



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

## Issued by the Chief Inspector

Name of designated centre:	Loyola/Eden
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	17 January 2024
Centre ID:	OSV-0002123
Fieldwork ID:	MON-0041592

## 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 environmental<sup>1</sup> 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

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<sup>1</sup> 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	Times of Inspection	Inspector of Social Services
Wednesday 17 January 2024	10:10hrs to 16:40hrs	Tanya Brady
Wednesday 17 January 2024	10:10hrs to 15:50hrs	Sinead Whitely

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

This inspection was an unannounced, thematic inspection of this designated centre. It was intended to assess the provider's implementation of the 2013 National Standards for Residential Services for Children and Adults with Disabilities relating to physical restrictions, environmental restrictions and rights restrictions. The aim of this inspection was to drive service improvement in such areas, for the benefit of residents. Overall, the inspection found that residents living in this designated centre were being supported to engage in activities that maximised their independence in their daily lives.

This designated centre was located on the outskirts of a large town in Co. Wexford and comprises two bungalows in close proximity to one another. The centre is registered for a maximum of eight residents, four in each of the houses and is currently at full capacity. Two inspectors completed the inspection and over the course of the day met with five of the eight residents. One individual was away from the centre with family and two residents were attending planned activity external to the centre. There was a welcoming atmosphere in both houses and residents who were home appeared very comfortable in their homes. A number of improvements had been made to the houses since the last inspection, with others planned which contributed to them appearing more comfortable and homely. There are shops, cafes and other amenities close to the houses.

Conversations or interactions with residents and staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the National Standards in this centre. Residents presented with different levels of verbal communication skills with some residents requiring support through the use of augmentative or alternative systems of communication. Where residents engaged with the inspectors they said that they were happy with the quality of care in the centre and felt that their rights were being upheld. One resident was heard speaking with a member of the centre management team about a residents' advocacy group they had been invited to join and talked about what this might mean for them.

On arrival to the first house one resident was present and they were getting ready to start their day. They greeted inspectors in the kitchen using directed eye gaze and moving physically close to the inspectors for a short time. The resident was supported to make choices that directed their day and were observed helping to prepare a meal, watching a preferred television programme and moving with staff throughout their home. A review of daily records showed that this resident had access to a suitable vehicle at all times and that visits to the community could also be part of their day. The staff team and person in charge discussed a new wheelchair that had been provided which supported the resident in further engaging in longer walks or outings in a manner they were not able to previously.

In the other house two residents were putting on coats and scarves as they were going to walk to the shop. When the inspectors arrived the residents changed their minds and the staff respected their wish to remain in the house for longer. One

resident asked staff to support them to go to their room. They were observed to relax and watch television. Another resident showed the inspectors around their home and pointed out items they liked and furniture they described as cosy. The inspectors spent time sitting and chatting in the kitchen and in the hallway with residents. One resident showed inspectors knitting they were completing and later sat and knitted as they spoke to the inspector. Another resident was supported coming home from day services and they said that they were excited as a family member was coming to collect them later. They had chosen a new wardrobe for their bedroom that was flat packed in the hall and ready for construction.

There were a small number of restrictive practices in place to support residents' safety and well-being and these were recorded as such and regularly reviewed. Some of the identified restrictive practices required further review to ensure measures of support for residents were comprehensive. This included the management of an electric gate whereby some residents had been taught skills to open it when leaving the house however, the provider had yet to consider how they opened it on return to their home. There were some areas not yet formally identified as restrictive practices although it was acknowledged that these were being considered for assessment. An example of this was the use of an alarmed mat in place due to the risk of falling, this notified staff every time a resident stepped on it and staff would enter the resident's room thus impacting on their privacy. While this was under review it had not yet been recorded as restrictive. Finally there were some areas such as the locking of residents' finances that had not been recognised or considered as possible restrictions.

For the most part, residents could freely access their home and garden. There was a locked side gate at night in one of the properties for safety and security. This was risk assessed and regularly reviewed. There were thumb locks on the inside of external doors and most residents following discussion and assessment had the keys to their front door. Restrictive practices were regularly discussed at resident and staff meetings. The potential impact of restrictions for everybody living in each of the houses was kept under review. There were monthly audits of restrictive practices by the local management team.

Residents were supported to understand the rationale and impact of the restrictions in place. There was easy-to-read information on "my choices", rights, complaints and restrictive practices. Restrictive practices, rights, and advocacy were being regularly discussed at resident and keyworker meetings. A resident living in this centre as discussed was considering becoming a member of the providers' advocacy group. Resident's views and those of their representatives were captured as part of the provider's annual survey. There was evidence that matters raised within the surveys were followed up. Across all documentation reviewed by inspectors person-centred and rights-based language was being used. For example, choice and independence were words that were used throughout residents' personal plans. Positive risk taking was also in practice and seen as a means to promote residents independence and quality of life. This was also the case when inspectors spoke with staff in the houses and members of the management team.

In summary, the inspectors saw that the residents in this centre were in receipt of high quality and safe care which was delivered by well-informed staff. The care that was being provided was effective in upholding the resident's rights and was ensuring that they were living in an environment and home that was as restraint free as possible with due regard to their health and safety and assessed needs.

## Oversight and the Quality Improvement arrangements

Overall the findings of this inspection were that care and support provided for residents was of a high standard. Residents were being supported to make choices, independently access day services and activities of their choice, and live their lives in line with their wishes and preferences. They were being supported to stay safe in their home, with a small number of restrictive practices in use in line with their assessed needs. The provider and person in charge were meeting the National Standards for Residential Services for Children and Adults with Disabilities 2013 in relation to the use of restrictive practices.

In advance of this thematic inspection the provider was invited to complete a self-assessment tool intended to measure this centre's performance against the 2013 National Standards as they related to physical restrictions, environmental restrictions and rights restrictions. This self-assessment was completed and submitted for review in advance of this inspection and the inspectors reviewed this as part of the inspection process.

The provider had effective governance structures in place and these were ensuring the effective delivery of a good quality of care and support for people using the service. The policies in place were guiding staff practice and ensuring that person-centred care and support was delivered using a human-rights based approach. Where restrictive practices were implemented, this was done in line with the provider's policy, national policy, and evidence based practice. Policies and practice promoted a restraint-free environment.

The provider was effectively planning and managing resources to ensure that restrictive practices were not used to compensate for a lack of resources. Staffing levels had increased since the centre was last inspected with consideration given to key points in the day so that residents for example who no longer attended a formal day service could lead their own daily routines. Staff had completed training such as safeguarding, restrictive practice and restraint awareness training and positive behaviour support training. Some staff had completed human rights awareness training with others identified to complete this. Inspectors spoke to two staff who described the positive impact of completing this training. They spoke about the impact it had on their day-to-day work such as reminding them that each resident had the same human rights as everybody else. Inspectors viewed a sample of staff supervision records and found that restrictive practices and residents' rights were being discussed regularly.

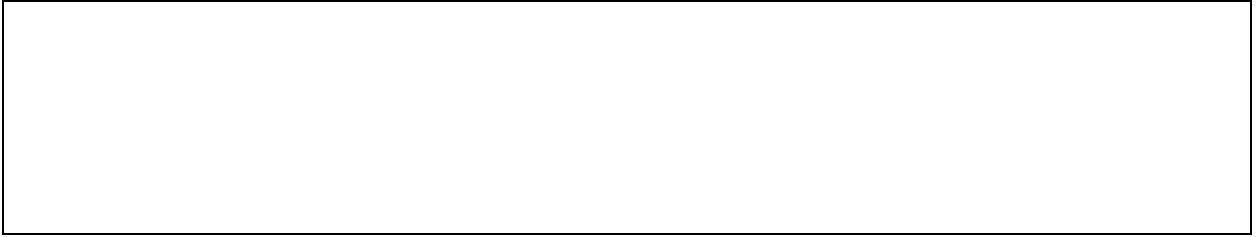
Staff meetings were taking place monthly and these were used as an opportunity to discuss issues including the different restrictive practices in use in the centre and the provider's own policy on this. Staff had also completed training on the management of reactive behaviours and the resident's different management plans for reactive behaviours were regularly discussed in these staff meetings.

Local level oversight and management of restrictive practice was evident in the centre. The provider had a clear risk assessment process in place for any use of restrictive practices in the centre. Any risk assessment in place was being reviewed on a regular basis. Any new restrictive practice went through a process of risk assessment, management review, MDT review, discussion with staff and the resident and then quarterly audits. The provider was in the process of developing a human rights committee, where the use of any restrictive practices would be reviewed and discussed. At the time of the inspection this committee was not in place yet.

The inspectors observed evidence that residents were regularly consulted regarding the service provided and their rights. Resident meetings were held weekly in the centre where issues including resident's rights, safeguarding, company policies, finances, current affairs, voting and health and safety were regularly discussed. These meetings were also used as an opportunity to discuss the residents' preferences regarding meals and scheduled activities for the week ahead. Quarterly advocacy meetings were also held with residents. Resident's rights were discussed at these meetings, along with the residents feedback on the service provided.

In summary, inspectors found that care and support provided to residents was of a good standard. Residents were being supported to make choices and live their lives in line with their own needs and preferences, as much as possible. They were being supported to stay safe in their home, with a small number of restrictive practices in use, secondary to their assessed needs and risk assessments.





## 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.

<b>Substantially Compliant</b>	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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### 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

<b>Theme: Leadership, Governance and Management</b>	
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.

<b>Theme: Use of Resources</b>	
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>

<b>Theme: Responsive Workforce</b>	
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>

<b>Theme: Use of Information</b>	
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>

<b>Theme: Health and Wellbeing</b>	
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4.3	The health and development of each person/child is promoted.
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