



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

## Issued by the Chief Inspector

Name of designated centre:	No. 1 Woodview
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	15 August 2023
Centre ID:	OSV-0008269
Fieldwork ID:	MON-0040560

## 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

---

<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
Tuesday 15 August 2023	08:45hrs to 16:00hrs	Conor Dennehy

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

While some restrictions in place did impact on residents' access to their environment within the centre, there was evidence that residents were supported to access the community. Staff sought to limit environmental restrictions and were observed to be respectful in their interactions with residents. Some rights restrictions were also noted.

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 used in the centre. This designated centre is a large detached dormer bungalow located in a housing development in a town that is within a short driving distance to nearby city. Three residents lived in this designated centre. All three were present on the day of inspection and met with the inspector. None of these residents communicated verbally. Time spent with the residents, discussions with staff, documentation reviewed, and observations were used to get a sense on the lives residents lived and if they were impacted by any restrictions.

All three residents moved into this centre in August 2022 having previously lived in a campus-based setting operated by the same provider. The inspector was informed that residents were now being supported to become more engaged in the local community. The inspector was given some examples, which included a resident visiting the local church, a resident going on walks to get some coffee, and a resident going for meals out in a restaurant. On the morning of this inspection, two residents left with staff support to go for a drive and a walk before returning for lunch. In the afternoon, one of these residents left the centre again to go on another outing and the inspector was informed that later in the afternoon the other two residents would also leave the centre.

The centre where residents lived was observed to be clean, well-furnished and well-maintained. Each resident had their own individual bedroom and other facilities in the centre included living rooms, a kitchen, a dining area, bathrooms and staff rooms. It was observed that there were some environmental restrictions in place. These included the front door and an internal door in the downstairs hall being locked with keypads, a locked press in the kitchen, and a stair gate on one of the centre's two stairs. Only one resident used this stairs to access the first floor where there was a sensory room. Staff informed the inspector that sensory items would be brought downstairs for the other two residents to use. On the ground floor of the centre it was also seen that a room where medicines were stored and a boiler room were locked. It was indicated by staff that residents never tried to access either room. The key to the medicines room was left in the keyhole throughout the inspection.

Keys were also seen in the two doors that led into the centre's kitchen. These doors were mostly left unlocked during the inspection, however they were locked at certain times when food was being prepared. It was also noted that unannounced visits to the centre conducted by a representative of the provider in February 2023 and

August 2023 had listed an electronic gate at the front of the centre's driveway as being a restrictive practice. To the rear of the centre was an enclosed garden that included a chicken coop and a cabin where the centre's washing and drying machines were located. During a previous inspection of this centre in January 2023 it was indicated to the inspector that residents did not tend to be involved in doing their laundry.

The rear garden area could be accessed in three ways. From the front of the centre, access was via an external side gate that was closed with a sliding bolt. The garden could also be accessed from the centre through a rear exit door that was accessed via the internal key-padded door. There was an enclosed patio area behind the centre that was directly accessed from the centre's dining room. Access to the garden from the patio was via a gate in the wooden fence, which also closed with a sliding bolt. The inspector was informed by staff that no resident could unlock the internal key-padded door, and that only one resident may be able to use a sliding bolt to open the gates. This suggested that at least two of the residents did not have free access to the rear garden.

It was indicated that these environmental restrictions were in place due to the particular needs of residents and identified risks. Staff members spoken with were aware of such restrictions and the rationale behind them. Staff were observed and overheard to be very pleasant and respectful in their interactions with residents throughout the inspection. One staff member played a guitar and sang to two residents. It was also apparent that staff took measures to minimise the duration restrictions were used and the impact that they had on residents. For example, at one point while the kitchen doors were locked, a resident took a staff member by the hand and appeared to be requesting to enter the kitchen, which the staff member facilitated. On another occasion, a different staff member was heard to tell the same resident that they had to lock the kitchen doors and to explain why they had to do this.

All residents were supported to have their meals on a one-to-one basis with staff in one of the centre's living rooms. During mealtimes the door to the living room was closed. It was highlighted that this door may have to be locked, however it was stressed that the door was not routinely locked. The inspector was informed that due to residents' assessed needs and related risks, the door would be locked if one particular resident entered while one of their peers was having a meal. This door may also have to be locked while the third resident was having a meal, depending on how they reacted to their peer entering the room. This door was seen to be locked for a brief period during the inspection after the particular resident entered the room while a peer was being supported with a meal. The particular resident was quickly redirected out of the living room by another member of staff before the door was locked.

Logs were kept around the times when this door was locked. The inspector reviewed this log for recent months and noted that the duration could range from 10 minutes to 40 minutes. The locking of this door was included in the centre's restrictions log. However it was noted that this log did not include all of the restrictions observed by the inspector. The restrictions log included some rights restrictions involving nightly

checks for all residents. The reasons for these checks were not reflected in relevant risk assessments but were documented elsewhere. During the course of the inspection another rights restriction was noted by the inspector that was not included in the centre's restrictions log. This involved a resident not having full access to, or control over, money which they were entitled to receive. This matter was previously raised during the January 2023 inspection of this centre completed on behalf of the Chief Inspector of Social Services (the chief inspector). During that inspection it was indicated that the provider was engaging with other stakeholders about this, but at the time of this inspection it did not appear that progress had been made in addressing this rights restriction.

It was also noted during the January 2023 inspection that a rights assessment completed for one resident indicated that their ability to access the community was impacted by transport not always being available. This rights assessment had been reviewed since then and included the same information regarding transport. Despite this, staff spoken with during the current inspection indicated that there were no transport availability concerns impacting this resident. It was also stated in the same rights assessment that the resident needed two-to-one staff support when accessing the community. Generally three staff were on duty by day in the centre and there were times, including on the day of inspection, when four would be on duty. Such staffing levels supported residents' ability to access the community. It was indicated that on occasions, only two staff might be on duty by day. This could potentially limit residents' access to the community but it was stressed that this rarely happened.

In summary, the inspector did not get any direct verbal feedback from residents on what it was like to live in this centre. However, it was indicated that residents were getting out into the community and staff were found to be pleasant and respectful towards residents. Some environmental restrictions and rights restrictions were evident during the inspection.

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

## Oversight and the Quality Improvement arrangements

While the provider did have structures and systems in place to maintain oversight of restrictive practices used in the centre, the findings of this inspection indicated that some improvement was needed. Staff members spoken with demonstrated a good knowledge around restrictions and were trying to minimise their use.

In advance of this thematic inspection the provider was invited to complete a self-assessment questionnaire intended to measure this centre's performance against the 2013 National Standards as they related to physical restrictions, environmental restrictions and rights restrictions. In their completed self-assessment that was returned by the provider, it was outlined how restrictive practices were subject to review by the provider's behavioural standards committee, rights review committee, or a risk assessment process depending on the restrictions involved. The operations of the two committees, which could have some overlap, were outlined in the provider's restrictive practices policy and their policy on rights protection and promotion respectively. At the time of this inspection the former policy was due to be reviewed in September 2023 to reflect recent changes in Irish law while the later policy was also in the process of being reviewed.

The inspector was informed that no matters concerning residents had been referred to the provider's rights review committee since the three residents moved into this centre in August 2022 but that there was a pathway for referrals. However, as highlighted earlier in this report some rights restrictions impacting residents were noted during this inspection.

Some of the environmental restrictions observed during this inspection had been referred to the provider's behavioural standards committee in a manner consistent with the provider's existing restrictive practices policy. It was noted that this committee had multidisciplinary membership and had sanctioned some of the environmental restrictions referred to it. For others, the committee had recently sought further information or suggested possible alternatives for consideration. The feedback from the behavioural standards committee on these restrictions was still being considered at the time of this inspection.

Not all of the environmental restrictions seen by the inspector had been referred to the behavioural standards committee. These included the electronic gate at the front of the centre's driveway which the provider's own unannounced visits to the centre had identified as being a restrictive practice. The internal key-padded door, as referenced earlier in this report, had also not been referred. During the January 2023 inspection of this centre it was identified that not all environmental restrictions had been recognised and notified to the chief inspector in line with regulatory

requirements. This included the internal key-padded door which was expressly referenced in the January 2023 inspection report.

It was acknowledged that some of the other environmental restrictions highlighted during the January 2023 inspection had since been referred to the behavioural standards committee with their use now being recorded. These included the intermittent locking of a living room door during meal times. Maintaining such records is important in monitoring the use of a restriction and was consistent with the provider's restrictive practices policy. The same policy indicated that the outcome of the use of a restrictive practice was to be recorded for review. However some of the records reviewed regarding the locking of doors in this centre did not record the outcome. In addition, as mentioned earlier in this report, a restrictions log in place for the centre did not include all restrictions identified during this inspection. For the restrictions that had been recorded in this log, it was noted that not all relevant information had been included, such as the rationale for the use of these restrictions.

The environmental restrictions present were being used in response to identified risks. While some of these restrictions were referenced in relevant risk assessments, others were not. It was highlighted that the stairs gate was in place as it was unsafe for one resident to use the stairs to the first floor. No corresponding risk assessment was in place regarding this, although it was acknowledged that the resident had been previously assessed by health and social care professionals who raised concerns around this resident's use of stairs. Aside from the risk assessments, individual rights assessments had been completed for each resident which were intended to identify if residents had any restrictions on their daily lives. However, while two residents' individual rights assessments had been reviewed in 2023, the individual rights assessment for the third resident available during this inspection was from October 2020 when the resident lived in another setting. Information around transport in one resident's rights assessment was not consistent with what staff told the inspector during this inspection. The accuracy and content of residents' rights assessments had also been raised during the January 2023 inspection.

Overall, the current inspection's findings indicated that improved oversight of restrictions in this centre was needed to ensure continued progress towards meeting the 2013 National Standards. The completed self-assessment submitted in advance of this inspection was divided into eight themes, and in this the provider indicated that quality improvement was needed under two themes- Responsive Workforce and Individualised Supports and Care. Despite this, the inspector was informed that no quality improvement plan had been developed for these areas. The findings of this inspection indicated more areas requiring improvement than identified in the self-assessment. Some of these findings had been previously highlighted in the January 2023 inspection of the centre. This suggested that the theme of Leadership, Governance and Management needed improvement to ensure that there was



effective oversight and proper adherence to processes around environmental and rights restrictions in this centre.

While there were improvements needed, it was noted that staff members spoken with had an awareness of the provider's policy on restrictive practices. In addition, these staff were able to outline the rationale behind the environmental restrictions seen on the day of inspection, even those which had not been referred to the provider's behavioural standards committee. It also appeared that staff on duty made efforts to explain to residents why and when environmental restrictions were used, while also taking measures to minimise their use where possible. On the day of this inspection it was seen that there were sufficient staff available to support residents. However, the inspector did get some varying responses around staff turnover from speaking with staff. A resident's relative had also recently complained about this matter but this complaint had been closed to the satisfaction of the complainant. It was noted that there was one nursing staff vacancy at the time of inspection. This was expected to be filled in September 2023.

## 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.
--------------------------------	---

### 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>	
------------------------------------	--

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