



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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 Grangemockler
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	29 August 2023
Centre ID:	OSV-0003622
Fieldwork ID:	MON-0040984

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
Tuesday 29 August 2023	09:30hrs to 18:00hrs	Tanya Brady
Tuesday 29 August 2023	09:30hrs to 18:00hrs	Louise Griffin

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.

Camphill Community Grangemockler consists of four large separate houses and one small apartment that is co-located to one of the houses, all within short walking distance to each other. These houses are located in a rural setting on the site of a farm and are in close proximity to a small village and some towns. Each resident had their own bedroom and facilities within the centre included sitting rooms, kitchens, dining rooms, utility rooms and staff offices. Some residents had access to individual areas for relaxation such as a personal living room or a gym. The centre provides a residential service for up to seventeen adults, male and female, with intellectual disabilities, Autism and those with physical and sensory disabilities. While some environmental restraints were in place to support the residents overall safety and well-being, the physical environment and configuration of the centre mainly supported the provision of a restrictive free environment.

This centre is home to sixteen residents and currently has one vacancy. The inspectors engaged with the majority of residents over the course of the inspection. As these residents used a mixture of verbal and non-verbal communication, the inspectors engaged with residents in a variety of ways. For example, some residents were observed in their environments and in their interactions with staff while some residents spoke directly with the inspectors. Residents were supported to express their views in many ways including day to day interactions with staff, resident meetings and key worker meetings. Residents were observed using Augmentative and Alternative communication systems and these were utilised in particular when choices were offered or to ensure residents could express their perspectives on decisions. Where records were kept regarding decision making they included guidance for staff on how to present a choice, how to support a resident to understand and what the best time of day was for decision making.

Throughout the day, some residents were seen to be supported to go out of the centre, some on walks or drives, and others left to go shopping. Of the sixteen residents that lived in the centre, two attended a day service and two of the residents had part-time jobs in local businesses. Two residents were visiting family on the day of inspection for a short break.

The residents were supported to live their lives to the full with minimal environmental restrictions in place to support their safety. For the most part, inspectors found that restrictive practices in use in the centre were in line with the organisation's policy and

procedures and had been notified to the Chief Inspector. Each of these restrictive practices had an accompanying risk assessment to substantiate and justify the rationale and to outline the risk they managed. All restrictive practices in place had been reviewed and assessed by the provider's 'Human Rights and Restrictive Practice Committee' to support the residents' choices and preferences.

For one resident who had previously been independent when accessing the community they now required the presence of staff at all times. This had arisen as they required application of prescribed eye medication on a frequent basis. The provider and person in charge had identified that the presence of staff and the requirement for the resident to wait until staff were available for support was potentially restrictive. There was evidence that the person in charge had trialed a number of methods for the resident to self-administer the medication and that education and training had been put in place for the resident. These had not been successful. There was ongoing consultation and conversation with the resident regarding the need for staff presence at all times when out of the centre and their consent had been obtained. This had had an impact on the resident's freedom when meeting friends and family in as flexible manner than previously.

The inspectors met with three residents who were going out to buy the groceries for their house in the morning. The residents had access to the house vehicle which was a dedicated vehicle for their house. Each house has their own specific vehicle with one additional vehicle available throughout the centre used to facilitate individual trips or when a vehicle was scheduled for repairs. The residents told the inspector that they liked to go for a coffee and not a tea when they went out and outlined some of what they hoped to buy. Later in the day when the inspectors visited the house again, one resident had made a cake with staff support and was having a slice with a hot drink. For some other residents support was offered to help them reduce intake of items such as fizzy drinks or high calorie foods following advice from a health and social care professional. However, this was not identified as restrictive as access to these items was not refused nor were they unavailable. There was evidence that the support to reduce intake had been considered by the provider as part of their restrictive practice oversight mechanisms.

Residents were observed moving freely throughout their homes and where there were some locked doors or locked cupboards these were found to have been assessed for and identified with clear rationale in place as to why they were locked. This included for the safekeeping of resident medicines, household chemicals and the protection of resident finances. Residents in some instances had chosen to keep their finances in a locked and secure manner in their rooms and they showed the inspectors the key that they used to keep their money safe. There was evidence of discussions with residents regarding the decision to ask staff to take responsibility for them in securing monies. In one house where the front door may be locked on occasion residents also had access to their own key. If they choose not to have a key this was recorded and a timeline set for the offer to be made again.

Over the course of the day as the inspectors worked in an office space, residents were observed to come to talk to the person in charge and with staff. A number of residents also took time to speak to inspectors. One resident had been to collect post

and dropped some items off to the office, another was going to pick apples in the orchard with staff support. A resident called to ask when new staff might be starting in the centre and to let the person in charge know they were going for a walk and would call in to other houses to say hello. As inspectors moved through all houses over the course of the day the residents welcomed them, showed them around their homes and talked about what was important to them. Inspectors saw residents sitting together for meals and snacks, sitting to watch television or going out for walks. In some houses residents were completing household tasks and took pride in completing daily tasks to maintain their home.

Each resident had a personal plan which detailed their needs and outlined supports they required to maximise their personal development. Residents were supported to live full and meaningful lives and enjoyed a number of community based activities. For example, residents liked going on holiday breaks, day trips, dining out, shopping, going for drives, and meeting with friends and family. Residents were observed to be supported by staff who knew them and their individual needs well. However, there was a deficit in the numbers of staff and while the provider was working to recruit staff to the centre it was currently operating with a shortfall of 10 whole time equivalent staff or one third of the assessed staffing requirement. The person in charge tried to ensure staff were available for planned activities however, it was acknowledged that residents were restricted in their ability to complete spontaneous activities. An example of this was in one house where a resident had requested a shower later than usual at 21:00 and there were insufficient staff to facilitate this. The person in charge discussed this in the context of an unplanned restriction and discussion with the resident had occurred.

Some residents required assistance with how they managed their behaviour and while some detailed support plans were in place to ensure these residents had a consistent approach to their care, this was not the case for all residents. The provider and person in charge had identified that some positive behaviour support plans were not present in the centre as required. While they were scheduled for completion following a period of assessment they were not in place on the day of inspection. Although staff who met with inspectors had a good understanding of the plans in place, the lack of plans for all residents and the inconsistency of staff support was a challenge in their implementation. In addition not all staff were up-to-date in their training to support them in the management of behaviour that challenges.

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. While there were some barriers identified to the implementation of this high level of care such as staffing levels, staff training and the access to positive behaviour support. 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

The inspectors found that the provider did have systems in place for the review and monitoring of restrictive practices. The person in charge was found to have a positive and open approach to the use of restrictive practices and it was apparent that the aim of the service was to reduce and/or eliminate these practices where possible.

The provider had a current policy that outlined the oversight arrangements for the use of restrictive practices and which had been recently reviewed and updated in June 2023. The provider had been developing their oversight processes and standardising their approach for the assessment and review of restrictive practices. Overall the inspectors found that there was good oversight of the restrictive practices that were in use in the centre however, some improvement was required on the recording of implementation or use of a practice. This gathering and trending of data would ensure that accurate information was available to support reviews. For example, one resident had an alarm system on their bedroom door which was identified as required following an incident, in addition the provider reviewed the assessed staffing and a waking night staff was now also present in the house. As there was limited information regarding how often the alarm sounded or how often the staff member was required to check on the resident an informed decision on either the potential reduction or removal of the alarm could not be made.

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, environmental and rights restrictions. These standards and the questionnaire was divided into eight specific themes. The provider completed and submitted the self-assessment for review in advance of this inspection. Overall, the completed questionnaire suggested a good level of progress toward the National Standards with four themes reported to be meeting the requirements and four moving towards being compliant. The provider also responded in their self-assessment that there was a quality improvement plan being developed provider wide that would impact on their individual designated centres regarding restrictive practices. There was evidence of information and learning shared between centres and between persons in charge.

The provider, person in charge and staff team were committed to ensuring a good quality of life for the residents in this centre with this consistently evidenced by positive participation in everyday tasks for residents in the running of their home. It was also clearly evidenced in an improvement in the range of activities and events that residents could access in their community and in visits with family and friends. As already stated however, the resourcing of the centre required improvement. There was a current stated need for a staff team of 31 whole time equivalent staff based on residents assessed needs. The centre currently has 21 whole time equivalent staff in post with one third of posts vacant as outlined earlier in the report. In addition to this identified deficit, the person in charge had completed further assessments for

residents with changing needs and identified the need for additional staffing requirements to both ensure resident safety and to support enhanced individualised activities and an application for funding had been prepared and was under review.

The inspectors found evidence that the person in charge had identified a substantial number of practices for consideration to the provider's 'Human Rights and Restrictive Practice Committee' when it was first establishing. The inspectors reviewed minutes and records of these meetings and found that there had been detailed discussion regarding a number of areas where there may be restrictive practices in place. The provider and person in charge assessed and considered sensitive and personal areas such as the use of contraception or smoking management. The provider and person in charge had also identified practices whereby the rights of an individual were contrasted with the impact of a restriction being implemented, this was clear for example in discussing the rights of an individual to smoke when considered in the support provided to ensure that health was not compromised nor that an individual was spending outside of their means.

Residents and their representatives were informed regarding complaints and had been supported to make complaints, these were found to have been managed in line with the provider's policy. One such complaint related to the potential restriction on a resident accessing swimming as a result of the staffing deficits. This was not found to be the case on investigation however, the person in charge and members of the management team ensured their availability to ensure where possible planned activities for residents could go ahead.

As part of the provider's systems to ensure ongoing oversight, person in charge meetings, meetings between the person in charge and area manager and staff team meetings were taking place. The inspectors were informed these meetings were a forum for information sharing within the region, providing up-to-date information and feedback. This information was then shared with staff teams within each designated centre.

The provider also ensured regular audits were taking place within the designated centre. The inspectors reviewed the six monthly unannounced audits, annual review and other local audits that were completed and found that consideration of restrictive practices and risk management formed part of these.

In summary, the residents living in this designated centre were supported to engage in activities in line with their expressed wishes either independently or with minimal staff support where possible. However, the staffing deficits, lack of consistent staff training and the inconsistent presence of positive behaviour support plans was impacting on the ability of the provider and person in charge to ensure the environment was as restraint free as reflected in 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.

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

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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