



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

Issued by the Chief Inspector

Name of designated centre:	Weavers Hall
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	26 November 2019
Centre ID:	OSV-0005653
Fieldwork ID:	MON-0027715

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	Inspector of Social Services
26 November 2019	Ivan Cormican

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

The designated centre is registered to provide a residential service for up-to-four residents with an intellectual disability. Residents who were using this service had high support needs.

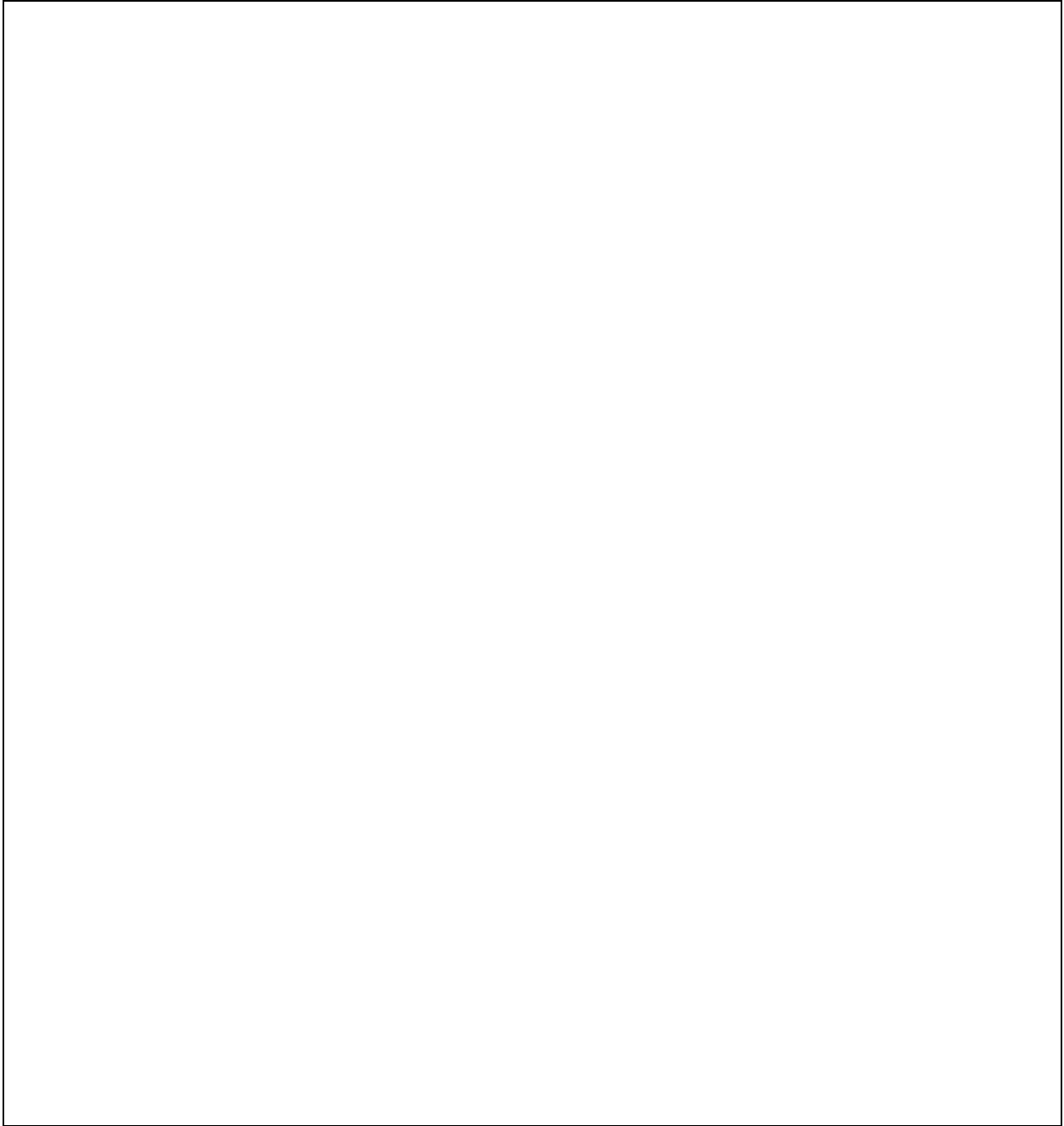
Residents had moved into this centre; which is based in the community, in 2017. Previously, these residents had lived in a congregated setting. Some of the staff members who supported residents in this centre had previously supported residents in the congregated setting and these staff members spoke at length in regards to the positive impact this move to the community had. Previously, residents lived in shared dormitory style accommodation and meals had come from a centralised kitchen which gave the residents little opportunity to personalise their environment or experience and participate in cooking a meal. Staff discussed how some residents' appetites had greatly improved since they moved to the community and also how they appeared to enjoy meals being prepared and the aroma of a home cooked meal. A resident had also recently decorated their room with motorcycle paraphernalia, which was a passion of theirs. There was also greater access to their local community and staff described that previously, activities had to be planned in great detail and generally required a number of residents travelling together in order for an activity to occur. Whereas now, residents could go out to shops and restaurants as they wished and on the day of inspection, two residents were going to go for coffee after attending an appointment, an activity which might not have occurred in the past. Overall, staff members felt that the move to community was very positive and played an important part in improving the lives of residents.

The inspector met with four residents and conducted the inspection from a communal dining area and from a communal sitting room where some care practices and interactions could be observed. Residents had just begun their day when the inspection commenced and were busy being supported with their breakfast. During this time they appeared relaxed and a warm and engaging atmosphere was evident throughout the inspection. Residents who met with the inspector did not communicate verbally, but staff members were able to understand residents' wants and needs through their interpretation of body language and non-verbal cues. A comprehensive communication profile had been developed for each resident where additional measures such as reminiscence and communication through touch were used to assist residents in communicating. These communication profiles were completed following an in-depth review by familiar staff and set out to optimise the most suitable communication methods for residents. Residents also attended weekly meetings where items such as activities, complaints and local events were discussed. Staff members also spoke very warmly when referring to residents and discussing their care needs with the inspector. Throughout the inspection, residents were also kept informed as to what was happening, for example, when residents were having their breakfast, they were asked what they would like and was the temperature and quantity of food to their liking. Staff members also spoke at eye level with residents and appeared to have a good understanding of non-verbal cues when the resident liked or disliked what was happening.

Residents enjoyed a good social life and activities, which they appeared to enjoy, was discussed at weekly meetings and then placed on an activity planner for the upcoming week. A review of these records also indicated that residents were kept informed of events in the locality and residents had recently attended a hunt which met at the local public house. The person in charge also stated that an elderly neighbour also popped in from time-to-time for a chat with residents and staff. Residents liked to be active in their local community and enjoyed going swimming and horse riding. Residents also had access to transport which had been adapted to meet their needs and gave the opportunity for residents to go out by themselves or with one another.

The centre had a very homely feel and each resident had their own large, warm and cosy bedroom. As mentioned above, one resident was passionate about motorcycles. This resident had recently visited Mondello race track and a trip to a Motorcycle awards ceremony was planned to occur in the days subsequent to the inspection. This resident had also extensively decorated their room and a feature wall now had wallpapered with motorcycle murals. The centre was fully wheelchair accessible and additional ramps, hoists and equipment had been installed to meet residents' needs. The centre was very spacious and at all times residents appeared to easily navigate their way about the house without encroaching on other resident's personal space. The atmosphere in the house appeared to promote inclusion and the rights of residents. Throughout the inspection staff members were observed to actively consult with residents and comprehensive rights assessments had been completed. A recent audit had highlighted that residents did not have direct access to their money which had been held safely in a central area. However, this was rectified after the audit with resident's individual money now kept in their own bedrooms. The provider also had a complaints procedure in place and a review of residents' meetings indicated that staff were assisting residents to understand the complaints process. Residents also had access to advocacy, but this service had not been required.

There were some restrictive practices in place such as lap belts and a groin harness which had been prescribed by allied health professionals in response to postural, safety and personal needs. For example, one resident also used a lap belt as a reassurance mechanism whilst using transport. Staff discussed how this belt had been removed in the recent past; however, the resident appeared to show increased anxieties when it was removed. Staff had a good understanding in regards to the safe use of these practices and the person in charge had robust systems in place to ensure that these practices were effectively monitored. Risk assessments had been completed and individual logs were maintained to document their use. The use of these practices was subject to regular external review and the person in charge also completed an audit tool which examined areas such as consent, date prescribed, risk assessments and review dates, the inspector found that these measures assisted in ensuring that restrictive practices were regularly monitored. Comprehensive care planning was also in place which worked in tandem with restrictive practice reduction plans which aimed to actively seek to eliminate or reduce the use of restrictive practices. Overall, the inspector found that careful consideration was given to the use of these practices and the systems which were implemented by the person in charge and the provider ensured that restrictive practices were subject to ongoing review.



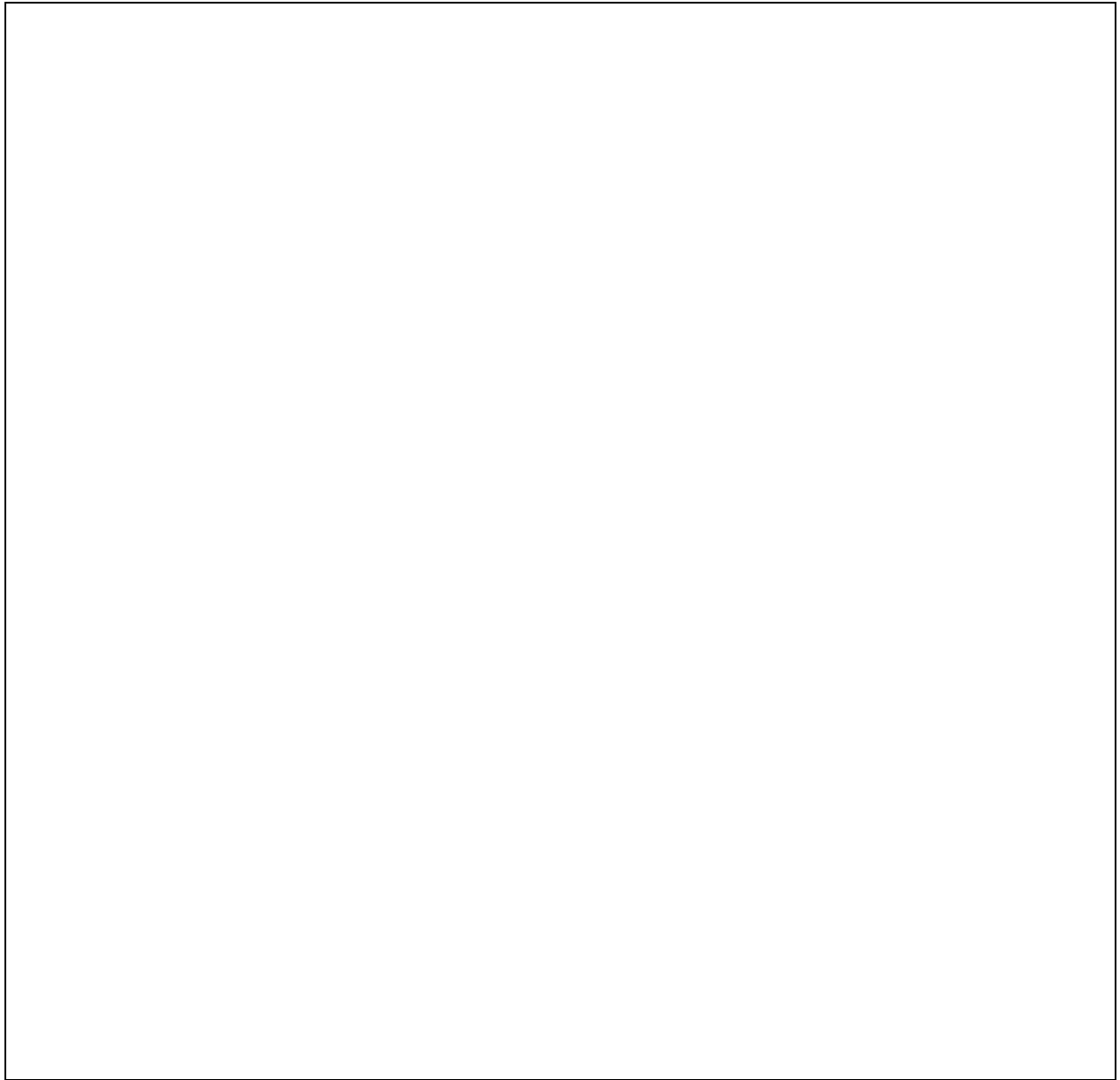
Oversight and the Quality Improvement arrangements

The provider had developed a policy titled "Restraint Reduction Policy", which detailed how the use of restrictions was to be managed, with an overall aim to reduce or eliminate these practices.

Overall, the inspector found that the governance systems and review processes which were implemented in the centre ensured that the use of prescribed restrictive practices were well managed. As mentioned earlier, the person in charge and the staff team had individualised care plans in place, which also incorporated a reduction plan for the use of restrictions in the centre. The policy guided staff on the identification and management of restrictive practices, such as, peer reviews, risk assessments and consent for the use of these practices. However, the inspector found that this policy did not lend itself for ease of use. For example, where residents were in use of restrictions such as groin harnesses and lapbelts due to their medical needs, the provider had introduced additional procedures to support their appropriate use, but these procedures were not evident or referenced in the provider's overall policy on the use of restrictive practices. There were also some contradictions between policy and procedure in terms of referring onto an oversight committee and some further clarity was required in regards to the use of physical restrictions as the use of physical restrictions in response to behaviours of concern required a protocol for their use, whereas, it was not apparent that a protocol was required when using a physical intervention in response to a medical need. Although, this had no impact on the provision of care in the centre, a more streamlined policy would further assist staff and management in maintaining and building upon the high level of care which was evident in this centre.

The centre was well resourced which facilitated residents to live a good quality of life. Residents could access the community in-line with the wishes and there was sufficient staff on duty at all times to meet the personal and healthcare needs. Staff who met with the inspector had a good understanding of residents' needs and were observed to be kind and considerate in their approach to care. A review of the rota indicated that residents were supported by a regular staff team who were appropriately trained.

Overall, the inspector found that residents were supported to live a good quality of life and where restrictive practices were required, these were well managed and subject to ongoing review.



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.

Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use 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	
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4.3	The health and development of each person/child is promoted.
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