rights and diversity of each person/child are respected and promoted.
1.2	The privacy and dignity of each person/child are respected.
1.3	Each person exercises choice and control in their daily life in accordance with their preferences.
1.3 (Child Services)	<i>Each child exercises choice and experiences care and support in everyday life.</i>
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	<i>Each child develops and maintains relationships and links with family and the community.</i>
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	<i>Each child has access to information, provided in an accessible format that takes account of their communication needs.</i>
1.6	Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.
1.6 (Child Services)	<i>Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.</i>
1.7	Each person's/child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services	
2.1	Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.
2.1 (Child Services)	<i>Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.</i>
2.2	The residential service is homely and accessible and promotes the privacy, dignity and welfare of each person/child.

Theme: Safe Services	
3.1	Each person/child is protected from abuse and neglect and their safety and welfare is promoted.
3.2	Each person/child experiences care that supports positive behaviour and emotional wellbeing.
3.3	People living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been

	assessed as being required due to a serious risk to their safety and welfare.
3.3 (Child Services)	<i>Children are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.</i>

Theme: Health and Wellbeing	
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4.3	The health and development of each person/child is promoted.
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