



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

Issued by the Chief Inspector

Name of designated centre:	The Sycamores
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	11 August 2023
Centre ID:	OSV-0001875
Fieldwork ID:	MON-0040627

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 11 August 2023	09:30hrs to 18:00hrs	Tanya Brady
Friday 11 August 2023	09:30hrs to 18:00hrs	Miranda Tully

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

This inspection 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 restrictions, environmental restrictions and rights restrictions. The aim of this inspection was to drive service improvement in such areas, for the benefit of residents. Overall, the inspection found that residents living in this designated centre were not consistently being supported to engage in activities that maximised their independence in their daily lives.

This centre is home to six residents and currently has two vacancies. The inspectors engaged with all residents over the course of the inspection. Throughout the day, some residents were seen to be supported to go out of the centre, some on walks or drives and others left for a coffee. Of the six residents that lived in the centre, one attended a day service, this however was on a planned break at the time of inspection. The inspectors found that while some residents were on occasion supported to engage in activities within their home this was limited. For instance one resident was reported to enjoy wiping down tables following mealtimes and the inspectors observed another resident checking and collecting the post. However, other everyday tasks were completed by staff with limited opportunity for residents to participate. Inspectors observed for instance the staff team on three occasions hang out or bring in washing but no resident was involved or offered this as a potential opportunity.

The inspectors found that improvement was required for a number of residents to fully explore options with regard to how they spend their day. Where residents did not for example get dressed or remained in their rooms or in bed it was outlined by staff that this was their choice. However, it was unclear what alternatives were available to support more meaningful choice or opportunity.

The centre is comprised of one large, single-storey, purpose built house. This house is located in a housing estate and set on its own site within a green area. The house is home to both male and female residents. Internally there was a large kitchen and separate dining room furnished with a number of small tables. There was a separate large sitting room used by some residents on and off over the course of the day to watch television. A smaller sitting room is also available and used mainly by two residents, it was observed to contain their belongings and was set up in line with their preferences. Other rooms that had previously been used as living areas have reverted to use as rooms for storage and for staff use. All residents have their own bedrooms, with three bedrooms en-suite, one of which was not occupied on the day of the inspection. There is a laundry room and a couple of large shared bathrooms or wet rooms.

On the walk through of the centre a number of restrictions not previously identified within the environment were observed by the inspectors and discussed with the person in charge and staff present. While the kitchen for example, was not locked

and the door was open it was not fully accessible to residents due to historic staffing practices that remain. Residents for the most part require staff support to enter the kitchen. Staff in discussion with the inspectors commented that they “did not know that residents could come in or get involved in the kitchen” also as the centre had a staff team that provided care and support to residents and a staff team that provided cooking and cleaning support these were viewed as operating independently to one another and in separate parts of the centre.

Some practices such as the historic practice of entering the kitchen were acknowledged by the provider and person in charge as having evolved in the centre. Practices also included where residents’ bedroom doors remained open and residents were checked on at regular intervals at night by staff. It had not been clearly identified or recognised that the presence of staff may impact on the residents’ right to privacy. Nor was it clear that the residents’ perspective had been sought in continuing this practice.

A small toilet located next to the dining room was locked and was reported as having been recently renovated. The person in charge had identified that its size made it inaccessible to residents and therefore prior to making a decision on whether it could be decommissioned and used for storage the room had been locked. This locked door or the inaccessibility of the room due to size had not been considered a restrictive practice for residents.

In the house it was clear that the individuals who lived here were fans of art with bedrooms and the smaller living room having art supplies and tables available for craft activities. All residents had personal photographs framed and on display in their personal spaces but less so throughout their home. Some residents explained to the inspectors why they had selected certain colours for items in their bedrooms. There was limited evidence that they had input into the décor throughout the rest of the house.

Residents were observed engaging in activities they enjoyed at times over the day such as writing in the staff office or watching religious service in their bedroom or art and craft in their room. For each of these activities observed by inspectors residents were carrying these out independently. Inspectors also observed residents socialising with staff or each other at times during the day, while others were reported to prefer space and time for themselves. Staff were familiar with all individuals in the centre and each was supported to prepare for and carry out their preferred activity.

The provider was proactive in ensuring that all individuals in the centre were offered opportunities to get out with the centre now having a vehicle that was accessible to all which had not been the case previously. In addition two residents were supported to go out for a walk or for a coffee on the day of inspection.

One resident had recently moved into the centre and their bedroom had an en-suite bathroom. The inspectors observed that the shower was full of another residents’ assistive equipment and therefore not accessible to the current resident who was using one of the shared bathrooms. The inspectors acknowledge that specific assessment had been required by a health and social care professional in order to

ensure that the shower was suitable for the resident. However, the presence of equipment that was not theirs had not been identified as needing to be removed and was sitting in their private accommodation.

One resident had photographs on display from social events they had attended such as, family weddings and it was clear that maintaining links with family was a priority for a number of individuals and fully supported by the person in charge and the staff team.

Within the previous year there had been no incidences of an unplanned use of a restrictive practice. While it was not anticipated that there may be a situation arising where unplanned use of a restriction might be required in this centre some clarity was required in the provider's processes for staff to follow should this arise.

Staff were seen to be familiar with the residents and their particular likes and dislikes. They spoke about restrictive practices in place and discussions that had occurred in meetings about recognising and implementing a restrictive practice. During the inspection as staff were talking about identified restrictions they asked about the use of brakes on a seating system. They initiated a discussion regarding the brakes and stated that when a resident was eating they were supported to move in close to the table. The brakes on their chair were then applied as part of the guidance from health and social care assessment, but this prevented them from moving back from the table and getting out of their chair independently without staff support. Without the brakes the resident would be able to get up from the table independently. The use of the brakes had been assessed for and introduced to promote the residents safety however, not recognised as a possible restriction.

All staff were seen to engage in conversation easily with the residents in the centre and adapted their communication style as required for individuals. They had all received training that was of support to them in positively carrying out their role. The provider continuously reviewed staffing arrangements and in some cases additional supports had been put in place to ensure residents could be supported to go out into their community.

For three residents a sensor alerting mat on their bed was in place to alert staff should they leave bed and require assistance. Also identified as restrictive practices within the centre was use of chair leaving sensors. It was discussed on the day possible options to minimise the impact of these sensors for residents. For example where a staff member was present in the sitting room next to a resident was the use of the sensor at that time necessary? The provider felt such measures were required due to possible human error with turning on and off of the sensor.

Further consideration was required in relation the environment and how this could be maximised to further support accessibility within the home and reduction of restrictive practices. For example, a bed was positioned in such a way that it required a resident to use their less dominant side to mobilise.

Where restrictions were in place and identified there were robust assessments in place for these and associated risk assessments had been completed. The assessment of risk required additional review as not all risks were clearly defined and were not always consistent with individual risk assessments. A log was kept of the use of a restrictive practice and these were to be reviewed on a regular basis. A protocol for the use of the restrictive practice was in place to provide guidance for staff. The provider was aware of the need to audit use as part of their quality improvement plan however, this had not yet begun. This did not allow as yet for oversight on how often for example a bed sensor activated or the use of a restrictive practice to inform how they could be reduced or removed.

There were some restrictions in place for individuals that were prescribed by the appropriate health and social care professional to ensure individuals were supported to maintain health and functional movement as much as possible. These included lap belts on wheelchairs and bed rails for use at night. Consent for the use of these was clearly documented. The provider as part of their focus on the area of restrictive practices was looking at systems to ensure that residents were asked on a regular basis that they were still happy they understood the reason for use and wished them to be in place

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 which had been recently reviewed and updated in 2023. In addition the provider had been developing their oversight processes and standardising their approach for the assessment and review of restrictive practices.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical, environmental and rights restrictions.

These standards and the questionnaire was divided into eight specific themes. The provider completed and submitted the self-assessment for review in advance of this inspection. Overall, the completed questionnaire suggested a good level of progress towards the National Standards with six themes reported to be meeting the requirements and two moving towards being compliant. The provider also responded in their self-assessment that there was a quality improvement plan being developed provider wide that would impact on their individual designated centres regarding restrictive practices.

The provider, person in charge and staff team were committed to ensuring a good quality of life for the residents in this centre however, this was not consistently evidenced by positive participation in the everyday tasks for residents in the running of their home. It was more clearly evidenced in an improvement in the range of activities and events that residents could access in their community and in visits with family and friends. While there was emerging evidence of improved consultation with residents in this centre this needed to be more meaningful and clearly recorded.

The inspectors acknowledge that there had been a change in the residents living in this centre and that some of these changes had arising due to the passing of residents which had been challenging for the staff team. Evidence of compassion in the provision of care to residents was clear. There was evidence of the staff discussing restrictive practices at their team meetings and it also formed part of supervision conversations. The provider had rolled out training to support staff such as Human Rights training and ensured that training in areas such as positive behaviour support was also provided.

There was a restrictive practice policy in place as stated above which had been reviewed in the six months prior to the inspection As a follow on from a review of the policy and their processes the provider was rolling out a system for incident reviews and management of risk. This included the establishment of a restrictive practice committee which had been in place for a short period of time. Clear terms of reference were seen to have been developed and initial minutes were also available for review by the inspectors. Referrals to the committee were on the basis of a restrictive practice having been assessed for and the risks of both having the practice in place or not reviewed. Currently while the committee was establishing, their focus was reported to be on the initial review of all restrictive practices but they had highlighted that a review process was to be used more consistently alongside consideration of new referrals over time. The provider as part of their quality improvement process discussed their awareness of the need to consider establishing a human rights or ethics review committee in time for the review of rights restrictions in particular.

The assessment process for a new restrictive practice was completed by the person in charge in conjunction with the staff team involved with the resident and if required a representative of the provider's health and safety department, in addition to the resident and a member of their family or a representative. This process included liaison with and assessment by a number of appropriate health and social care professionals and behaviour support professionals. The process of gaining and recording consent or where consent was not given required review.

Once a restrictive practice was implemented it was recorded on the restrictive practice register and was re-evaluated on a three monthly basis. A chart for the recording of when a restrictive practice was used was also in use. Part of the assessment process included the completion of a risk assessment. These were to ascertain the potential risk that led to the implementation of a restrictive practice in addition to a risk assessment of the practice. This system required review as it was not always clear what the potential risk was and the assessments in place were often not the same as the ones referenced by the committee in their decision making. The provider had identified that improvement was required in this area of the process and a new proposed risk assessment template is being trialled.

As stated a process of auditing was required so that the level of use of restrictive practices could be identified and reviewed. The auditing process was seen to be a process that could better support informed decision making on maintaining a restriction in place over time.

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.
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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

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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