



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

Name of designated centre:	L'Arche Ireland - Cork
Name of provider:	L'Arche Ireland
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 June 2019
Centre ID:	OSV-0003421
Fieldwork ID:	MON-0026974

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
05 June 2019	Elaine McKeown

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

This designated centre consists of three houses located in the suburbs of Cork city. The houses are homes to a total of 13 residents. The first house is home to four residents, the second house has five residents living in the house and the third house has four residents. The designated centre is part of a faith community that provides residential support for adults with intellectual disabilities. The focus of the centre is to support residents to live a safe, happy and fulfilled lives so they can participate in society. This was evident by observations made by the inspector and discussions with both the residents and staff on the day of the inspection.

All of the houses were located in residential areas with easy access to local amenities and public transport facilities. Each house had access to private transport with additional transport available if required. All of the houses were decorated individually in accordance with the preferences and assessed needs of the residents that lived in the houses. The provider ensured each house was a home for the residents with support provided by staff who are known as core members.

The culture of the centre ensured that all residents were supported to lead active lives and to pursue their individual interests. The inspector spoke with eleven of the residents on the day of inspection. All were very happy with their homes. The residents spoke passionately and proudly about the activities they were involved in and they all had great praise for the staff that supported them to maintain their independence, achieve their goals and participate in the community. The inspector also observed individualised personal care provided to the residents throughout the inspection.

Some residents used public transport independently which facilitated them to enjoy a good quality of life and actively participate in society. One resident has worked for many years in a theatre in the city. Staff also told the inspector that another resident had left for work before the inspector arrived. This resident independently gets up every morning and gets two buses to arrive at their place of employment; a company in a city suburb. This person also meets with friends two evenings a week and spends time with their family at the weekends. Another resident who was celebrating their birthday on the day of the inspection was delighted to show the inspector a reservation order for an item that they had purchased on the internet with some support from staff. The resident planned to get public transport in to the city to collect the item and was then planning to go to see a particular film in the cinema. This resident is employed locally in a large supermarket three days a week and attends a training centre two days a week. They also care for a few pets that are kept in the back garden of their home. The resident spoke about how they effectively manage an on-going medical condition independently.

Some individuals had previously spent time in institutional settings and relayed how life is much better now for them in their current home with no restrictions in place. Residents told the inspector they wished to remain in their current home and were enjoying their retirement years. They all had their own bedrooms decorated to reflect their personal choices. The residents listed out a range of activities that they participated in which included knitting, cooking, candle making and life skills. Residents have mobile phones and keys to the house, if they choose to. The group were excited about a planned event with friends and staff in the coming week, as they would be meeting peers from other houses. The community spirit was evident throughout the conversations with the residents. It was also evident that all residents helped and supported one another. One resident expressed a wish to show the inspector their room. This individual uses a wheelchair and was supported by a staff member to their room. The resident proudly spoke about their photographs and how much they enjoyed spending time with

their family at weekends was very important to them. Another resident who was non-verbal used sign language to express their happiness with their home and the inspector saw that both the staff team and other residents were very supportive of this resident and spoke to the inspector about items that were important to the person.

The inspector also spoke with an individual who stated they did not like to be alone and were very happy to be with staff. They spoke with great joy of a recent day trip that they enjoyed with staff. They are actively involved in a walking group and explained how they phoned a relative regularly. This person told the inspector they did not want to own a mobile phone, they preferred to use the phone in the house. Another resident, who was non-verbal was supported by staff to participate in their weekly routine which included horse-riding. Staff explained to the inspector how they supported this resident to take more responsibility for their personal space as they liked to collect many different items. Staff were observed to support and communicate with this individual in a very respectful and professional manner and were very knowledgeable of this person's needs during the inspection. Staff outlined how they plan to use social stories to support this resident with their goals. The behavioural support team will also be involved to assist the staff team to provide supports and coping mechanisms with mealtime activities for this resident.

In one of the houses, residents were ready to start their day in the community but had chosen to wait to meet with the inspector. Three residents spoke with the inspector individually. One individual had recently returned from a trip to France with staff to attend a friend's funeral, the friend was the founding member of the organisation, whose loss was palpable in the houses. This resident also showed the inspector their journal which is very important to them and had entries of special events and activities that they have been involved in. Staff explained the background of how this resident follows a particular county in sport and the plans for the resident to visit the Croke park museum in the coming weeks. The resident is also an active member of a senior citizen group.

Another resident spoke of their plans to go on a mini break with support from staff in the coming weeks. This person enjoys knitting, meeting their family regularly and going out for lunch at the weekends. They told the inspector that they could remain in the house at any time if they did not want to part-take in a group outing with their peers.

The residents have a consistent core group of staff. The inspector observed good communication between the residents and the staff team. Staff were seen to interact in a respectful manner and were aware of individual needs and preferences during the day of the inspection. Decisions about planned activities were mutually agreed between residents and staff.

The person in charge of this centre reported the use of a motion activated sensor in the bedroom of one resident and the use of an audio monitor in the bedroom of another resident as the only restrictive practices in place. These were assessed as being required to reduce the risk of injury and to assist with providing support to the residents in the least restrictive manner. Both monitors are only in use when the residents are in their rooms at night time

Oversight and the Quality Improvement arrangements

Overall, the provider and staff team promote an environment which uses limited restrictive practices and supports independence with positive risk taking. The inspector found that the residents lived in a relaxed and welcoming home environment. The person in charge and the staff team support all the residents to engage in meaningful activities both in their homes and in the community.

The inspector observed a positive culture in the centre and was satisfied that the person in charge and the staff team were effective in maximising residents' choices and autonomy. The person in charge informed the inspector that the team and provider had reviewed the policy on restrictive practices after completing the self-assessment questionnaire that had been sent to the designated centre prior to this inspection taking place. They found the questionnaire very helpful and have used it as a learning tool to assist them in updating their restrictive practice policy. The process has also focused the provider's attention on appropriate staff training. The provider will be introducing more training for staff so that personnel are up-to-date with regard to what is considered a restrictive practice and what are the best ways to avoid using such practices.

The provider is a small organisation in the Cork area and the person in charge outlined how this assists with staff at management level knowing each of the residents very well. They engage with the residents' almost daily, sit with the residents and share mealtimes with them regularly, while also meeting with them on a more formal setting called "Listening Groups". These meetings take place monthly where each resident is given time to talk about how things are going for them.

The person in charge and house leaders spoke to the inspector in detail about the restrictive practices that were in place in the centre. There was an audio monitor in one bedroom which assisted the resident with mobility issues to call for assistance during the night when they required it. The other resident had a movement sensor while they were in bed which alerted staff to check on the resident and provide assistance to them if they needed it as they are unable to call for help. This person has got out of bed independently without using the call bell in the past. The inspector was satisfied that these restrictive practices were in place to assist in supporting and ensuring the safety of the residents. The inspector was told by one of the residents that they consented to the restrictive practice and this was also documented. The provider ensured that consent was agreed between residents and their network of support. The person in charge outlined how other supports had been trialled in the past but it was agreed with the residents and their support team that the practices were the least restrictive for the current needs of the residents. There were six monthly reviews of these practices by the person in charge and staff team with oversight from other health care professionals as required.

During the inspection, there was a discussion around the use of transfer assist hand rails which were located on two beds and prescribed by an occupational therapist. The rails were in place to support independent movement by residents while in bed and did not impede them getting

into or out of the bed at any time. Also, another elderly resident has a monitored wrist alarm which they wear while they are in the house alone as per their wishes. If the resident requires assistance they can push the button and if they don't respond to a call from the monitoring agency; a protocol is in place that staff are contacted to check on the resident. The resident told the inspector they were happy with this arrangement as they like to have visitors to the house when other peers and staff are not present. This provides the resident with freedom to live independently in their home. These were not considered restrictive practices by the provider.

The inspector reviewed a behaviour support plan for one resident that was discussed during the inspection. It was found to be of good quality and sufficiently detailed to guide staff in supporting the resident. There was regular engagement with other healthcare professionals and evidence that the provider had access to the required resources to support the changing needs of the resident.

The inspector was informed that it was the person in charge who collated information on restrictive practices in the centre and informed senior management. This provided a good overview of the use of restrictive practices while ensuring care was being provided in-line with the provider's ethos. The person in charge did acknowledge that further review of the restrictive policy was required following discussion during the inspection. The provider is revising the requirement for the referral, use and review of restrictive practices within the organisation to an independent review committee.

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

