



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

Issued by the Chief Inspector

Name of designated centre:	Lolek
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	12 September 2023
Centre ID:	OSV-0007740
Fieldwork ID:	MON-0040968

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
Tuesday 12 September 2023	09:00hrs to 16:30hrs	Sarah Mockler

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 restrictive practices, for the benefit of residents. Overall, the inspection found that residents living in this designated centre were in receipt of good quality care, however, minor improvements were needed in the management and reduction of restrictive practices to enhance the residents lived experience.

The centre was home to two residents who received full-time residential care. The inspector had the opportunity to meet with both residents across the day of inspection. Throughout the day, residents were seen to leave the centre with the support of staff to pre-planned activities. For example, a resident went bowling and for a walk to the local church. Residents' daily routines were planned in line with their preference and needs. Residents attended day service on a sessional basis for activities they enjoyed such as music or flower arranging. Residents were encouraged to experience a range of activities and day trips. Each resident had a tablet device that contained pictures of the residents engaging in a variety of activities such as day trips, family visits, birthday celebrations, swimming, organised walks and runs, and music festivals. There was a vehicle available to both residents. One resident also enjoyed using local transport or walking into the city. The location of the house was ideal in relation to this as it was close to public transport links.

The centre comprises a detached bungalow located in a residential area. In the home there was a living room, a kitchen/dining area, a sitting room, a utility room and a small bathroom with a sink and toilet. Each resident had their own individual bedroom, access to a shared bathroom with a separate shower and bath and there was a third room dedicated for storage. Residents preferred to use separate communal spaces and the small sitting room was set up with activities that one resident enjoyed. For example, a couple of puzzles were present on the table and there was a guitar available for the resident to use. Throughout the morning the resident was heard strumming on the guitar.

On the walk around of the centre a small number of restrictions that had been identified by the provider were observed to be in place. For example the front door had a key pad lock to enter from the front door and a push button to release from the inside. The staff spoke about how they were trying to prompt one resident to use the push button and if possible the door was left off the latch so residents could leave the home with minimal staff support. A wardrobe door was locked with a pad lock. This restriction was part of a behaviour support plan which will be discussed further throughout the report. Other restrictions that were utilised within the centre included locking the utility door at specific times and also locking an interconnecting door between a sitting room and kitchen. Staff spoke to the inspector in detail around each

of the restrictions, the rationale to why they were in place and the efforts that had been made to reduce the restrictions in line with residents' specific assessed needs.

The door of the utility room was locked to reduce one residents' access to clothes. Recently a number of staff reported that this practice did not have to be utilised if washing of clothes was completed at specific times. It was evident from reviewing documentation and discussion with staff that efforts had been made to successfully reduce this restriction. The utility room door was open at all times during the inspection.

However, the practice of locking the interconnecting door between the kitchen and sitting room required review to ensure it was the least restrictive approach. It was noted on the day of inspection that this door had a key lock turn on the kitchen side. Staff reported that this door was locked due to staff resources, for example if lone working and medication required to be prepared, this door was locked. This would prevent a resident coming directly into the kitchen. They could leave the area by using a separate interconnecting door to the sitting room. There was limited guidance on how to apply this restriction and there were no risk assessments in place. From the information presented to the inspector it appeared that this was not a restriction that was in line with a least restrictive approach.

As previously stated each resident had their own individual tablet device. The person in charge confirmed that residents had purchased these devices with their own money. The devices were kept in a press in the sitting room. Although the residents could physically get access to the device, each device had a six digit code in place in order to open it and get access to relevant content. From discussions with staff, it had not been considered how this device could be made fully accessible for residents. For example no skills teaching had taken place, or no other methods had been explored in terms of securing the device. Therefore residents could only access the device with staff support. This required review to determine if it fell under the purview of a restrictive practice.

Residents access to finances was also limited at times. This was a well identified practice within the organisation. This was in part due to how residents' accounts were set up and the practice of getting access to money through the main office which was open during standard office hours only. The organisation were in the process of exploring other financial options for residents and this was in progress on the day of inspection.

Residents on the day of inspection were seen to move freely around their home and approach staff for help and support. There was a permanent staff member present on the day of inspection and the second staff present was from an agency. Both staff present were familiar with the residents' needs, likes and dislikes and were seen to be kind and patient in their interactions with residents. All of the core staff team had received training in a Human Rights Based Approach to care and support. Observations indicated that staff were respectful in their interactions, used professional and appropriate language when speaking about residents' specific needs and they offered choice throughout the day. For example, the morning time a resident had an online review with a Health and Social Care Professional. Staff were

facilitating this appointment. Staff were heard to explain to the resident that this appointment was going to occur and asked the resident if they would like to attend. Choices were also offered around meals with residents choosing specific meals at lunch time.

Oversight and the Quality Improvement arrangements

The provider had 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 2022. 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 and were in line with the findings of the current inspection.

The provider, person in charge and staff team were committed to ensuring a good quality of life for the residents in this centre. Residents engaged in a range of activities in line with their preferences and interests. Consultation with residents around the use of restrictive practices required greater attention to detail. Although, there was some evidence of restrictive practices being discussed during circle of support meetings with residents on an annual basis there was limited evidence on how they were consulted on an ongoing basis.

There was a restrictive practice policy in place as stated above which had been reviewed prior to the inspection. Recently a restrictive practice committee had been established to review the use of restrictive practices within the designated centre. This committee met on a six monthly basis. The inspector reviewed notes from the most recent meeting and found good evidence of discussions around reducing restrictions were possible. In addition restrictive practices were reviewed quarterly by the person in charge, and also through the provider oversight mechanisms of annual reviews and six monthly unannounced.

The assessment process for restrictive practices was completed by the person in charge in conjunction with the staff team involved with the resident, the social worker and resident. The restrictive practice management plans were developed for each restrictive practice and outlined the nature of the restrictive practice, the rationale for using it and when it was last reviewed. All identified restrictive practices had associated management plans in place.

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. However, the data recorded was ineffective in terms of trending and analysing restrictive practices. For example the staff would have to record in a two hour window if a restrictive practice was utilised or not. They would record this data for restrictive practices that were in

place across the majority of the day. This was cumbersome for staff to complete. The use of effective data required review to ensure it best represented the information on the use of restrictive practices.

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 not all restrictive practices had associated risk assessments in place. For example, the use of a key pad lock on the front door had an individual associated risk assessment for one resident, however, it did not account for the impact on the second resident in the home.

In summary, residents were in receipt of good quality services. The provider had identified improvements that were required in relation to the use of restrictive practices within the centre and were beginning to deliver on improvement initiatives. While the provider had identified the majority of areas that were required for improvement, such as improved data collection and development of risk assessments, this remained outstanding on the day of 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.

**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	
------------------------------------	--

4.3	The health and development of each person/child is promoted.
-----	--