



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

Issued by the Chief Inspector

Name of designated centre:	Glen 2
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	30 January 2020
Centre ID:	OSV-0001439
Fieldwork ID:	MON-0027499

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
30 January 2020	Andrew Mooney

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

During the day of inspection, the inspector met and spoke with 17 residents living across the three separate parts of the centre. From speaking with residents and from what the inspector observed over the course of the day, it was clear that residents were happy in their home. Residents told the inspector they liked the people they lived with and they were proud of their home.

The designated centre comprises of three bungalows in a congregated setting. It provides full time care and support for up to 18 adult residents diagnosed with an intellectual disability and/or a physical disability. Each bungalow can accommodate six people. Each bungalow is homely and comfortable and each of the residents has their own bedroom which is decorated in line with their wishes. The centre was well maintained and had been designed to meet the needs of residents. The centre is situated on the outskirts of Dublin City, close to a local village with access to local amenities such as a pub and restaurant within walking distance, a large park and local shopping centres. Residents have access to a number of vehicles to access their local community and leisure activities.

There were a number of environmental restrictions implemented within the centre, which included exit doors being locked across the three buildings, the locking of a kitchen area intermittently in one of the bungalows and some cleaning products being locked. While these restrictions were in place to mitigate the risk for some residents, all residents were impacted equally. This adversely impacted residents' normal access to parts of the centre. The inspector noted that the provider had commenced a review of the locking of external doors but this review was at the early stages.

The inspector observed the use of some mechanical restrictions, included bed-rails and lap belts (for the purposes of using mobility aids safely). While a number of restrictions of this type were in place, overall the centre presented as a low restraint environment. It was demonstrated that where this type of restrictive practice was implemented there was a clear reason for its use which in all instances were for the prevention of injury to residents or as prescribed by an allied professional as part of the resident's overall personal plan.

During the inspection the inspector met with staff and observed staff practice throughout the day. The inspector observed positive interactions between residents and staff. Residents appeared very comfortable in the company of staff and told the inspector that staff were very kind and supported them well. The inspector observed residents helping to prepare food in their kitchen. Residents told the inspector they enjoyed participating in this type of activity. It was clear to the inspector that this was a common occurrence and residents were supported to engage in this type of meaningful activity frequently.

The inspector also found staff to be knowledgeable regarding restrictive practice. Staffing support was provided 24 hours a day, seven days a week by nursing staff and care staff. However, at one point during the inspection the inspector observed a staff member physically guiding a resident by the arm into the designated centre.

While this was a supportive interaction it wasn't an agreed physical intervention. This type of intervention required review.

The inspector noted that while the numbers of staff present was sufficient to support residents within their home, it was sometimes difficult to organise frequent community based activities with the level of staff present. This led to some residents experiencing very low levels of community activation. Furthermore, the centre relied heavily upon agency staff to maintain safe staffing levels. This had negatively impacted staff continuity within the centre. The provider had looked to negate the impact of using agency staff by ensuring that where possible familiar agency staff were used.

Residents were engaged in weekly client forum meetings where a variety of topics including respect, safeguarding and complaints were discussed. Residents were given the opportunity to raise concerns, which could include concerns relating to restrictions. Having reviewed documentation and having spoken to residents the inspector did not identify any complaints in relation to restrictions. The inspector noted that the provider had engaged an independent advocate to support a resident after a recent complaint. This illustrated that the provider was committed to supporting residents and respected their will and preference.

The culture within the centre was one that emphasised keeping residents safe but this at times led to risk adverse practices. As a result the provider did need to further develop its awareness and knowledge on how to devise and implement restraint reduction plans. In response to residents' assessed needs, a resident wore an all in one garment. This garment was used to support the resident and protect their privacy and dignity. However, there was insufficient evidence that appropriate alternative measures were implemented to negate the reliance on this garment. There was no evidence that appropriate skills teaching had been attempted with the resident. Furthermore, the resident in question did not have a positive behaviour support plan in place to guide staff and promote a restraint free environment.

Oversight and the Quality Improvement arrangements

Residents received a good, safe service but their quality of life would be enhanced by improvements in the oversight of some restrictive practices. This included the clear assessment of restrictions and where appropriate the development of restrictive practice reduction plans.

Prior to the inspection, the provider had completed and returned a restrictive practice self-assessed questionnaire (SAQ). The inspector reviewed this document and found that the response was well considered. Broadly speaking the inspection process verified the responses documented within the SAQ.

The provider had a policy in place to guide staff in the identification, use and review of restrictive practice. This policy was found to be in keeping with national guidance and evidence based practice.

The oversight of restrictive practices within the centre included the review of restrictions at a minimum of four times a year by the multidisciplinary team. Furthermore, there was a restrictive practice governance committee, with the chair of this committee conducting an annual review of restrictive practices used across the providers' services. However, this oversight arrangement required review to ensure the use of all types of restrictions was being clearly identified at a local level. Furthermore, the inspector found that the providers approach to identifying rights restrictions and reducing restrictions over time required further improvement.

The provider had recently commissioned an independent external assessment of the centre and its resources. The outcome of this assessment led to a strengthening in the governance and management arrangements within the centre, through the appointment of a new key management position. Furthermore, staffing resources had also been enhanced. However, while these staffing resources were beginning to positively impact residents' quality of life, it was unclear if the staffing arrangements were yet sufficient to support residents to access the community as frequently as they should. The provider had acknowledged these concerns and noted as a result of concerns raised by an independent advocate and internal assessments, a further external assessment of staffing requirements and their deployment in one part of the centre would be conducted.

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.
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The National Standards

This inspection is based on the *National Standards for Residential Services for Children and Adults with Disabilities (2013)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for adults and children for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of adults and children with disabilities in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Individualised Supports and Care** — how residential services place children and adults at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for children and adults , using best available evidence and information.
- **Safe Services** — how residential services protect children and adults and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and development for children and adults.

List of National Standards used for this thematic inspection (standards that only apply to children's services are marked in italics):

Capacity and capability

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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