



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

## Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services Tramore
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	01 November 2023
Centre ID:	OSV-0005113
Fieldwork ID:	MON-0041291

## 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
Wednesday 1 November 2023	08:10hrs to 15:10hrs	Conor Dennehy

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

Residents had been provided with homely settings to live in. The staff and resident interactions observed during this inspection were positive. Overall, limited restrictions were found to be in use across the centre but where they were in use, residents had been consulted about these.

This inspection was an unannounced thematic inspection intended to drive quality improvement. The focus of this inspection was to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to any physical restrictions, environmental restrictions and rights restrictions present in the centre. The centre was made up for two separate house located a short drive apart. Combined the two houses had a maximum capacity for nine residents. At the time of this inspection eight residents were living in the centre (although one of these resident was away from the centre with their family on the day of inspection) and there was one vacancy in one of the houses. Both houses were visited during the inspection with four residents met in total.

In the first house visited, two residents were met. The first of these residents told the inspector that they were going to day services that day and liked living in this house. It was mentioned by the resident that would be changing bedroom in the house soon with their future bedroom being bigger than their current bedroom. As part of this move, the resident's future bedroom was being repainted and the resident said that they had chosen the colour for this. This resident was seen to be supported in an appropriate and caring manner by a staff member present at the time with the resident indicating that the staff supporting them in the house were good to them. Soon after, the resident left the house in the vehicle provided to attend their day services in the company of the staff member present.

This staff member had been the only staff present in the house when the inspector arrived. Prior to leaving, they indicated that a second resident, who was in bed when the inspector arrived, could remain in the house on their own for a period of time. It was also mentioned that a day staff would be coming to the house to support the resident. After the first resident and staff had left this house, the inspector spent some time reviewing documentation in the house's staff office. The second resident got up during this time and greeted the inspector. The inspector asked the resident how they would be spending their day and the resident talked about going for walks and going for lunch with staff. The resident also indicated that they liked the house where they lived. A day staff arrived to the house soon after and warmly greeted the resident. Before the inspector left this house, the resident was seen to move freely throughout the house.

After leaving the first house the inspector went to the second house where he met one of the centre's management. At this time only one resident was present in the house and it was indicated that this resident could also spent time in the house on their own without staff support. After a discussion with the centre's management, the inspector met this resident who indicated that they were getting on well. When asked

by the inspector if they had anything planned for the day, the resident indicated that they did not but mentioned that they might go for a coffee later in the week. The resident said that they could always go for a coffee and that staff would bring them for this sometimes. Positive comments about the staff in this house were made by the resident who also told the inspector that they got on well with the other residents living in the house. The resident showed the inspector their bedroom, which they had their own key for, and told the inspector they liked it.

The inspector spent some time reviewing further documentation in this house and upon completing this went to leave the house. However, as he was exiting the house's driveway he met a second resident who was returning independently to the house. The inspector greeted this resident who indicated that they were returning from work to have lunch at home. The resident then invited the inspector to see their bedroom. As with the first resident met in this house, the second resident had their own key to their bedroom in addition to their own key for the house. The second resident mentioned changing the colour of their bedroom walls recently which they helped to do and also showed the inspector a new bed they had gotten. This resident appeared to be safety conscious and advised the inspector that the door to their bedroom was a fire door and also talked about wearing a high-visibility vest when going out for walks to make sure that they could be seen. Overall, the resident said they were getting on well and indicated that they might stay in the house later due to some expected bad weather on the day of inspection.

During this inspection, the premises provided for both houses were reviewed and in general these were seen to be presently in a clean, well-furnished and well-maintained manner. It was apparent that both houses were very homelike and reflected the residents who lived there. For example, in one house there was a pool table present while the other had a colourful sea life mural painted on an external wall. Residents' bedrooms seen were also found to be well-furnished and personalised. This included one resident's bedroom having posters up for the resident's favourite football team. On one bedroom door in each house, the inspector observed a locking device, similar to those seen in public toilets, being present. In the one of the houses the inspector queried this with staff. A staff member told the inspector that this was something the resident wanted themselves and it allowed the staff to unlock this resident's bedroom from the outside if needed. In the other house the inspector spoke to the resident whose bedroom door this locking device was on. This resident indicated that they did not know why this locking device was present but that it was never used.

Aside from this, no obvious physical or environmental restrictions were evident in either house. A door alarm was in use previously for one former resident but this had been discontinued after they moved elsewhere. The inspector did observe an external shed to the rear of one house that had a padlock on it. The inspector queried this with a resident present who had their own key for the shed and also showed the inspector where another key for the shed was present so others could access this if needed. As such this did not amount to a restrictive practice. It was highlighted though that in one house some items, including particular drinks, were kept in the staff office while in both houses residents' bank cards were stored in locked presses. These had been regarded as being restrictions on residents and had been recently

referred to the provider's human rights committee for review. It was noted though that residents had been consulted and were involved in decisions around such restrictions. The inspector also found evidence that residents' choice was respected in other areas of their care and support. For example, some residents indicated a wish not to participate in a person-centred planning process and this decision was respected.

When reviewing documentation relating to one resident, it was noted that they had at times engaged in some potentially risky behaviour. Such matters had been risk assessed and had been the subject of multidisciplinary input. This was discussed with a member of the centre's management who outlined the supports that were provided to the resident and the measures followed to ensure their safety. It was also highlighted by this manager that a balance was being struck in ensuring the safety of the resident but it was stressed that the resident was not restricted in anything. Further documentation reviewed for this resident from April 2023 referenced them expressing a wish to move to a smaller house and wanting to live with less people. The same documentation referenced that the resident was happy living in their current home which was indicated by the manager spoken with. They also suggested that while the resident had raised wanting to live elsewhere previously, the resident had never followed up on this. As the inspector did not meet this resident on this inspection, it was not possible to determine what their current views on their living situation were.

In summary, four residents were met during this inspection with all providing positive feedback to the inspector. The houses residents lived were found to be well-presented overall. Some restrictions had been identified by the provider but residents had been consulted and informed around these. Staff and resident interactions were only seen in one house of the centre but such interactions were positive.

The next section of the report presents the findings of this thematic inspection around the oversight and quality improvement arrangements as they relate to physical restrictions, environmental restrictions and rights restrictions.

## Oversight and the Quality Improvement arrangements

The provider did have structures and systems in place to maintain oversight of and to review restrictions. Despite these, some long-standing restrictions had not been identified as such until recently. It had also been identified by the provider that it did not have a specific policy on restrictive practices.

Prior to this thematic inspection, the provider was invited to complete to a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical restrictions, environmental restrictions and rights restrictions. The completed self-assessment, which was returned by the provider in advance of this inspection, suggested a good level of progress towards the National Standards. One area for improvement though that had been highlighted by this was that the provider needed a specific policy on restrictive practices. Such a policy is important to ensure that there is clear overarching guidance on how restrictive practices are to be managed. During the current inspection it was indicated that this policy was being drafted but was being worked on by the provider at a national level and no timeframe was indicated as when the policy would be finalised.

It was noted though that the provider did have policies on responding to challenging behaviour and human rights, both of which had been reviewed in 2023. These policies did provide some guidance on how restrictions were to be assessed, approved and reviewed. In line with such policies restrictions in use were to be reviewed by the provider's human rights committee and documentation seen during this inspection indicated that the restrictions referenced earlier in this report had been recently referred to this committee. The outcome of the committee's review of these was unknown at the time of this inspection. However, the inspector was informed that this was first time these restrictions had been referred for review even though some had been in use for some time. For example, some restrictions were indicated as being used for 10 years. It was acknowledged though that residents had been consulted and involved in decisions around such restrictions.

Outside of reviews by the human rights committee, the provider had monitoring systems in operation which did consider restrictions. These included six monthly unannounced visits to the centre by representatives of the provider and individual rights assessments for residents. Such monitoring systems had identified some of the restrictions that had been in use in the centre including the door alarm that had been in use for a former resident. It was seen though that they did not always identify all restrictions. For example, some of the individual rights assessments completed for residents in 2023 had not identified some of the longstanding restrictions that had been recently referred to the human rights committee. This indicated that aspects of the monitoring systems in operation needed improvement to ensure that they

identified all restrictions in use. However, it also acknowledged that at the time of this inspection there was limited restrictions in use.

The restrictions that were in use were known to the staff members spoken with during this inspection who also demonstrated a good understanding of the needs of residents they supported. While both houses of this centre were generally staffed by one staff member at a time, it was indicated that this did not restrict residents' ability to engage in activities of their choice. This was aided by some residents being independent and being assessed to remain in their homes without staff support. It was also indicated that where necessary additional staff support could be provided to facilitate outings. However, staff spoken with informed the inspector that a previous resident in one house had required additional support which had limited the ability of other resident to engage in certain activities. A member of the centre's management spoken with during this inspection suggested that this had not been the case. As the relevant resident had moved elsewhere in September 2023, this matter did not impact existing residents at the time of this inspection.



## 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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