



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

Name of designated centre:	16 Sion Hill Road Residential Service
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	17 September 2019
Centre ID:	OSV-0002094
Fieldwork ID:	MON-0027556

## 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
17 September 2019	Ann-Marie O'Neill

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

The designated centre is operated by Child Vision Company Limited. The designated centre comprises a large two storey house, located in North Dublin. The centre is located near bus routes and local amenities which are within walking distance.

Residents living in the centre refer to themselves as students. The designated centre offers residential services for people with vision impairment and intellectual disabilities who are engaged in further education having completed their primary and secondary education. Residents that avail of this service are of an age-group from 18 – 23 years of age. The culture and service provision in this centre is to provide adults in this age group with a supported living experience while pursuing their life-long learning and further education.

The designated centre comprises of four bedrooms, one bedroom affords residents with the opportunity to share with their friend if this is what they wish. On this inspection it was noted two residents were sharing this bedroom. The inspector spoke with the residents about this arrangement. They told the inspector they were happy with this arrangement, they were friends and they described themselves as room-mates. The statement of purpose for the designated centre also clearly states that this arrangement is afforded to residents as they wish.

One resident bedroom is located on the ground floor. A staff sleep over room is located on the first floor and a further staff sleep over arrangement is located on the ground floor. This is a considered night time staff resource arrangement which ensures residents have access to staff support on both floors of the premises at night time should they require it.

Residents' bedrooms are individually decorated to reflect the personal interests, individuality and preferences of each resident. The centre also comprises of toilet and bathing facilities which provide for residents' assessed mobility needs.

Residents are also provided a large dining room and separate kitchen with a breakfast table. Throughout, the centre presented as bright and spacious with lots of natural light. Residents are also provided with a well-proportioned garden space to the rear of the property with patio furniture for residents to use.

During the inspection, the inspector met with four of the five residents availing of the service. All residents used verbal communication as their predominant mode of communication with the inspector. Residents or students as they liked to be referred to, spoke very enthusiastically about how much they liked living in the centre during the week.

The inspector observed residents engage in a lot of happy banter and chat with each other after returning home from college. They sat with each other on the living room couch and chatted and laughed about shared interests. They also took the opportunity to show the inspector how they used speech recognition social media

technology to text each other, for example, or access the internet in a safe, but enjoyable manner. Residents were observed speaking into smart watches requesting songs for example which they then played for themselves and the inspector. Other residents showed the inspector how they text their friends by speaking into their smart watch or smart phone. Residents could also use this technology to listen to text messages from their friends.

Residents were observed engaging with each other in a kind and pleasant way, calling each other friend, offering a hug as a greeting or telling each other jokes which resulted in lots of laughter. Overall, it was clear that residents were very happy in each other's company.

Overall, it was demonstrated residents received a good standard of support and person-centred care.

Each resident had a communication support plan in place which set out their individual communication support needs. Residents' personal plans or care plans as they were referred to in the centre, clearly demonstrated comprehensive review on a continuous basis in relation to their vision support needs through an allied professional framework. As outlined, residents had high levels of proficiency in the use of smart technology; in addition residents had access to a Braille writer and assistive reading supports for persons with visual impairment.

Resident consultation and feedback was facilitated on a continuous basis and residents were encouraged to express their choices and opinions as part of the overall ethos and culture in the centre. Residents were afforded the support of an independent advocate. This advocate had visited the centre and met all residents. Each resident had contact details for their advocate in their phone contacts. This arrangement promoted residents' right to give feedback about the service they received, for example.

No physical, environmental or mechanical restrictive practices were utilised in the centre at the time of inspection. While each residents' visual impairment inherently and potentially could cause a number of restrictions for them in their lives, the service they were provided in this centre, focused on maximising their independence and self-help skills as much as possible, which in turn helped to negate this.

Overall, it was clearly demonstrated residents were afforded person-centred care and support with a strong focus on supporting and encouraging their social care needs and participation with the wider community.

The culture of the centre was one that supported residents to achieve their goals and take positive risks. Residents were busy during the day attending further education classes or attending evening classes or activities. All residents were encouraged and supported to pursue their interests. Personal goal planning arrangements were documented in their personal plans and from review of such plans it was clearly demonstrated each goal had a focus on skill teaching and supporting the resident to achieve their full potential and independence.

For example, mobility and orientation assessments had taken place for all residents. These assessments focused on residents' mobility and use of assistive aids to support them to independently travel to and from college, for example. Recommendations were made following these assessments and formed part of the overall support provision for residents during their stay in the centre.

Residents also engaged in meaningful activities and independence skills training in and out of the designated centre also. For example, residents engaged in meal preparation and cooking in the centre. Skill teaching plans and goals were in place to support this process. Residents that displayed interests in writing had joined creative writing classes; other residents took Judo and horse riding classes. It was clearly demonstrated residents were afforded the opportunity to engage in positive risk taking and new experiences.

## Oversight and the Quality Improvement arrangements

Overall, it was demonstrated that the ethos for the designated centre was to ensure residents' lived full lives with as much independence as possible.

While each resident's vision impairment had the potential to cause restrictions in their lives the provider had ensured residents were receiving comprehensive support arrangements to prevent this as much as possible. As a result residents enjoyed full and meaningful lives with a focus on skill teaching arrangements to increase their potential and independence as much as possible.

The provider had recently revised their restrictive practices and behaviour support policy. It was noted however, that further enhancements to the policy would reflect more accurately the service provided in the centre. While the policy outlined and described types of restrictive practices, for example, physical and mechanical restraint, it did not outline information in relation to human rights restrictions or other possible restrictions persons with vision impairment may experience.

The inspector spoke with a representative of the provider during the course of the inspection and discussed the merits of expanding the policy more to include more information by way of the restrictions that their residents, i.e. persons with vision impairment, could experience.

The provider had recognised the importance of creating a Human Rights Committee for their organisation and a representative of the provider discussed plans to develop such a committee for the organisation. It was noted that a review of the restrictive practice policy to incorporate human rights restrictions for persons with vision impairment and the formation of such a committee within the organisation would provide a more comprehensive formalisation of the provider's current on-going rights promotion culture which was clearly demonstrated on this inspection.

The provider had ensured all staff had received appropriate training in the management and prevention of behaviours that challenge and training in de-escalation techniques. Equally all staff had received up-to-date training in safeguarding vulnerable adults.

Where required residents were supported to avail of psychology assessments, reviews and supports. Behaviour support planning was in place as required. It was noted such support planning focused on de-escalation and proactive strategies predominantly and set out clearly specific triggers that may cause residents to become frustrated or annoyed. Overall, a proactive person-centred approach was noted in relation to supporting residents' emotional needs.

A full-time person in charge worked in this designated centre. They demonstrated comprehensive knowledge of the care and support needs of each resident. In addition, it was also noted they maintained comprehensive personal planning and review documentation for each resident.

During the course of the inspection the person in charge facilitated a team meeting, it was noted by the inspector that each resident's care and support arrangements were discussed in great detail during this meeting. Each skill teaching plan and goal for residents was discussed and reviewed. Similarly, residents' healthcare support requirements were also discussed and reference to residents' personalities, choices and feedback informed these discussions and planning arrangements.

Residents told the inspector staff were nice to them and supported them when they needed it. Residents were observed speaking with staff in a relaxed way, discussing their day with them. It was also noted where required residents could speak to their key support staff member in private if they wished.

## 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>

<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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