



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Grangebeg
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	12 January 2024
Centre ID:	OSV-0003621
Fieldwork ID:	MON-0040643

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	Times of Inspection	Inspector of Social Services
Friday 12 January 2024	11:30hrs to 17:00hrs	Marie Byrne

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

This unannounced thematic inspection was completed to assess how the provider was implementing the National Standards for Residential Services for Children and Adults with Disabilities (2013), in relation to restrictive practices. Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. Residents were busy and had things to look forward to. They were making decisions about their day-to-day lives and were kept informed and involved in the review of restrictive practices.

Camphill Community Grangebeg is a residential service for up to twelve adults with an intellectual disability. There are two three-storey houses situated on a campus in a rural part of Co. Kildare. There is a working farm on site and a day service building.

The inspector of social services had opportunities throughout the inspection to engage with residents. They observed residents as they went about their daily routines and met and spoke with six residents at a time that suited them. Some residents were out and about when the inspector visited their homes. They were attending appointments, visiting friends, working on the farm, or attending day services.

There was a warm and welcoming atmosphere in both of the houses. Residents appeared very comfortable and content in their homes. Warm, kind and caring interactions were observed between residents and staff. A number of residents were observed laughing and joking with staff during the day.

One resident spoke about a college course on horticulture they were about to start. They spoke about what they would like to get from this course, and about how they planned to use what they learned to benefit them and their housemates by identifying what vegetables they would like to eat regularly and then researching how to grow these organically in a pollytunnel and raised beds. They also spoke about their role as a resident representative on the advocacy group and about how much they enjoyed being part of the interview panel for short term co-workers last year. Another resident spoke about things they like to do and their plans for a foreign holiday this year. They also spoke about who they would go to if they had any concerns or complaints about their care and support.

The inspector had the opportunity to speak with two residents about restrictive practices during the inspection. One resident showed the inspector an alarm on their arm and demonstrated how they seek staff support by pressing the alarm. They said that staff were good and came to support them when they needed it. They also said they understood why the alarm was in place.

Another resident described the kind of restrictive practices that were in place in their home. They spoke about why they were in place and how they were discussed regularly at house and keyworker meetings. For example, they spoke about a locked cabinet in the office which contained residents' assessments and personal plan. They talked about these files containing everyone's personal information. They said they

could not access other people's information but they just had to ask staff and they could access their own.

One resident spoke about the supports in place to safeguard their finances. They said they were happy with the current arrangements as they felt their money was safe. They spoke about their money management assessment. They had their bank card linked to their mobile phone and found this convenient while paying for items. They sat with their keyworker regularly and reviewed their receipts and bank statements.

Overall, there were a number of restrictive practices in place to support residents' safety and well-being in this centre. These were recorded as restrictive practices and regularly reviewed. Where a restriction may impact on other residents this was considered and efforts were made to reduce or remove restrictions where possible. When restrictions remained they were reviewed regularly to ensure they were the least restrictive. There was evidence of recent restraint reduction, and there were restrictive practice reduction plans in place for some residents. For example, bed rails had been replaced by a sensor mat as part of a restrictive practice reduction plan. In addition, work was ongoing to identify how best to reduce the number of restrictive practices for one resident relating to their risk of falls and seizure activity.

For the most part, residents could freely access their home and garden. There were a small number of locked presses/doors and these were risk assessed and regularly reviewed. There were thumb locks on the inside of external doors. Restrictive practices were regularly discussed at resident and staff meetings. There were regular audits of restrictive practices by the local management team. In addition, there was a restrictive practice review panel who reviewed proposed and current restrictive practices at least quarterly. They met more regularly when new restrictions were implemented to review their effectiveness and to ensure they were the least restrictive for the shortest duration.

Residents were supported to understand the rationale and impact of the restrictions in place. There was easy-to-read information and social stories available and restrictions were regularly discussed at house and keyworker meetings. Each resident had an opportunity to sit with staff and discuss each restrictive practice in place in their home and to sign a consent form. There was information available on how to access independent advocacy services, with some residents choosing to apply to/access these services.

Overall, residents who met with the inspector appeared happy and content in their home. They were taking part in activities they enjoyed and making choices and decisions about their care and support. Across all documentation reviewed and in every conversation held during the inspection person-centred and rights-based language was being used. Positive risk taking was also in practice and seen as a means to promote residents independence and quality of life. There was a clear rationale in place for any restrictive practices in the centre and residents were informed about them and had opportunities to discuss them and the impact with staff and the management team.

Oversight and the Quality Improvement arrangements

Overall the findings of this inspection were that the provider and local management team were promoting a restraint free environment. The provider had ensured that there was good oversight arrangements in place for the use of restrictive practices. There was a clear focus in this centre in reducing and removing restrictive practices, where possible.

Residents were being supported to stay safe in their home, and there was evidence to show that the restrictive practices in use were 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.

There was a clear focus on moving beyond compliance and there were a number of quality improvement initiatives in place, including those relating to restrictive practices. For example, prior to the inspection the provider had completed a self-assessment questionnaire relating to the use of restrictive practices in the centre. As part of this they had identified that there were areas where improvements were required and developed a quality improvement plan. The actions taken as a result of this quality improvement plan had resulted in improvements such as, additional training for staff, the development of restrictive practice reduction plans, a review of the provider's restrictive practice policy, and a renewed focus on identifying potential rights restrictions for residents living in the centre.

The provider had effective governance structures in place and 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's restrictive practice policy was in the process of being updated at the time of the inspection. The policy was underpinned by a human-rights based approach and contained information pertaining to the provider's human rights committee which was in the process of forming. It also contained appendices with documents such as the restrictive practice panel referral form, restrictive practice protocols, restrictive practice review forms, and a document to record the use of emergency/unplanned restrictive practice.

There were systems in place for recording and monitoring restrictive practices such as those included in the appendices of the above policy. There was a restrictive practice register and this was updated after every restrictive practice panel meeting. At these meeting restrictive practices were either approved, approved with recommendations, removed, or a plan for reducing the restriction was put in place.

Residents had risk assessments and the relevant health assessments were also reviewed as part of the review of corresponding restrictive practices. The impact of

restrictive practices for residents was considered as part of the restrictive practice referral form and alternatives were presented and discussed at the restrictive practice panel meetings. Restrictive practice reduction plans included staff monitoring the use of restrictive practice which were then reviewed by the committee. Restrictive practices were also reviewed as part of the provider's annual and six monthly reviews.

The provider was effectively planning and managing resources to ensure that restrictive practices were not used to compensate for a lack of resources. There were a number of staff vacancies at the time of the inspection, but the required staffing levels were in place day and night through the use of regular relief and agency staff. Staff had completed bespoke area-specific training on human-rights awareness, and safeguarding. Staff had completed training on behaviour of concern and there were policies in place to guide staff practice to support residents in line with their assessed needs. In addition, residents who required them had positive behaviour support plans which outlined what restrictive practices were in place. Positive behaviour support training was in the process of being rolled across the organisation. Bespoke onsite behaviour support training was also provided by the behaviour specialist, as required.

The person in charge had met with the staff team, either in groups or individually to review each restrictive practice in use in the centre. A presentation was also available for staff in relation to restrictive practices which included a list of those in place. As part of staff supervision, restrictive practices and residents' rights were being discussed regularly. Staff who spoke with the inspector were aware of the restrictive practices in place and the process for recording and reviewing them. Resident and staff input was sought as part of the restrictive practice panel review meetings. Resident's views and those of their representatives were also captured as part of the provider's annual and six monthly reviews.

Overall, through a review of documentation, a review of the environments, and discussions with residents and staff, it was evident that restrictive practices in this centre were assessed, monitored and regularly reviewed. Every effort was being made to promote an environment where residents' independence and freedom of movement was encouraged and where restrictive practices were reduced or eliminated. Residents were keeping busy working on the farm, taking part in the upkeep of their home, going to day services, signing up for and completing courses, spending time with their family and friends, and engaging in activities they enjoyed in their local community.

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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