



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

Name of designated centre:	St. John of God Kerry Services - Supported Living
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	29 October 2019
Centre ID:	OSV-0002927
Fieldwork ID:	MON-0027944

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
29 October 2019	Elaine McKeown

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

This designated centre is currently home to eight adults who are supported to live in the community. This centre is located in a large town in Kerry and is comprised of eight self-contained apartments within a residential complex setting. The units are located within walking distance of the town centre, day service facilities and other community services. Six units are one bedroom apartments and two units are two bedroom apartments; located in different areas within the complex. All units have access to communal garden areas. Residents can access public and private transport services as required. The goal for residents is to support each individual achieve a quality of life of his/her personal choice.

Not all of the residents who live at this centre were present on the day of the inspection to meet with the inspector; however, those who were present were welcoming and happy to invite the inspector into their homes. During the day the inspector met with three of the residents. From speaking with the residents and from what the inspector observed it was clear residents were happy and facilitated to engage in activities that were meaningful to them. They were not restricted unnecessarily and this enhanced their quality of life. Each apartment that was visited was decorated to reflect the interests of the resident living there; each was homely, clean and warm.

Five residents were staying with relatives at the time of the inspection. However, one of the residents had given permission to the staff for the inspector to visit their apartment. This person was visually impaired and the staff supported this resident to live as independently as possible. There was a wind chime on the front door of the apartment to let the resident know if someone was entering their apartment. The resident had also signed a consent naming individuals who had permission to have a key to the apartment. The apartment was decorated with family photographs and personal possessions which included an exercise bike and massage chair. The resident had aids to assist their independent living such as an alarm fitted to a cup to alert them when it was full, a monitored personal alarm and a speaking phone. Staff outlined the social activities that the resident enjoyed; attending a social network group, activities with extended family members in the community, chair yoga classes, staying with family members at weekends, attending day services and spending time with a volunteer one afternoon a week to partake in activities of their choosing. In addition, the resident has regular visits from peers and friends to their apartment. The inspector was also informed that staff were currently researching the benefit of a voice controlled digital device to facilitate continued independence for this resident within their apartment.

The inspector spent most of the inspection talking with the three residents, individually in their own apartments. One resident outlined how they were living in their apartment for a number of years and really liked living there. They spoke of their love for a particular football team and they plan to travel to England to see a match before the end of the year with some family members. There were large framed pictures in the sitting room which reflected this hobby. The resident told the

inspector about how they like to walk into town or to the day service to meet their friends. They talked about how they keep their property safe and the inspector observed keys present in the apartment for the resident to access the secure presses as they wished. The resident was involved in a number of community groups which included the local mens' shed, football training, basketball and litter picking. The resident stated they preferred not to go out at night alone but did enjoy going out with peers and staff for an evening meal each week. They are supported by staff to visit family members in Waterford regularly. Staff had tried to facilitate the resident completing the journey independently, however; the required transfer of buses in Limerick was an issue for the resident, so staff currently support the resident to get to Limerick ensuring they get the correct bus to Waterford and family members meet the resident on their arrival in Waterford.

Another resident told the inspector how they liked to chat to people in the local town. They proudly showed their ornaments that they have collected over the years to the inspector. The resident outlined how staff support them with their shopping needs and explained to the inspector how they like to do their own laundry. The resident enjoys the company of a volunteer regularly during the week where they are assisted to prepare their meals. They spoke of television personalities that they liked and didn't like. The resident outlined how they enjoy visits from some family members to their home. However, they also spoke of how they would like to have other family members visit them. The resident explained they had spoken with relatives about this matter. The resident talked about the community activities that they enjoyed. They participate in a social network group, attend the day services centre regularly and take part in group activities in the local pastoral care centre. The person in charge outlined how this resident is benefitting from being able to actively participate in the social groups as this would previously have been difficult for them to enjoy and they are also actively participating in the resident meetings in the designated centre. The resident told the inspector of a recent fall they had while out walking and staff later confirmed the follow up care and support being provided to the resident. During the inspection the resident confirmed with the person in charge that their apartment was going to be re-painted in the coming weeks and discussed the need to take down the pictures on the wall in advance and the option of redecorating their bathroom. The person in charge reassured the resident that the staff would support them as required while these works were taking place.

The third resident phoned the person in charge when they were ready to meet with the inspector. The resident warmly welcomed the inspector into their home. The resident asked for the person in charge to remain with them during the conversation. It was evident that both were very familiar with each other and the person in charge supported the resident in many aspects of their life, including attending a dietician regularly. They also spoke of a recent fall the resident had while out walking and the on-going support needed following this to manage pain in their hips and back. The resident explained that they were attending a physiotherapist and enjoyed regular massage therapy which was helping. They also participated in yoga and social network groups where they enjoyed dancing, traditional music and drama. The resident proudly spoke of their role in a staged production previously and their plans to participate in a similar event in the next year. The resident chatted easily about their interests and an upcoming bowling competition they were due to attend with a

close friend and a planned trip to another large town to support another friend who was participating in a stage production. They explained how they had independently booked their accommodation and their travel plans to get to the events. The resident explained that while they are happy with their apartment, they would like to move closer to the town. The person in charge was able to tell the inspector that the matter is currently being followed up with Kerry County Council. The resident wears a monitored personal alarm which they stated helps them feel secure. They were very happy with the support they receive from the staff team but did reflect on the large amount of paperwork staff had to complete. The resident had enjoyed employment locally in the past and is currently looking for another position preferably office based and the person in charge gave further details of how the provider is supporting the resident to achieve this goal.

During the inspection, staff outlined how five of the current residents are engaged in paid employment. While staffing supports are minimal in the designated centre, residents can call staff at any time, emergency contact numbers are on all of the residents' mobile phones and a list of these numbers was also evident in the apartments visited during the inspection. Rosters were flexible and this allowed staff to respond to the support needs of residents, to deliver positive behaviour support and promote a restraint free environment. One sleepover staff was on duty in the designated centre by night. This person supported the residents in the morning as per their assessed needs. Staff were present in the designated centre in the evening to support residents with their preferred activities when they returned from their day services or other day time activities. The person in charge worked full time had remit over one other designated centre located nearby.

Prior to the inspection, the inspector was aware that one resident had sustained an injury as a result of a fall and required additional support in another designated centre during their recovery. The resident lived in an upstairs apartment and following the event they were assessed as not being able to use the stairs in a safe manner due to the injury. The provider supported the resident with their consent, in another designated centre that did not require the resident to use a stairs. However, staff also supported the resident to visit this designated centre in the evening time to eat their evening meal with a peer as usual and they only returned later in the evening to the other designated centre. The resident also continued to attend their day service during this period so that they remained in contact with their peers.

Staff outlined the individualised support provided to one resident who was required to attend hospital appointments in Cork for the management of a medical condition. The staff team together with the support of the resident's next-of-kin, facilitated the resident to avail of specialised transport arranged to assist patients attending for treatment. Staff informed the inspector that this arrangement worked well for the resident as they would have previously found it difficult to engage with unknown members of the community. However, as time progressed the resident enjoyed meeting a core group of individuals availing of the same treatment services.

One of the apartments is allocated as a staff support unit. The staff described this as the hub of the designated centre where residents can call to chat with staff if they so wish. During the inspection one resident came into the unit to chat with the person in

charge and the person participating in management. They spoke of their plans for the remainder of the day which included walking into town to get their hair cut. It was evident that the staff were very familiar with the resident and the conversation included all parties enquiring about named family members.

Residents actively engaged in monthly meetings with a format developed to suit all of the current residents to ensure all viewpoints are heard. A variety of topics were discussed which included aspects of independent living and personal safety. Residents had access to advocacy services and this was promoted by the provider. The inspector was informed of a complaint made by residents regarding the availability of sufficient staffing resources at weekends to facilitate outings. The inspector reviewed documentation regarding this matter during the inspection. The provider had responded with a plan to ensure additional resources were available which were pre-arranged with the agreement of the residents. During the inspection, residents confirmed that the arrangement in place for weekend support was working well for them.

While residents were supported to live independently there were some restrictive practices in place in the designated centre. One resident required staff support surrounding the use of a gaming console at night time. The resident had consented to handing over part of the console to staff at a pre-agreed time each night and it was returned the following morning. Staff outlined how prior to this restriction the resident was frequently too tired to attend their day service. Since the restriction has been in place the resident has attended their day service regularly and is engaging in other activities. The staff outlined how this restriction is regularly reviewed and has been reduced in recent weeks. At the time of the inspection, the resident retains possession of the console one night per week and staff are monitoring this resident's ability to attend their day service the following day. Another resident was prescribed a protective helmet to reduce their risk of injury when they experience a seizure. The provider assisted the resident to be able to remain safe while in their own apartment by removing sharp edges from window sills and other furniture, thus allowing the resident to remove the helmet while at home. The resident puts on the helmet independently when leaving the apartment and staff explained how the resident has progressed in the self-management of wearing the helmet. The resident had tried placing other fashionable headgear on over the helmet in the past but now wears the helmet without issue. In addition, assistive technology aids were provided such as monitored personal alarms, a falls detector and epilepsy sensory mats for a number of residents which supported independent living arrangements for residents. The risk register had been recently reviewed and updated to reflect the changing needs of residents and the controls in place to support the individual needs of residents.

Oversight and the Quality Improvement arrangements

The culture in the designated centre promoted an environment which required minimal restrictions and maximised residents' independence and autonomy. All restrictive practices were implemented in consultation with the residents, the provider and relevant allied healthcare team members. Restrictions were agreed with residents through the personal planning process and were subject to approval from the organisational rights review committee.

Prior to the inspection, the provider had completed and returned a restrictive practice self-assessment 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.

Staffing arrangements were in place in the centre to support residents with individualised requests. While the provider encouraged and supported residents to access meaningful community activities independently, residents were supported in areas such as healthcare and medication management where required. All support provided was minimal to assist and ensure residents maintained their independence. For example, while one resident was able to self-medicate they needed assistance from staff in the morning due to physical weakness in their fingers at that time of the day.

The inspector met with a number of staff members who were familiar with the provider's policy on restrictive practice and knowledgeable regarding the appropriate use of restrictive practices. Staff were clear on how each restriction should be implemented. All staff received positive behaviour support training and the inspector was informed that the provider had scheduled staff to attend a restrictive practice workshop. Through discussion with staff during the inspection, it was evident on-going review of restrictions was taking place. There was evidence of reducing the duration; with a view to possibly removing a restriction in the future for one resident relating to their access to a gaming console. A review of all restrictions was seen to be part of the agenda for the monthly team meetings. The person in charge had a restrictive practice log for the designated centre which reflected all the restrictions in place, the rationale for the restrictions and review by the rights committee. There was documented evidence of regular review.

The person in charge outlined the process of a quality enhancement plan that was developed for the designated centre and the actions arising out of the most recent provider led audit with documented evidence of actions being progressed. The person participating in management outlined the internal and external processes utilised by the provider to ensure data is reviewed and shared with all staff. The provider facilitated rights committee meetings which are composed of members both internal and external to the organisation. In addition, the provider holds co-ordinator meetings approximately every two months attended by management and persons in charge where data is reviewed and shared with staff. The inspector was informed that this process was continuously reflective. Also, the provider submits the required data monthly to the Health Services Executive - Quality and Safety Indicators for

Disability Services.

Overall, the inspector found that the staff team demonstrated and ensured the designated centre supported the residents' to live full lives with as much independence as possible.

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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