



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

## Issued by the Chief Inspector

Name of designated centre:	Ballylusk Cottage and Apartment
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	02 December 2019
Centre ID:	OSV-0001846
Fieldwork ID:	MON-0027921

## 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
02 December 2019	Ann-Marie O'Neill

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

Ballylusk Cottage and Apartment is a children's respite service operated by St. Catherine's Association Company Limited by Guarantee. This respite designated centre is located in a rural area in Co. Wickow.

The designated centre provides respite services for up to four children at any given time. Children attending this respite service are teenagers and have associated autism, communication and sensory support needs.

The centre consists of an unoccupied single occupancy standalone building and one detached two storey building from which the respite service is operated. The respite building consists of a kitchen and separate dining space, a living room area a number of shared toilets, four individual bedrooms, of which all are en-suite, a staff office and a large living room which has been converted to a sensory room for all children to use during their respite break.

There is a well maintained enclosed garden space surrounding the centre containing suitable play equipment including a large trampoline. The centre also offers a conservatory space just off the kitchen where toys and sensory play equipment are stored. The space also contains a table and chairs for children to use to eat snacks or engage in activities as they wish.

On arrival to the centre the inspector noted children were not present as they were attending school. While children were at school staff were busy cleaning and preparing their bedrooms ahead of their respite stay. Further preparations were being made to ensure each child's evening activities were available for them and planned in advance. A good standard of cleanliness was noted throughout the centre.

Each child had their own bedroom during their stay. Bedrooms were noted to contain minimal personalised effects as they were used for temporary short stays. It was also noted that some children required minimal distractions during the night time to ensure they had optimum sleep and therefore bedrooms were decorated in a minimalistic style.

It was however, noted that some improvements could occur with the bedrooms to ensure they provided children with a home-from-home environment during their stay. It was noted all beds provided in the centre consisted of a built wooden frame as the base with a regular mattress and a wooden headboard fitted to the wall in some instances. While it was noted the mattresses for the beds appeared comfortable and functional, the style of bed impacted on the homely aesthetic of the centre.

On discussion with the person in charge and deputy manager for the centre it was determined that there had been regular beds in place previously but they had broken and this arrangement had been put in place instead. The inspector discussed the merits of reviewing this again to ensure children attending the service were afforded the most optimum bedroom and sleeping environment during their respite stay.

A large living room space at one end of the property had been converted into a sensory room. This was a well-equipped space of a large enough size to afford all children an opportunity to use it during their stay if they wished. A wide variety of sensory equipment was available in the room which would allow children of all physical and sensory abilities to use the space in a safe and enjoyable way. Feedback from staff spoken with identified that this was an invaluable addition to the centre and children enjoyed using the space during their stay. It also ensured children's sensory needs were met during their stay and supported a number of children's behaviour support needs.

The inspector observed framed collages had been created with photographs of the children that attended the service. In addition a short written piece for each child, which described each their personality, interests and things that were important to them, were also incorporated into the framed collage. This was a child-centred initiative by the person in charge and staff working in the centre and enhanced the homely, child-centred feel to the centre.

A transport vehicle was assigned to the designated centre which ensured children could engage in activities in the local town, the wider community and go on shopping trips and excursions to Dublin or within County Wicklow, for example.

Overall, this centre presented as a safe, child-friendly environment which had recently undergone some enhancements to improve the home-from-home aesthetic of the centre with further improvements possible following a review of the provision of beds in the centre by the provider and person in charge.

A few environmental restrictive practices were implemented in the centre, for example, the use of clips and harnesses for children while using the transport vehicle for the centre. Some areas of the centre were not accessible to children for example the laundry room which stored chemicals or detergents, another example of a restrictive practice in use was the use of an all-in-one body suit at night time for the management of a personal risk.

In addition staff engaged in breakaway and blocking techniques in response to instances where children engaged in behaviours that challenge which had the potential to cause themselves or others injuries. These techniques formed part of an overall behaviour support management plan for residents and were implemented only on occasion as the need arose from time-to-time.

It was demonstrated that where a 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 child's overall personal plan. Overall, the centre was managed in a way that promoted the rights of each child to live in a restraint free environment but in a way that also ensured their safety.

Towards the afternoon the children arrived home from school. The inspector gave them time to settle themselves after arriving home before greeting them. Each child

had their own unique communication repertoire. Children were unable to provide the inspector with specific feedback about the centre. The inspector therefore interacted with children on their terms and engaged in observations of them in their home.

One resident chose to go outside for a short while and turn on a garden hose as they like to play with water and enjoyed this activity. The other resident was supported to turn on the TV and watch a preferred programme while they waited for their evening meal. Each child appeared happy and comfortable in their environment. It was demonstrated they knew where to find preferred items or toys they wished to play with and approached staff when they needed help, for example.

Residents' communication needs were supported in this centre which ensured their right to make choices and provide feedback was supported and promoted. Some children used electronic communication devices, other communication methods used included picture exchange communication systems, first and then timetables to inform children of the sequence of an activity or event. Some children used visual time-tables and the use of a dry wipe marker and board to indicate when something had ended by allowing the child to tick off the completion of an activity.

Overall, it demonstrated a child-focused service was being provided in this designated centre. Children were supported to have pleasant positive experiences during their respite stays taking into account their unique abilities and assessed needs.

It was also demonstrated where restrictive practices were utilised in the centre they were in place to manage an identified personal risk or assessed need for residents with a number of proactive strategies, such as sensory and communication systems, reducing the necessity for restrictions to be implemented in the first instance.

## Oversight and the Quality Improvement arrangements

The provider, person in charge and staff were providing a restraint free environment for children living in this designated centre. Improved allied professional behaviour support services were having a positive impact for children and a noted reduction in instances of behaviours that challenge had occurred since the provider's introduction of increased behaviour support services for the centre.

Prior to the inspection, the person in charge had completed and returned a restrictive practice self-assessed questionnaire. The inspector reviewed this document and found that the policies and practices outlined within the document were consistent with what the inspector observed during the inspection.

The provider had established a Rights Committee providing an oversight arrangement in relation to the use of restrictive practices within the organisation. Referrals were submitted to this committee and restrictions were reviewed as required. The committee was made up of a number of stakeholders from within the organisation and an external stakeholder also. All restrictive practices in use in the centre had been reviewed by the committee.

The provider had also created a restrictive practice register for the designated centre. In addition the provider had also established further governance oversight arrangements which included a restrictive practice log which was completed daily by staff and collated by the provider on a quarterly basis for tracking and trending purposes. Where some restrictions implemented showed an increase in length of duration implemented or an increase in frequency of use, this prompted the provider to engage with the staff team in a designated centre of the organisation to review the practices implemented and focus resources if required.

The inspector reviewed the restrictive practice register in the centre with the person in charge, as part of the inspection, and discussed with the person in charge, and further with the CEO during the feedback meeting, where some enhancements to the restrictive practice register could be introduced to ensure a more comprehensive oversight arrangement, for example identifying the control measures currently in place to ensure a restrictive practice was used for the least amount of time and only for its prescribed purpose.

The centre was well resourced with adequate staffing arrangements in place to facilitate and support residents during the day and night. The inspector met with and spoke to staff working in the centre on the day of inspection and found them to be knowledgeable regarding the appropriate use of restrictive practices and the personalities and assessed needs of children living in the centre.

Staff were clear on how each agreed restriction should be implemented. All staff had received training in relation to positive behaviour support and management of potential and actual aggression.

Where required, behaviour support plans were in place. These plans focused on proactive strategies and de-escalation techniques to mitigate and prevent the likelihood of behaviours that challenge occurring in the first instance and a proactive approach to be implemented by staff should they occur. Each plan was created by a behaviour support specialist (allied professional), in conjunction with staff and informed by on-going review of evidence based data collected through daily monitoring charts and records maintained by staff.

As mentioned, the provider had increased the availability of positive behaviour support services within the organisation and this respite service now received a more enhanced and comprehensive service as a result. Staff were observed engaging in behaviour monitoring during the course of the inspection. This data collection would provide evidence based information for the evaluation of the effectiveness of support arrangements in place and to also form the basis for changes to support planning already in place.

The provider had also ensured the centre was adequately resourced with sensory equipment and a sensory room to meet the needs of residents which contributed to a proactive management strategy to reduce the likelihood of behaviours that challenge from occurring.



## 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

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