



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

Issued by the Chief Inspector

Name of designated centre:	Kingsriver Community
Name of provider:	Kingsriver Community Holdings Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	14 November 2019
Centre ID:	OSV-0002410
Fieldwork ID:	MON-0027487

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
14 November 2019	Tanya Brady

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

This designated centre sits on a 30 acre rural site along the banks of the river Kings. The centre comprises of two buildings, providing a home for currently five residents, both male and female over the age of 18 years. Both houses are tastefully restored older properties one with a large new extension. The centre is home to individuals with mild to moderate intellectual disabilities and for some additionally autism and/or physical disabilities.

In this home, residents live alongside volunteers and some paid staff, there is an ethos of living together as a family group within a community. Volunteers stay for a period of one year and live in both of the houses; they were seen to be engaged with residents throughout the day and to carry out household duties as well as supporting residents in their own household tasks. The main house in the centre is home to four individuals and one individual lives in the coach house, where they have a bedroom and bathroom but access the main house for their meals or to socialise with their peers. All residents have their own bedrooms and hold a key to their doors. One resident reported that they had their own television in their room and loved to watch sports, in particular Liverpool football matches. For watching these matches they used the television in the sitting room which was bigger. The resident reported that they had recently purchased new Liverpool pyjamas and the inspector commented that they matched the blanket and duvet cover in place too.

The main house has a very large, comfortable kitchen diner with a small living space around a fireplace. This room was seen to be the main gathering point of the centre with residents sitting together with a cup of tea in the evening and over the day gathering at the table for lunch together. Double doors from this room lead out onto a covered patio and there was seating available there also. There is a large living room with a separated space for the piano and some exercise equipment. Residents have access to a large garden area with an orchard, vegetable garden, poly tunnels and glass house. On viewing the outdoor spaces, the inspector noted that consideration had been given to access for individuals via a network of paths throughout the garden. These were currently under revision as some individuals had changing health needs and paths were not wide enough to comfortably manage with a walking stick or in a wheelchair. However the vegetable beds were now all raised beds and these were also in the poly tunnels to ensure no resident was restricted in their access.

Some of the residents use tricycles to move around the site which was large, with one seen coming back to the main house with wet swimming gear before going across to day services which are also based on site. Residents moved freely between day services and the centre over the course of the day without the need for staff support. One resident attends a multi-disciplinary Arts Centre in a nearby town twice a week; this centre aims to support creative ambition and professional development in the arts for all, regardless of ability. As there are challenges in accessing transport in this rural location the resident is supported to use transport supplied by another provider. They report that they would really like to attend more often, but currently this is not possible. They told the inspector that one of their current pieces of art, a taxidermy

owl, is in an exhibition touring Ireland and currently in Northern Ireland. Transport is acknowledged to be difficult by the provider, as the local bus service was discontinued when a motorway opened nearby. A local link bus operates twice a week, the providers own minibus goes into Kilkenny in the morning and returns in the afternoon and residents can freely use it as a 'bus route'. While the centre has two cars not all the volunteers can drive and staff are not always available to drive so residents use a local taxi service when required. The provider has engaged with the taxi company to try where possible to ensure a familiar driver is supplied and an agreed reasonable price set for residents.

Residents live busy and active lives and are supported to engage with the community as much as possible. One resident, on moving into the centre requested to be known by their full name rather than initials as previously. This they reported was because it was a "new life a new me". One resident who is interested in politics is a member of a local branch of a political party and has been a member of a local advocacy group. One resident is the member of a local gym, with others meeting with friends from the day service for a drink or to visit in their home. Residents enjoy accessing the library, local swimming pool and going into town for shopping or the cinema and theatre. All residents have an allocated day during the week where they are responsible for tasks in the house with the volunteers and these form part of developing independent life skills. They support with the cooking, cleaning and in carrying out their own laundry or other personal tasks as required. For two individuals in the centre changing health needs over a number of months has meant that they require increased staff support and supervision. While this has not yet resulted in any restrictive practices, the person in charge and provider are aware that this situation will change and continuously review.

The person in charge reported that all residents in the centre had their own bank accounts. Most held their own cards; some needed support and one individual who did not wish to hold onto their card at all. This resident had given consent for the staff to keep their card safely in the office and this consent was regularly reviewed alongside ongoing education on developing an understanding of money denominations. For other residents where support was required to manage their finances, consent had been obtained, for the person in charge to have their PIN number and to support them with budgeting and checking bank statements. There were clear easy read or symbol supported documents for residents to understand the process of budgets and who could use the card with them present.

Residents have reported that they do not like the formal concept of a residents meeting and so the person in charge uses the opportunity at mealtimes when everyone is gathered, to share information for discussion in a relaxed environment. This is followed up with the 'need to know' and 'fun to know' information displayed on the kitchen noticeboard. All staff and volunteers that the inspector met were knowledgeable about residents' goals and personal supports, they were observed over the course of the day engaging in a friendly and relaxed manner. Staff and volunteers reported that they understood restrictive practice and had clear examples they could outline to the inspector. They all reported that there were no restrictions at present in the centre. The volunteers reported that they felt information for guidance and programmes for residents were clear and easy to follow even when

English was not a first language. One volunteer outlined how they used a picture timeline to support one resident in understanding language used and in anticipation of what came next in an activity.

This centre currently had no recorded restrictive practices in place, although one resident had restrictions on alcohol consumption this was on medical advice and specific medical letters were present to recommend same. The restricted access to their bank card as outlined above was at the individuals own request and clear documentation and consent was in place for this. The centre had had restrictions in place previously, due to the health needs of an individual who is no longer in the centre and learning from these, the person in charge reported will be utilised as needs of current residents change over time.

Oversight and the Quality Improvement arrangements

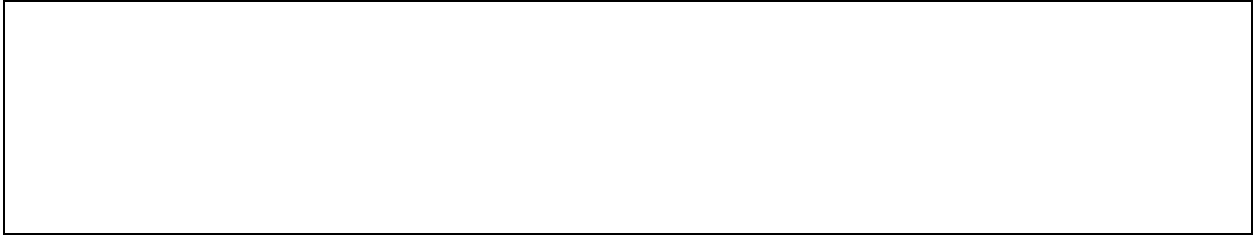
Overall this centre was a home where residents were provided with a safe and restriction free environment and participated in what was described by the provider as a life-sharing model. A good quality of life for residents was promoted through participation in their community with as much independence as possible.

This centre has recently undergone a number of significant changes whereby the original founders of the community, who had lived in the centre had retired. This had necessitated a number of new staff, a new person in charge and a new CEO of the organisation in recent months. As a result it was acknowledged by the inspector that residents were still getting used to the changes and staff were working hard to become familiar with the individuals in the centre.

There was a restrictive practice policy and procedures in place for the centre which had been reviewed within the preceding six months. A restrictive practice register had been in place in the past when there were restrictions recorded, however there was none currently in place. The provider has an advocacy committee in place but no oversight or human rights committee. The CEO who met with the inspector reported that in conjunction with the new person in charge a number of systems are under review and one of these was seen to be restrictive practice.

All staff and volunteers were up to date with their training requirements and the residents were also supported to attend training on areas such as fire safety, staying safe and complaints awareness. Volunteers underwent a comprehensive induction process and were supported in engaging with residents as required. All staff and volunteers were in receipt of regular formal supervision from the person in charge and these were seen to be focused with identified actions for completion, one area discussed was the rights of residents. The person in charge was currently reviewing all risks previously identified in the centre and for individuals in addition to considering new risks that had emerged. These risk assessments had clear control measures in place and were seen for one off risks as well as demonstrating an ethos of positive risk taking by the provider to ensure continued quality of life. Residents were supported to provide information via regular surveys or their use of the complaint system as part of an active review keeping their quality of life to the fore.

Overall the inspector felt that the residents' well-being was at the centre of all decisions and supports offered in the centre. Given the number of recent changes in the organisation and the changing needs of residents the provider has acknowledged a need to review the overall management of and oversight of restrictive practices within the organisation.



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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