



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

Issued by the Chief Inspector

Name of designated centre:	Kilbracken
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	03 December 2019
Centre ID:	OSV-0004757
Fieldwork ID:	MON-0027435

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
03 December 2019	Ivan Cormican

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

The designated centre is registered to provide a residential service for up-to-two residents with an intellectual disability. One resident lives in the centre on a full-time basis and the other resident uses the service two nights per week.

The centre was located within a short drive of a large town in the West of Ireland. There was a very pleasant atmosphere in the centre which was warmly decorated for an upcoming seasonal event. Residents had access to all communal areas of their home which were brightly painted and decorated with memories of family, friends and important events in their lives and gave the centre a sense of home. Both residents also had their own bedroom which they could lock if they so wished. Communal areas such as the sitting room and open plan kitchen/dining area were large and gave residents ample room to move freely throughout the house.

There was also a relaxation room which a resident showed to the inspector. They appeared to enjoy this room and they switched on an artificial aquarium which they said they liked. This resident stated that they also liked to spend time watching their favourite movies in this room and they planned to watch a movie later that evening. There was only one resident present on the morning of inspection. As the inspection commenced this resident had gone to visit a friend in a local restaurant and when they returned that stated that they enjoyed the trip. The inspector sat for a period of time in a communal area to observe some work practices. During this time the resident chatted freely with the inspector and staff who were present. The resident and the staff member chatted about the morning and what the resident would like to do in the afternoon. The resident stated what they would like for lunch and also decided that they might go for a walk in the afternoon. Previously, there was restricted access to an electric kettle because of safety concerns which meant that this resident was unable to make their own tea independently. This restrictive practice was actively reviewed by the staff team and an alternative device was purchased which facilitated the resident to safely make their own tea. The resident was observed to make their own tea and later when they met with the inspector they stated that they liked being able to make their own tea.

Staff members who met with the inspector spoke in a pleasant manner when engaging with the resident and all observed interactions were calm and at a pace which met the needs of the resident. Staff members were observed to interact in a thoughtful manner and ample time was given to the resident to respond to any question which was asked by staff members. Residents who were using this service were verbal and able to actively talk about their likes, dislikes and concerns which they may have. Staff members also spoke about how one resident would sometimes use an electronic tablet to show staff members what activities they would do when they were at home with their families. Information on the use of restrictive practices and road safety had also been presented in a user friendly picture format and were discussed with a resident on a monthly basis. There were also picture formatted social stories which assisted residents in accessing the community and staff members detailed how these were discussed with the resident prior to any community outing. There was also a behavioural support plan in place which supported a resident with

their social outings. This support plan was linked to a restrictive practice protocol which indicated when a restrictive practice could be implemented in regards to transport. This protocol stated that the restriction could be implemented in response to behaviours of concern, but no further information was in place in regards to the specific behaviours which would require the implementation of this practice. Staff who were present could clearly outline the behaviours of concern; however, a more detailed protocol who further ensure that a consistent approach to the implementation of this restrictive practice was in place.

A review of daily notes indicated that residents were actively consulted in regards to activities which they liked to engage in and this consultation was also observed throughout the inspection. Residents were supported to live a good quality of life and the staffing arrangements meant that residents could do activities at a time of their own choosing. A review of a resident's personal plan indicated that they liked to go horse riding, meet with friends, stay in contact with their family and walk dogs. Throughout a sample of daily notes it was evident that they were doing all these activities throughout the week and it was also clear that it was the resident who decided which activity they would like to do. There was also a complaints process which supported residents with any issues which they may have and one resident was attending advocacy meetings as part of their day service. Minutes of external advocacy meetings were also made available to both residents.

There were two identified restrictive practices in the centre on the day of inspection which included an intermittently locked door and car door in response to road safety concerns and the use of a monitor in response to a medical need. Two additional restrictive practices were also identified on the day of inspection which were previously introduced in regards to road safety. Staff who met with the inspector had a detailed knowledge in regards to the rationale and use of restrictive practices and it was evident that the person centred approach to care meant that some of these practices were used as little as possible. The person in charge maintained risk assessments in regards to their use and a three monthly review process of restrictive practice protocols, assisted in ensuring that these practices were implemented in a consistent manner. A resident's family representative had also been made aware of these practices and the person in charge ensured that the use of these practices did not impact on other residents. It was apparent that the centre was a nice place to live and the culture of the centre was one which promoted the rights of residents. The inspector found that there was ongoing review of the documentation which supported the use of restrictive practices; however, this review process did not actively review the restrictive practice itself to ensure that these practices remained necessary at all times.

Overall, the inspector found that residents appeared to enjoy living in this centre which had a good sense of home; however, some improvements in regards to the overall review process would further build on the positive care practices which were observed on the day of inspection.

Oversight and the Quality Improvement arrangements

The provider had developed a policy which was titled as "Promoting a service that is free from restrictive practices" and this document outlined how restrictions should be managed. The policy outlined a range of measures such as protocols, risk assessments and reviews which ensured that restrictive practices were implemented in a considered manner. A restrictive practice committee was also recently formed and was in the process of providing additional oversight of the use of these practices in services which were operated by the provider. The inspector found that this policy gave clear guidance on the implementation and management of restrictive practices and all required oversight and review documents were clearly evident in a sample of personal plans which were reviewed. It was clear that supporting documentation such as risk assessments and restrictive practice protocols were regularly reviewed as a comprehensive multidisciplinary review occurred on a three monthly basis. However, as mentioned previously, the review process examined supporting documentation but did not fully examine the individual restrictions to ensure that they were necessary at all times.

The person in charge had completed a quality improvement plan which outlined some areas such as staff training and the implementation of an oversight committee which would further enhance the good level of care which was in place. The person in charge and social care worker who facilitated the inspection were found to have a good understanding of both the resident's individual care needs and of the oversight arrangements which were in place to ensure that restrictions were appropriately managed.

As mentioned previously, staff members were observed to interact with residents in a very personal manner and the atmosphere which this created was warm and promoted a sense of home. Residents also appeared to respond positively to all observed interactions. The person in charge maintained a rota which indicated that residents were supported by staff members who were familiar to them and the provider had systems in place to train staff in regards to care practices which may be required.

Overall, the inspector found that the governance arrangements ensured that any restrictive practices which were in place were implemented with careful consideration and were subject to ongoing review; however, some improvements in regards to the review of the individual restrictions would further support the provider's aim of promoting a service that is free from restrictive practices.

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.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction 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.
-----	--