



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

Name of designated centre:	Dereen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	05 November 2019
Centre ID:	OSV-0005327
Fieldwork ID:	MON-0027652

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 November 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-14 residents who have a disability. Residents who were using the service on the day of inspection had high physical/mobility needs and also required assistance with their health care. Each resident lived in the centre on a full-time basis and they also attended day services on days of their choosing throughout the week.

The centre comprised of two separate houses which were located within a short drive of a village in the West of Ireland. One house supported residents with a high level of physical and mobility needs and this home actively promoted accessibility. There was ramped access to all external exits and internal hallways and living areas were large and spacious in nature. This house had adapted bathrooms and was also equipped with hoists and mobility aids. A bespoke dining table had also been acquired which assisted in improving the dining experience for residents who used wheelchairs. The inspector found that these arrangements promoted inclusion and ensured that the environment promoted the life experience for those who used wheelchairs. The other house was also very large in nature and again it also had ramped external exits for residents with mobility issues. This house was going through some changes at the time of inspection and the provider was planning to reduce the number of residents which this house could support. There had also been a recent admission to this centre and a resident was also in the process of transiting to another centre. The inspector met briefly with one resident who was living in this house who was preparing to go on an outing with staff members. Residents in both houses had their own bedroom and photographs of family and friends gave both houses in the centre a very personal feel.

The inspector conducted the inspection from a central dining area where some work practices could be observed and throughout the inspection residents appeared happy and relaxed. There was a very calm atmosphere in this home on the morning of inspection and pleasant interactions, between staff and residents, were observed. There was music playing in the background and the team leader indicated that many of the residents enjoyed attending music sessions. Staff members were observed to take the time to explain to residents what they were doing and permission was sought when assisting residents with their care needs when moving from the dining area. Two staff members also sat at eye level with residents while they read a story and while they painted a resident's nails and both residents smiled throughout these interactions. Residents also required assistance with the nutritional needs and home cooked, modified meals, appeared wholesome and residents seemed to enjoy having their meals together. A staff member was also observed helping a resident with their breakfast. This interaction appeared very meaningful and the staff member smiled and sat at eye level while they helped the resident to place food on their dining utensil. The resident was then able to feed themselves. The inspector found that these actions by the staff member were patient, kind and promoted this resident's independence.

Residents who lived in this house required a high level of assistance in regards to some aspects of their lives and staff members who met with the inspector spoke

about residents care needs in a personalised manner. Staff members could outline the use of restrictions and how a change in care practices has had a positive impact in reducing the use of these restrictions. For example, a resident was sometimes required to use a wheelchair to access the community and for attending medical appointments as they could find these situations stressful. However, the team leader and staff members who met with the inspector outlined how a more person centred approach to care and better planning in regards to appointment times has resulted in reducing stress for the resident which in turn has resulted in the resident fully accessing the community without the use of a wheelchair. In the past the resident may also have required chemical interventions to support attending medical appointments; however, this has not occurred for over a year and recent medical appointments had not required the use of a wheelchair.

The inspector met with five residents who were non-verbal and received a warm welcome. The inspector reviewed a sample of communication plans and considerable work had been completed to assist a resident with a visual impairment to communicate. A recent assessment had been completed by a speech and language therapist and an object of reference communication pathway was recommended. This communication pathway was under development at the time of inspection and a coordinated plan between both day services and the designated centre was in place to ensure that a consistent approach to communicating with this resident was promoted. Residents also attended weekly house meetings where they were informed of upcoming events both in the centre and in their local community. A recent community music session had been discussed at the last house meeting and some residents attended this session on the day of inspection.

The restrictive practices in use on the day of inspection included a locked press and a device to limit access to a fridge. A resident also used a wheel chair when accessing medical appointments and bed rails were also in use following recent hospital admissions for two residents. The self assessment questionnaire which was completed by the person in charge in preparation for this inspection also highlighted an additional restrictive practice in regards to supporting a resident with completing fire drills. Oversight of these practices was provided by the team leader and person in charge and supporting documentation such as risk assessments and protocols for their use were in place. Staff who met with the inspector had detailed knowledge in regards to the use of these practices and they could explain how the least restrictive care practices were promoted in the centre. The inspector found that some minor improvements could be made, in regards to supporting documentation, to ensure further clarity when implementing some restrictions; however, staff members who met with the inspector were consistent in the approach to care and they further demonstrated the guidance which was outlined by both the person in charge and team leader when discussing the resident's individual care needs.

The provider had an assessment in place which promoted residents' rights and examined residents' ability to access the community, their home, personal possessions and privacy. Residents could also access both internal and external advocacy groups if they so wished and there was a complaints procedure in place. Although there were no active complaints, the staff team had received four complements in the last year from residents' family members in regards to the quality

and approach to care which was provided in the centre. In the weeks prior to the inspection some residents were admitted to hospital and the provider provided additional staffing resources to these residents during their hospital stay. The person in charge detailed how this had put a strain on resourcing the centre during this period; however, there had been minimum disruption to residents' lives. A review of personal records indicated that some residents enjoyed a good social life and actively attended local public houses, religious services and areas of local interest. However, some residents did not attend their local community on regular basis. This was brought to the attention of the person in charge who indicated that this would be further examined in further detail subsequent to the inspection.

Overall, the inspector found that residents were supported to live a good quality of life and although some improvements were required to supporting documentation, staff members could clearly account for work practices which supported residents in their day-to-day lives.

Oversight and the Quality Improvement arrangements

The provider had a policy which was titled as "moving to a restriction free environment" and this document outlined how restrictions should be managed with the overall aim of eliminating or reducing these practices. The policy outlined a range of tools such as protocols, risk assessments and review forms which ensured that any restrictive practices were implemented in a considered manner. The policy also outlined additional oversight bodies such as the human rights committee and best practice committee which would oversee the impact that these practices may have on residents' lives. The person in charge also detailed some positive changes in regards to how information from reviews from the human rights committee were communicated to residents. For example, the decisions made from a recent review by this committee had been made into a user friendly, picture formatted, decision record which had been sent directly to a resident.

Both the person in charge and a team leader who met with the inspector had an informed understanding of restrictive practices which were in place in the centre and the inspector found that approach to care overall aimed to reduce or eliminate the use of these practices, if possible. All oversight arrangements which were detailed in the provider's policy were present in a sample of files which were reviewed and although some minor improvements were required to documented risk assessments and protocols, there was no observed negative effect on the quality of care which residents received.

The person in charge was also in the process of completing a quality improvement plan which outlined some adjustments to further develop some of the positive care practices which were observed on inspection. Furthermore, the provider had developed a quality plan in response to ongoing review which is facilitated by an external body. The plan included 11 goals which aimed to further develop areas such as residents' rights, social roles, communication and governance structures which highlighted to provider's commitment to improving services for residents.

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. As a quality initiative, provider had highlighted that additional training was required in regards to supporting decision making and residents' rights.

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 with the ultimate aim of reducing or eliminating these 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.

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.