



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	06 February 2020
Centre ID:	OSV-0005140
Fieldwork ID:	MON-0028618

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
06 February 2020	Elaine McKeown

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

The designated centre was registered to provide residential service for eight adults, both male and female with an intellectual disability, including autism. Programmes were in place which staff followed to support residents on a daily basis and transport was also available for residents to access their local community and activities of their choice. The culture in the designated centre was one that supported a homely and happy environment. Residents were busy during the day; they were encouraged and supported to pursue their interests.

During the day the inspector met with five residents. From speaking with the residents and from what the inspector observed over the course of the day, it was very clear that residents were happy and at ease in the centre. Residents were facilitated to engage in activities that were meaningful to them which enhanced their quality of life. Residents who spoke with the inspector indicated they were very happy with the people they lived with.

The designated centre is comprised of two buildings which have been adapted to suit the needs of the current residents. The houses are located next to each other in a residential area in a suburb in Cork city. They are centrally located and close to amenities such as shops, hairdressers, public transport and other community facilities. There is parking at the front of the houses and both houses have garden areas to the rear. The houses were warm, clean and decorated with art work, photographs and awards belonging to the residents. There were also many visual aids to support residents which included daily menu choices, activity schedules and information on how to make a complaint.

On arrival to the larger house in this designated centre the inspector met with two residents who were waiting to be collected by transport to attend their day service. Staff supported these residents to tell the inspector about the plans for the day ahead which included swimming and having lunch in a restaurant with their peers. One resident spoke of their enjoyment of going on an aeroplane to a foreign country with a peer during 2019 and of their wish to travel again to celebrate an upcoming milestone birthday during the summer. Staff explained that this was currently being discussed and planned with the resident. The inspector was informed how both residents like to participate in social activities which include walking, bowling, travelling on public transport and attending music events.

Another resident was observed by the inspector as they completed their morning routine. The resident while focused was relaxed as they completed their planned tasks prior to leaving the house to attend their day service with staff support. Staff explained that this resident had transitioned successfully into the designated centre in September 2019. Upon visiting the apartment area the inspector could smell the aroma of toast and saw that the resident had independently prepared their breakfast and cleaned up their own kitchen area afterwards. Staff informed the inspector the resident enjoys playing the guitar and had joined their peers on occasions in the main house to play music with them in recent months. The inspector was also shown many paintings that the resident had completed, some of which were decorating the

apartment area. The resident's family had also compiled and printed a number of books which contained photographs of the resident's artwork, pictures of the resident painting and attending different events. The resident has close links with their family & the community where the family home is located and has had some of their artwork displayed in art exhibitions in this community area which have been supported by their family and some well-known public figures.

One resident spoke with the inspector in their apartment after they had had their breakfast and sorted their own laundry. This resident has been employed in a coffee shop for many years and continues to enjoy this role. They independently get two buses to get to their work destination. They spoke of how they enjoy meeting friends regularly in the city for a chat. They like to be out and about meeting different people and have a great affiliation for a particular GAA team. They enjoy attending matches when this team are playing, both at home and away. They were delighted to tell the inspector that they had attended a match with staff and a few of their peers from the house the previous weekend at a nearby stadium. The resident informed the inspector they were happy with the new person that had come to live in the house and explained how they were glad a staff member who had been on extended leave had returned to work. The resident was happy with the support they received from all staff in the designated centre. They spoke of how they had really enjoyed a short break away with a friend in 2019, while staff were fully aware of the plans and where the resident was staying, no staff were with the resident during the break. The resident explained how they maintained regular contact with staff by phone and enjoyed the experience of staying in the hotel and attending music events during this time. The resident had celebrated a milestone birthday in 2019 and decided around that time to stop the voluntary work that they were involved in a charity service to enable them to have more time to meet their friends every week.

The inspector did not get to meet the fifth resident living in this house during the inspection as they had already left to attend their day service prior to the inspector arriving. The staff outlined the activities this resident was involved in which included bocce and meditation. They enjoy activities out in the community and went on a holiday with a voluntary agency in 2019. The inspector was informed that four of the residents in this house attend 3 different day services during the day which are supporting their individual needs and interests well. The staff team outlined the plan to review the current day service that the resident who had recently transitioned into the centre is availing of and discuss alternatives that could be made available to ensure the service is effectively meeting all of this resident's assessed needs. The inspector was informed a meeting had been scheduled in the days following this inspection with the resident and their next-of-kin.

The second house in this designated centre supports three residents. These individuals have lived together for approximately 16 years and there was evidence of shared experiences throughout the house with pictures of the individuals partaking in different activities and holidays together. Two of the residents had declined to meet with the inspector on this occasion. Both of these residents had left the house to attend their day service before the inspector had arrived.

The inspector was able to speak with the third resident before they left the house on the morning of the inspection. This resident has a great interest in horse riding and informed the inspector that they had recently got a new horse. They spoke excitedly about the horse telling the inspector the name of the horse among other things. While they didn't have any printed pictures of this horse to show the inspector they told the inspector that they did have some on their electronic tablet device. However, there were many different photographs of the resident on other horses, wearing all different colour silks and looking very professional. The resident also proudly showed the inspector their latest award that they won in December 2019 at a horse riding event. The resident spoke of how they enjoyed beauty treatments which included nail and hair appointments. They had plans to go swimming later in the morning after attending a scheduled medical appointment. This resident had access to their own car and was supported by an individualised day service which was tailored to suit their specific needs.

The staff informed the inspector that the three residents in this house attend four different day services each week. Staff outlined to the inspector the activities the other residents in the house were involved in. One resident who has impaired vision is very active in the community. They attend two different day services during the week Monday-Thursday and have the support of a personal assistant every Friday. They enjoy attending a karate club each week and enjoys the support of a large network of friends whom they meet in different social settings. They also have close contact with family members whom they stay with regularly. This resident is a volunteer and works with an agency in the city that supports homeless individuals. The staff also informed the inspector that this resident attends an advocacy group regularly.

The staff informed the inspector that another resident required supports that were structured around known routines. They attend a day service during the week where they enjoy artwork among other activities. Some of this work was framed and on display in one of the sitting rooms in the house. Staff outlined how this resident was actively engaging with a new visual schedule and increasingly communicating their wishes and choices using this schedule. The staff team working in the house are very familiar with the resident and are using the schedule to help inform the resident of change. They hope to be able to broaden this resident's horizons in the coming year using this method of communication. They are confident they will be able to make slow and steady progress enhancing the experiences for this resident which they hope will include a short break among other goals.

All staff spoken to during the inspection outlined how residents had choice to participate in group outings in the evenings and at weekends if they choose to in addition to ensuring that each resident had time scheduled each week where they are supported by one staff to participate in an activity of their choosing. Two residents had been supported to take part in a bus tour as part of their holiday experience in both 2018 and 2019. This was so successful these residents have requested to repeat the experience in another location this year. Staff informed the inspector that the residents were welcomed into the tour group each time. They enjoyed visiting different tourist attractions and being part of the social group in the evenings. There were many pictures of the two residents at different tourist attractions in Ireland on display throughout their house.

During the inspection, staff also outlined the individualised arrangements for each of the residents to maintain regular contact with their families. Some residents stay with family members for a period of time each week, family visits are also part of residents' weekly routines. Staff outlined during the inspection that all residents were supported to engage in regular meetings where many different topics were discussed which included menu and activity planning for the coming week. Residents also had access to advocacy services with one resident attending advocacy meetings regularly. Residents were also supported to raise their concerns regarding a new resident coming to live in the larger house. They were supported to voice their concerns as this transition did happen over a short period of time to support the person moving into the house. Residents were supported to make a complaint regarding this issue. These residents were supported to meet with the new resident a few times in social settings which included a local public house before the resident moved into the house. One of the residents did tell the inspector that they were happy with the new person in their home. Staff outlined how another resident had voiced concerns to them based on previous negative experiences relating to other individuals no longer living in the designated centre but the staff team have supported the resident by using proactive strategies which includes protecting this resident's personal space and they have accepted the new resident in their home. The inspector observed both of these residents sharing the communal space as they carried out their morning routines and there was no evidence of any issue between them at that time.

There were no restrictive practices reported in this designated centre. The residents had keys to their own bedrooms and front doors if they wished to use them. While there were no locked doors between the apartments, staff informed the inspector that the three residents in the main house did not wish to access these areas. The residents living in the apartments were supported by staff in the main house and were seen to access the communal areas of the main house without impact on the other residents in the house. Residents and staff respected the expressed wishes of others in the house. Some residents had informed staff that they did not want the inspector to review their files. This was respected by the inspector. Staff were actively supporting residents with positive risk taking which included independent travel on the public transport system. Staff also outlined actions that had been agreed regarding one resident to support them with road safety awareness following a recent event where the resident had left the designated centre to follow a group of peers and staff that had already left to go for a walk in the locality. The staff in the house had been unaware the resident had left the designated centre until the resident joined the group out walking. The learning outcomes for staff following the incident were explained to the inspector and staff were assured they could support the resident to become more independent with other activities in the future which would involve road safety awareness such as independently going to the local shops.

Throughout the inspection the staff team were observed interacting in a respectful and professional manner with all the residents. The staff who spoke with the inspector during the day were knowledgeable about the individual needs of each of the residents, the supports they required and the personal goals that had been identified for the residents. The number of staff and the skill mix were appropriate to meet the assessed needs of the residents. Rosters were flexible to facilitate residents, this allowed staff to respond to the support needs of the residents, to deliver positive

behaviour support and promote a restraint free environment.

Residents were supported by staff during the day and in the evenings to facilitate participation in many activities. Residents were also supported by night with one sleep over staff located in each house.

Oversight and the Quality Improvement arrangements

Overall, the inspector found that the residents were supported to live in a warm, comfortable and relaxed home. Staff supported the residents to remain safe while maximising their independence. The staff team were supporting residents to engage in meaningful activities and to live a life of their choosing both in their home and engaging in community based activities. The inspector observed a positive culture in the centre and was satisfied that the staff team were effectively maximising residents' choices and autonomy.

Each resident had an individual care plan which was person centred and supported each resident with maintaining or increasing their independence, to support ongoing integration in the community and to provide on-going supports with family relationships.

The person in charge, team leader and other staff spoken to during the inspection demonstrated knowledge and awareness of restrictive practices, in addition they were also able to outline to the inspector the provider's policy and procedural guidelines for restrictive practices. The person in charge outlined the process of informing the provider with up-to-date information regarding the use of restrictive practices in the designated centre. The provider conducts an annual audit within the organisation and the person in charge for this designated centre had advised that no new restrictive practices have been implemented since the last audit. The provider collates the information from all of their designated centres. This information provides an overview of restrictive practices and facilitates the selection of practices to be selected at random for auditing purposes. The inspector was also informed that the provider has a behaviour standards committee which reviews the use of restrictive practices in the organisation with a focus on reduction and discontinuation. As there were no restrictive practices in place in the designated centre there was no restrictive practice log for the inspector to review.

The person in charge had not ensured the current statement of purpose was present in the designated centre for the inspector to review on the day of this inspection. The version given to the inspector was dated June 2018. Subsequent to the inspection the person in charge forwarded a copy of the current statement of purpose to the inspector. The version had been reviewed in November 2019, the document is required to be reviewed at least annually as per the regulatory requirements. Following a review of the training matrix for the staff team, not all staff had up-to-date training in managing behaviours that challenge at the time of the inspection. The person in charge did outline in correspondence after this inspection how the staff member was booked for this training in the weeks after the inspection; but their previous training was out of date since July 2019. The inspector also discussed with the person in charge the requirement of key access to the staff office/bedrooms in both houses. The person in charge explained that while these areas can be accessed by residents when staff are present, the rooms are kept locked at other times to ensure secure storage of documentation and medications.

The inspector also reviewed the provider's policy on the use of restrictive practices. It was noted that information contained in one of the appendices attached to the policy required further review by the provider. The section in question referred to the notification of the use of restrictive practices to the social services inspectorate within three days, this is not in line with regulatory requirements. The person in charge brought the issue to the attention of a member of the behaviour standards committee. The inspector has been advised that the committee will review the information contained in the appendix to ensure the wording reflects accurately the process involved in notifying the use of restrictive practices to the relevant authorities.

The inspector was assured that there were sufficient staff resources available to meet the assessed needs of the residents. Staff spoke of individual supports provided to residents. For example, staff outlined how one resident now completes their own shopping with staff support. The resident is supported to make a shopping list for items they require in their apartment and they purchase the items on the list. This has enabled the resident to gain confidence and independence in deciding what they require to buy each week. In addition, as already outlined in this report the residents were effectively supported by the staff team during the transition period for one resident which had caused concern for some other residents initially, the staff team provided the residents living in the house with individualised and on-going support. The provider also identified a staff member from the designated centre where the resident was moving from to continue to support the resident in their new home. The inspector was informed by residents and staff that they were happy with the successful transition and the resident was increasingly becoming involved in activities within the house over recent months.

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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