



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

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| Name of designated centre: | No.2 Cordyline                           |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Cork                                     |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 23 October 2019                          |
| Centre ID:                 | OSV-0004594                              |
| Fieldwork ID:              | MON-0027945                              |

## 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            | Inspector of Social Services |
|-----------------|------------------------------|
| 23 October 2019 | Elaine McKeown               |

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

No 2 Cordyline is registered to provide residential care for up to 23 adults, both male and female who have an intellectual disability in addition to multiple complex needs including dementia. The designated centre supports residents with an aging profile and staff can also support individuals who may require palliative care. The designated centre is located on a campus setting on the outskirts of a large town in Co. Cork. The centre is comprised of five bungalows, located adjacent to each other. Three houses are four bedroomed bungalows and the two remaining houses are five bedroomed bungalows. While all of the bungalows are decorated and personalised to reflect the individuals living in each house, the layout is similar. There is an open plan dining and sitting room area with a kitchen and utility room adjacent to this area. The bedrooms are located along a corridor with a minimum of two adapted bathrooms in each bungalow and two bungalows have an additional toilet facility. Each bungalow has ample parking and an exterior garden area accessible for the residents. There are a number of transport vehicles available for use by the designated centre.

During the course of the inspection, the inspector visited four of the bungalows in this designated centre and met thirteen of the residents. The person participating in management and the person in charge were not available on the day of this inspection. However, the clinical nurse manager on duty was very familiar with the residents and was able to provide the inspector with the required information during the inspection. The inspector also met the unit leaders or senior staff in each of the bungalows that were visited on the day, all of whom were familiar and had a good knowledge of the assessed needs of each of the residents in their care.

The inspector arrived at the first house while the residents were just finishing their breakfast. The staff introduced the inspector to the residents' and they shook hands and spoke with the inspector. The residents were familiar with the staff supporting them and were encouraged to tell the inspector about recent activities that had taken place in the house. One resident had celebrated a birthday recently by having three different events; a mass in the house, a small party in a local garden centre and another party with peers. The inspector observed the staff interacting with the residents in a manner that was familiar and pleasant, while supporting the individual needs of each of the residents. For example, residents were supported to choose which coat they wanted to wear as they prepared to go to Mass. Staff were observed to fully explain what they were doing such as assisting with meals, administering medications and assisting with safe mobilisation. Consistently throughout the inspection staff were seen to speak to residents with reduced mobility at their own eye level. The staff had good knowledge of the assessed needs of the residents. For example, staff spoke in detail about the support one resident required in recent months for an on-going medical condition. It was evident that staff had pursued and ensured effective support from other healthcare professionals for this resident. This approach by staff in all the houses was evident throughout the inspection to support additional needs of residents as required.

While the environment and atmosphere was different in each house, all were homely

and decorated with personal photographs and possessions. One house had an exercise bike in the sitting room while another house had a comfortable chair with a high table and a reading light positioned behind it in the corner of the sitting room to support a resident who liked to write. Another resident who liked to listen to music had a comfortable chair and their own headphones ensuring they could enjoy their activity without affecting their peers in the house. While these items were in communal areas they did not impact on the use of the space for the other residents living in these houses. However, the space for residents to meet relatives in their homes was limited to the open plan sitting room areas of the houses or an area referred to as "The Cottage" located on the campus where residents and visitors could go to have refreshments and talk privately.

Residents who spoke with the inspector outlined how they were supported to pursue their interests. One resident proudly told the inspector of the role they have during Mass on Sundays and staff helped the resident to explain to the inspector that they had an interest in gardening activities. In addition, they were very active at looking after window boxes and flower pots outside their house. This resident had also recently enjoyed an overnight stay with family members to celebrate a birthday party. This was the first time the resident had done this and they told the inspector they would hope to be able to do it again in the future. Another resident spoke of how they enjoy visiting a local public house when there is a music session on with a staff member. They get involved in karaoke activities and enjoy socialising in the community. This resident was busy reading the daily newspaper when the inspector met them. They were able to discuss current topical events with the inspector and informed the inspector they were planning their retirement in the coming weeks from their horticultural role that they enjoyed for many years. The resident spoke of how staff provide support to them to go to the bank when they choose and how they enjoy listening to a particular radio station. Another resident showed the inspector the jewellery they were wearing which they had made themselves. Staff informed the inspector that the resident is supported to make the jewellery in their day service and they sell some of the items at Christmas time.

The inspector observed residents' being supported as per their assessed needs to eat their meals. During the inspection there was a discussion about residents receiving their meal in the middle of the day from a central kitchen during the week. Staff in all the houses consistently explained that residents did have choice at all meals; breakfasts and evening meals were cooked in each of the houses every day so that residents' could assist if they wished to and could smell food being cooked. The residents return to each of the houses in the middle of the day from their day service. Staff support the residents to eat the prepared meals and then return to their day service for the afternoon or continue with other scheduled activities. The inspector did observe individual choices being offered to residents at this time in one of the houses. Some residents required modified diets which were provided however; staff outlined actions taken to support one resident who had been reviewed by a speech and language therapist. The recommendations made at the time resulted in a restrictive feeding, eating, drinking and swallowing plan, FEDS. The resident did not like the consistency or the taste of the food following these recommendations. The resident and staff requested another review and an agreement with the consent of the resident resulted in a removal of the restrictions. However, staff are aware that

this resident requires staff supervision when eating to ensure their safety at all times and this was evident during the inspection.

Staff were familiar with individual preferences and the communication needs of the residents. They were seen to understand requests made by residents throughout the inspection. Some residents were able to give the staff clear instructions on what they required, for example, one resident told staff they did not want to raise up their feet while they were sitting down. In interactions with other residents staff were fully aware of preferred routines that some residents liked to undertake on their arrival home. One resident got their slippers while another had to hang up their coat before doing anything else. Staff also outlined how one resident speaks phonetically and there are required responses from staff to ensure the resident is understood at all times in a consistent manner. This approach has resulted in the resident participating in more activities and engaging better with other peers and staff in recent months.

During the inspection, staff spoke of the different community activities that the residents participated in which included attending concerts, music sessions, farmers markets as well as supporting resident's individual interests. One resident with a visual impairment is supported to attend special cinema viewings for the visually impaired. Staff also informed the inspector that this person's home does not have any restrictive practices in place. For example, the resident is supported to mobilise independently around their home by using handrails.

The inspector reviewed the restrictive practices in place in the designated centre with the staff. None of the staff present had been involved in completing the self-assessment questionnaire submitted by the provider prior to this inspection. The provider had outlined that bed rails and lap belts were used as prescribed by an occupational therapist to ensure the safety of some residents in the designated centre. In addition, sensor mats and an audio monitor are used as an alternative to the use of restrictive practices to ensure the on-going safety of residents. These were in place during the inspection and staff were aware of the protocols in place when using the audio monitor to ensure the resident's rights and dignity were protected. However, the provider had not reflected on the practice of locked presses in some of the houses. Following discussion with staff in one house, the requirement of having locked presses where cleaning products and food supplements were stored could not be determined as a requirement for all of those living in the house.

Overall, the inspector found that the residents were supported to live a good quality of life and staff who supported them on the day of the inspection offered a person centred approach to care. Residents were supported at all times during the day and night by nursing and care staff. However, the inspector found that a review of locked presses was required to ensure the restrictive practice was not impacting on residents who did not require this practice to be in place in their home.

## Oversight and the Quality Improvement arrangements

Overall, the inspector found that there was good continuity of core staff available to support the residents availing of services in this designated centre. There were minimal restrictive practices in place to ensure the safety of residents which had been prescribed for individuals. The staff team were supporting residents to engage in meaningful activities both in the designated centre and in the community. However, the person in charge had not included the practice of locking presses in the self-assessment questionnaire that had been completed by them prior to this inspection. The use of locked presses in some areas of the designated centre had also not been reported as part of the required notifications under the regulations of the Health Act 2007.

The person in charge had recently taken up the role in this designated centre. The inspector was informed that staff meetings were planned with this person in each of the houses in the coming weeks. Staff who met the inspector had a good understanding of residents' assessed needs and this was also observed throughout the inspection. A review of the staff rota indicated that residents were supported by staff who were familiar to them. On the day of inspection each house was well resourced and reflected the supports required by individuals within the houses. In addition, staff were observed to respond immediately to multiple personal alarm activations during the course of the inspection. There was evidence that staff resources were flexible to support the needs of the residents at different times of the day. Volunteers supported some residents at scheduled times during the week and the provider ensured additional staff were available in the evening time facilitating residents to be supported in their homes or out on community activities as they chose. There was a schedule of activities to ensure all residents who wished to participate in activities were regularly facilitated. Staff outlined how the provider had responded to the changing needs of one resident who had experienced falls earlier this year by ensuring this resident had 1:1 staffing during the daytime. This had resulted in the resident not having any falls since this resource was put in place.

The designated centre had access to a number of transport vehicles, including wheelchair accessible transport which assisted all residents to access the community and their day service activities. During the inspection, the inspector found that the centre was well resourced and that the use and implementation of restrictive practices was not influenced by a lack of resources. The inspector was also informed that all staff were responsible to ensure their own training requirements were up-to-date, this was verified in conversations with staff during the inspection.

The provider had a policy in place on the oversight arrangements for the use of restrictive practices which had been regularly reviewed. Staff and management were familiar with the service provider's policy on restrictive practices and this was implemented in practice. While the inspector was not able to review the quality improvement plan on the day of the inspection, the person in charge subsequently outlined the provider's current review, summary of goals and related actions for safe

service provision in the designated centre. The annual review for the designated centre completed in February 2019 identified that restrictions were in place for safety reasons and implemented in-line with the provider's policy guidelines. The provider ensured families were aware of any restrictive practices in place for residents. The provider's actions identified in this review included all staff to receive risk assessment training and refresher training in restrictive practice. The provider intends to develop an improvement plan for restrictive practices locally in the designated centre based on the information contained in the self-assessment questionnaire. In addition, the provider intends to review this at an organisational level and the development of an improvement plan for restrictive practices throughout the whole organisation will be influenced by the results of self-assessments completed by all designated centres. The provider has a behaviour standards committee which reviews the use of restrictive practices with a focus on reduction and discontinuation.

Overall, the inspector found the culture in the designated centre was very positive and the residents' wellbeing was at the core of the care provided in the centre.



## 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

| <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> |  |
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| 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> |   |
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| 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 |

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|                      | 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> |

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| <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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