Health Information and Quality Authority

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 Ballybay
Name of provider:	Camphill Communities of Ireland
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	21 September 2023
Centre ID:	OSV-0003603
Fieldwork ID:	MON-0040648

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[1] 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
Thursday 21 September 2023	10:35hrs to 18:15hrs	Caroline Meehan

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

Residents in this centre were supported to have a fulfilled and varied life, and they were facilitated to participate in day to day activities of their choosing, while at the same time being protected by robust oversight systems.

The centre provided full time residential care for up to 17 residents, and there were 15 residents living in the centre on the day of inspection. Some residents lived together in small groups units, while other residents preferred to live alone. The centre is located in a rural setting and comprises of five units. There were some environmental restrictions in place to support residents with their wellbeing and safety. The centre in the main was freely accessible for all residents, and promoted a restraint free environment.

Each of the residents had their own bedroom, and there was ample space in each unit for residents to spend time with each other, or time alone if they wished. There were two single occupancy units and three larger units in the centre, and the units were furnished as the residents chose. For example, one resident liked to listen to the radio in the evening, rather than watch TV, and as a result had chosen not to have a TV in their home. Two residents in another unit had a particular interest in watching movies, and the house coordinator showed the inspector a room which had been recently refurbished as a movie room. Since the last inspection, one unit had been reconfigured to accommodate a resident to live in an apartment, and the resident told the inspector they were very happy with this new arrangement.

The inspector was shown around the centre by the house co-ordinators of each unit, was introduced to 10 residents, and spoke for a time with five residents. Three residents showed the inspector their bedrooms, which were individually decorated with their personal items. For example, some residents liked to go horseriding and had rosettes on display that they won in equestrian events, as well as artwork, picture schedules, and collections of personal interests such as model cars.

The inspector met a resident in their new apartment, which was homely and welcoming. The resident was preparing their dinner, and told the inspector they really enjoyed cooking. The resident showed the inspector a personal cookbook they had developed, which had all their favourite recipes as well as pictures of the resident preparing these meals. The resident showed the inspector a sound monitor in their sittingroom, which they had requested to be continued to be used, should they need help from staff at night.

In general there was an open and restrictive free environment throughout the centre and the adjoining grounds, and residents were observed to move freely around the premises as they wished. For example, the inspector met a resident who was helping prepare the dinner, having just returned from another unit to get additional ingredients. Similarly, a resident was seen to help with some maintenance work on the grounds, and told the inspector this was an important aspect of their life.

Some environmental restrictions were in place specific to identified healthcare risks, and mobility risks, and each house co-ordinator explained the rationale for their use, and the process for review of restrictive practices. For example, some residents were at risk of falling, and had alert mats located on the floor next to their bed, so that staff would know when the resident needed help, rather than continually checking them throughout the night.

Similarly, in response to the risk of injury, some residents needed alert mats for epilepsy, which meant that staff could respond as and when needed to residents' needs. Staff discussed the use of these individual restrictions with residents, for example, staff recently discussed the use of a falls mat with a resident, and the resident said they were reassured that they had this in place to alert staff.

The use of restrictive practices had been reviewed throughout the centre, and there was an ongoing effort to minimise the use of restrictions in place.

There were some restrictions in use, to reduce risks associated with behaviours of concern, and a house co-ordinator outlined the plans in place to reduce the use of these restrictions. For example, the use of window restrictors was planned to be discontinued once a resident moved to a single storey accommodation, and plans had significantly progressed to prepare for this move. Similarly, where a door lock was used when a resident travelled in a car, a trial had commenced to ascertain if this restriction was still needed.

The restrictive practice review had also resulted in a number of environmental restrictions being identified or discontinued. One environmental restriction relating to the use of plastic crockery had been identified, and there was a plan in place to discontinue the use of this restriction once the resident moved into their own accommodation. Similarly a number of restrictions relating to locked toiletries, sharps, and chemicals had been discontinued following review.

On the day of inspection, locks were in use in three offices, and in one of these offices a less restrictive alternative option, to secure residents personal information was near completion. The person in charge had referred this to the provider's restrictive panel for review; however, as there was a less restrictive alternative available, the person in charge arranged for locks on office doors to be removed. Consequently, residents' files were secured in locked presses by the end of the inspection. This meant that residents if they wished could freely access offices in the three units, without potentially impacting the privacy of other residents' information.

Residents' needs had been assessed, and there were personal plans which outlined the supports and care residents needed to meet their needs, including their health, social, and personal development. From speaking with residents and staff, and from reviewing personal plans it was evident that residents were being supported to enjoy a varied lifestyle, and their day to day life was based on the choices they made, and their known interests. For example, some residents had recently been on holidays in Donegal, two residents were members of a youth choir in the city, and three residents had planned to go to a fishing tasting event the following week in a nearby

town. One of the residents told the inspector they went to a leisure centre in a nearby town and preferred to workout in the gym rather than go swimming each week.

The centre had workshops on site which were facilitated by activity coordinators. These included, an art workshop and a weaving workshop, and residents if they wished attended workshops on a sessional basis throughout the week. Residents appeared to take great pride in the work that they did in the centre, for example, helping with cooking meals for their peers and staff, looking after the grounds around the centre, and helping out with growing fruit and vegetables.

Residents were also supported to develop goals, and to take those steps to realise their wishes. For example, a resident had wanted to work in a coffee shop, and while the resident was unable to secure employment in the community, the person in charge along with the staff team had supported the resident to develop their own pop-up coffee shop in the centre, which operated once a week. The person in charge showed the inspector the building which had been reconfigured for the resident, and was equipped with a large kitchen, dining tables and chairs, and had been decorated to reflect a café style environment.

Residents' communication needs had been assessed, and communication plans outlined how they preferred to communicate. Decision making assessments had also been completed for residents, and included, for example, how staff could help them understand the decision they were making, the best time to make a decision, and residents' known preferences of social activities choices. Residents had also been provided with accessible information on the assisted decision making act, how to make a complaint, safeguarding, and on restrictive practices. To assist residents understanding of specific restrictions, social stories were used, for example, the use of locked office doors.

Residents appeared happy and comfortable in their environment and staff were observed to be kind and respectful in their interactions with them. From speaking with staff it was evident that they knew the residents well, and three staff members told the inspector about some of the residents' needs, and the support plans to meet these residents' needs. There were sufficient staff numbers to help residents with their support needs, to enable residents to realise their goals, and to maintain and develop personal skills in line with their goals.

Staff had been provided with a range of training, including positive behavioural support, restrictive practices and the use of therapeutic techniques, and all staff had completed a four module online training in human rights. The provider was also in the process of developing training on human rights, specific to the organisation, and was planning to roll out this training in the upcoming months. Provider training on the assisted decision making act was also in development.

Oversight and the Quality Improvement arrangements

The provider had ensured that there were clear oversight arrangements in place for the use of restrictive practices, and there was a focus on reducing and eliminating the use of restrictions in the centre. Overall the inspector found the service was promoting a restraint free environment, and the rights of residents to choose how they wished to live their life was respected.

The provider had developed a restrictive practice policy, which was underpinned by human rights legislation. The policy outlined the roles and responsibilities of the management and staff team, and the principles of the policy included specific staff training, all restrictive practices to be sanctioned prior to use, and all restrictive practices were subject to review within specified timeframes. The policy also included a description of the types of restrictive practices, and the procedure for the use of all restrictions.

The provider had established a restrictive practice panel and a human rights committee. All restrictive practices were referred to the restrictive practice panel, for sanctioning, and for subsequent review. The review of restrictive practices also included ensuring consent had been obtained from residents, a review of current measures and risks, and identifying any additional staff training needs, specific to the type of restriction being implemented.

The inspector reviewed records of restrictive practice protocols and reviews, and all of the elements as per the policy were completed and recorded. This included outlining the circumstances for use of restrictions, the alternatives trialled, the specific multidisciplinary team member involved in assessments, the risks involved in use of the restrictions, records of three monthly reviews by the person in charge and the clinical support officer, consent, and approval from the restrictive practice panel. In the event it was identified that a restriction was impacting the rights of the individual or the rights of other residents living in the centre, practices were to be referred to the human rights committee for review. The inspector found restrictions were implemented relative to the risks presented.

There was an up-to-date policy on positive behavioural support, which included the requirement for assessment of residents' emotional needs, the development of behaviour support plans, and a review of behaviour support plans every six months. The policy also referred staff to the policy on restrictive practice.

As mentioned, there were sufficient staff resources in the centre to meet the needs of the residents, and staff rosters were maintained in the centre. The person in charge outlined staff resources were under review with the funder due to the changing needs of residents, and the planned reconfiguration of accommodation for residents in the centre. Staff had also received the relevant training to ensure restrictions were appropriately implemented, while considering the rights of residents living in the centre.

The person in charge along with three house co-ordinators took responsibility for the day to day oversight of restrictive practices, and the person in charge completed a daily walkaround and log of all environmental restrictions. Restrictive practices were also reviewed and discussed at monthly community management meetings involving the person in charge, person participating in management, and house co-ordinators, and this in turn filtered down to unit meetings with house coordinators and staff teams. As mentioned, the review of a number of restrictive practices in recent months had resulted in trialled reductions and subsequent discontinuation of some environmental restrictions.

Overall the inspector found this centre was meeting the requirements of the regulations, and had implemented a restrictive practice policy to effectively oversee and manage restrictive practices in the centre.

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.

Appendix 1

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)	*The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.*

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)	*Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.*
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)	*Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.*
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	*Training is provided to staff to improve outcomes for children.*

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)	*Each child exercises choice and experiences care and support in everyday life.*
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	*Each child develops and maintains relationships and links with family and the community.*
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	*Each child has access to information, provided in an accessible format that takes account of their communication needs.*
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)	*Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.*
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)	*Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.*
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)	*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.*

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