

Aurora Kilkeny

Restrictive Practice Policy

Policy Number	Policy Developed by	Date Developed
06 – Schedule 5	Restrictive Practice Committee	01/10.2017
Version	Amendments	
4	Full review of Restrictive Practice Policy to support change of practice and guidance to Human Rights Based Approach	
Reviewed by		Review completed
Liz O'Neill & Ciaran Murphy & Irene Davitt		02/03/2023
CEO signature		Next Review Date
		02/03/2026

Mission Statement

Enable people with complex needs to experience the same rights as every other citizen and as equal members of the community.

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1. Policy Statement

- 1.1. Aurora is committed to promoting a restraint free environment by adopting a Human Rights Based approach, based on the FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy. Aurora support people to live self-directed lives based on the theory of practice of Social Role Valorisation (SRV) and Person-Centred planning.
- 1.2. Aurora is committed to promoting positive risk taking and for managing risks with people supported by maximising safety and minimising harm.
- 1.3. Everyone has a fundamental right to freedom and Aurora respects and promotes this right alongside the person's other rights. It is acknowledged that the use of restrictive practices is an imposition on individuals' rights and dignity; therefore, such practices will only be used minimally and must to be subject to regular reviews through Aurora Personal Planning Framework and the Restrictive Practice Committee.
- 1.4. However, it is acknowledged that in a small number of exceptional cases and as a measure of last resort the use of restrictive practices may be required for the purpose of protecting a person's well-being and/or well-being of others. As such, it is necessary to provide for the possibility of restrictive procedures, being cognisant of the fact that they will only be used in limited circumstances; the guiding principle of this policy is that each individual's rights and dignity are respected.
- 1.5. This policy is to be read in conjunction with Aurora Personal Planning Framework Policy and Aurora Positive Behaviour Support Policy.

2. Purpose and Scope of the Policy

- 2.1. The purpose of this policy is to provide guidance to employees, people supported and their families in relation restrictive practices. The policy details the roles and responsibilities of provider, managers and employees in relation to the use of restrictive practices and guidance around review of same in line with best practice.
- 2.2. The potential benefits of any restrictive practices must outweigh the possible negative effects on the person subject to the restriction (HIQA, 2016, Guidance for Designated Centres, Restraint Procedures).
- 2.3. This policy is applicable to all Aurora employees. This policy has been developed on the following guidance documents and regulations:
 - *National Quality Standards for Residential Care and Guidance for Designated Centres*
 - *Health Act 2007 (Care and support of residents in designated centres for persons with disability) Regulations 2013*
 - *HIQA guidance Restraint Procedures (HIQA, 2016)*

- *Guidance on promoting a care environment that is free from restrictive practices* (HIQA, 2019)
- *Preventing the Need for Restrictions – Guiding Principles* (HSE, 2021)
- *Guidance on a Human Rights-based Approach in Health and Social Care Services*, HIQA 2019

3. Consent

(Ref- HIQA Guidance on promoting a care environment that is free from restrictive practice, June 2023)

- 3.1.** In keeping with the person-centred approach to providing support. In order to obtain consent, providers should clearly explain the rationale for using any form of restrictive practice and outline the potential risks. This information should be communicated to people in a format that they can understand. Where a person supported may not have the capacity to consent, providers should consult with the person's legal representative or appointed decision supporter where appropriate.
- 3.2.** Providers should ensure that all residents who require support with decisions should be facilitated to access such arrangements through the Decision Support Service. Where there is no appointed legal representative, providers should seek to consult with someone who would know the person's will and preference or a suitable independent advocate to ensure that the plan of care respects the resident's privacy, dignity and rights.
- 3.3. Circle of Support**
In line with the ADMC, Aurora have implemented the Circle of Support model to support people in their decision making if required. The Circle of Support is made up of people that know and love the person supported and includes the person, a family member(s), their key staff team and a friend(s) when appropriate. With regard to this policy, Person People Supported are involved in the development of their Restrictive Management Plan and it is discussed at the Annual Review & Visioning meeting with their Circle of Support. Communication must take place in a manner appropriate to the person, in line with the total communication approach.
- 3.4.** In line with the Assisted Decision-Making (Capacity) Act, 2015(5), capacity should be viewed in functional terms. This means that where a person lacks decision-making capacity in one matter at a particular time, it does not follow that they lack capacity in other matters or at another time. The capacity of a resident should be subject to ongoing and frequent review
- 3.5.** Circumstances may arise where it is necessary to use a restrictive practice without the person's informed consent. This can happen in an emergency situation where it is necessary to prevent harm or immediate danger to the person or other people. In cases such as these it is important to hold a de-briefing session as soon as possible after the event

4. Definitions

- 4.1.** What is restrictive practice? The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 provides a definition for what constitutes a restrictive practice:
"means the intentional restriction of a person's voluntary movement or behaviour".

4.2. A restrictive practice is a practice that:

- Limits the person's movement, activity or function.
- Results in the loss of objects or activities/opportunities that a person value or
- Requires a person to engage in behaviour that the individual would not engage in given freedom of choice

4.2 Restrictive interventions are described as follows:

Physical	Physical restraint is any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot easily remove that restricts freedom
Mechanical	Are materials or equipment (e.g. therapeutic aids) to significantly restrict the free movement of a person.
Emotional and Psychological	Emotional or Psychological restraint: 'Verbal, Non-Verbal or physical intimidation that is purposefully used to alter or restrict a person's choice of behaviour or to actively discourage a particular behaviour'.
Rights Restraint	Restrictions to the lived experience of the person. This means that the care, support and resources a person requires to partake in typical daily opportunities are not being met within a reasonable timeframe. E.g.: Financial Restrictions: Aurora remains committed to supporting people to open and operate mainstream current bank accounts as outlined in our Position Paper.
Environmental	Environmental restraint is the intentional restriction of a resident's normal access to their environment, with the intention of stopping them from leaving, or denying a resident their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties

Seclusion

'Placing or Leaving a person alone in a room, at any time day or night, with the exit door locked, fastened or held in such a way as to prevent the person from leaving'

Chemical

Is the use of medication to control or modify a person's behaviour when no medically identified condition is being treated or the intended effect of the drug is to sedate the person for convenience or disciplinary purposes? Medication treatments for medical or psychiatric conditions which underline the disturbance are not included. Aurora does not use chemical restraint.

4.3 Notice:

- Psychotropic medications and medications which have a sedative effect administered either on a PRN basis or routinely do not constitute 'chemical restraint' when they are prescribed therapeutically for a particular condition or mental health issue. In this instance the prescriber must clearly state that the medication is prescribed therapeutically for a stated mental health condition, clearly stating when to administer based on the person's presentation.
- When these medications are prescribed, it must be done through the Personal Planning Framework and in conjunction with a person's support plan and a PRN protocol. The persons behaviour support plan must clearly state all positive interventions and strategies to reduce the necessity for the prescribed medication. Please refer also to Aurora Positive Behaviour Support Policy and Policy on Medication Management.

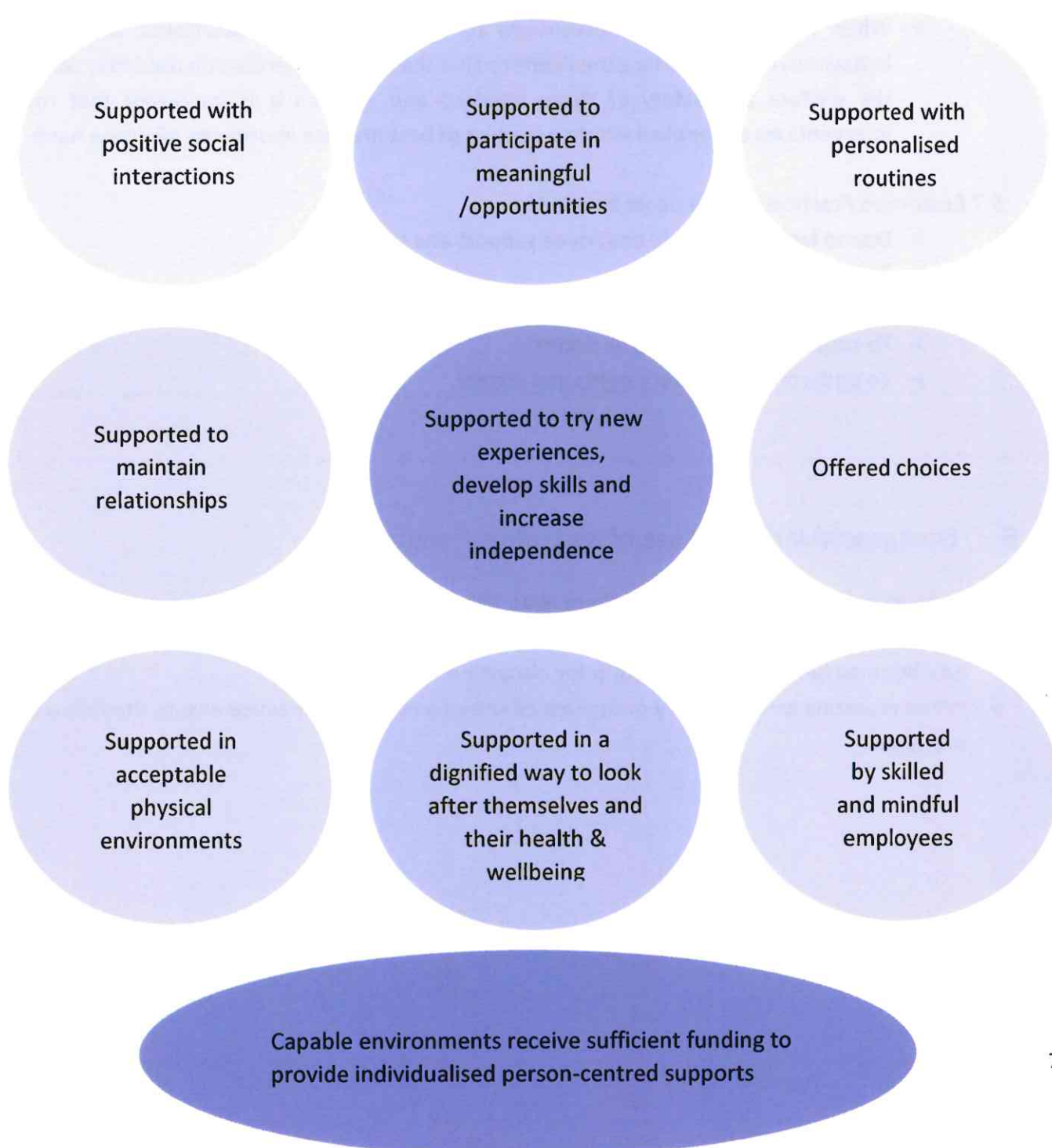
5. Guiding Principles

- 5.1 Aurora practices a Human Rights Based approach based on the FREDA principles of Fairness, Respect, Equality, Dignity & Autonomy and works within the spirit of the Assisted Decision-Making Capacity Act 2015 in supporting the people living in Aurora to live a good, self-directed life.
- 5.2 Each person has the right to take risks in the context of their cognitive and physical ability in order to maintain their independence and autonomy.
- 5.3 When the requirement for a restriction has been identified or considered and prior to the implementation of a restrictive practice the Person Supported, PIC / WCI Manager and staff team must consider all possible alternatives before putting a restriction in place. Where possible and necessary the input of relevant clinical professionals, families and significant others (Circle of Support) must be sought.

5.4 The person supported must be included in all discussions:

- Discuss restrictive practice management plan at the person supported annual review and visioning meeting.
- Person supported attends all meetings to discuss putting a restrictive practice in place and subsequent quarterly and annual reviews.
- The Restrictive practice committee will email reports to the person supported and PIC on completion of review
- Communication with the person supported is imperative, therefore using their personal means of communication, social stories & communication tools as appropriate.

5.5 Emphasis will be on developing a '**capable environment**' in which the focus is on improving the quality of supports rather than implementing restrictions. The following characteristics outline how a person is supported in a capable environment:



5.6 Restrictive practices should only be used:

- When all other strategies have been exhausted for a person supported.
- With the aim of using the least restrictive practice for the least amount of time with the goal of eliminating the restriction.
- In conjunction with clinical supports and support plans where necessary. e.g. occupational therapy may be required in one case, psychology in another, behaviour support in another- it is dependent on the person's circumstances.
- If the restrictive practice requires the use of a prescribed piece of equipment outside of the reason for prescription, the professional who prescribed the piece of equipment must be part of the decision to introduce the restrictive practice.
- When it is subject to regular reviews and recorded in line with policy.
- Emergency use of a restrictive practice to protect a person from serious harm.
- Physical interventions are to be used in line with the person's behaviour support plan.
- When using restrictive interventions to manage the risks associated with a person's behaviour, employees face the dilemma that the specific intervention used may compromise the welfare and safety of those involved and as such it is important that restrictive interventions are applied within a context of best practice in order to minimise harm.

5.7 Restrictive Practices should never be used:

- Due to lack of adequate employee support and supervision.
- To convenience employees.
- As a consequence; to punish challenging behaviours.
- To cause injury, pain and/or distress.
- To undermine a person's rights and dignity.

6. Emergency/Unplanned use of Restrictive Practices

- 6.1 In an emergency situation where there is an immediate risk of harm to the person and/or others, the use of unplanned restrictive practice may be required. In this situation, an exceptional restrictive practice may be employed without prior discussion.
- 6.2 When reporting an emergency or unplanned use of a restrictive practice ensure the following steps are taken:

Step 1

Contact PIC/Team Leader and Emergency Governance as soon as practical or safe to do so to report the use of the emergency/unplanned restriction and seek support if required.

Step 2

- Report the Incident via Aurora NIMS as soon as practicable before going off shift.
- Complete the daily notes on DMS.
- Complete safeguarding internal notification before going off shift
- Complete HIQA notification NF06 if required.

Step 3

- PIC/Team Leader or representative if PIC not available must schedule a review of the event that led to the use of the emergency /unplanned restriction as soon as possible [within 72 hours] and plan detailed actions to be taken in a similar situation.
- A risk assessment is required if the emergency/unplanned restriction continues.
- A short review time of 3 days is required to ensure that an emergency/unplanned restriction becomes either a planned restriction or does not remain in place when the emergency has passed.

Step 4

- Schedule a debrief meeting as soon as possible for employees/people supported to offer support following any unplanned restrictive practice to assist them to reflect on their practice and ultimately to encourage and promote best practice approaches.
- Record meeting using the Aurora Debrief Template, ensure the person supported is invited to attend all meetings and has information shared with them in a format that is as appropriate.
- Discuss emergency/unplanned restrictions at the next team meeting.

Step 5

- Review or Implement Documents as required:
 - Risk Assessments
 - Behaviour Support Plan
 - Current Restrictive Practice Plan & Register
 - Support plans as required
 - Add restriction to the HIQA Notification NF39A

7. Responsibilities

Provider level

Governance arrangements are essential in ensuring that restrictive practices are implemented according to relevant legislation and that they adhere to human rights principles. It is the provider's responsibility to oversee governance & management of restrictive practices within all designated centres in Aurora and ensure management of risks and restrictions for people supported is in line with the outlined guiding principles in this policy.

Such monitoring focuses both on the individual and the service as a whole. Monitoring allows for trending of the use of restrictive practices and also ensures that reviews of practice are conducted with a view to promoting a restraint-free environment.

- 6.1 The use of restrictive practices should be subject to ongoing review to determine if they continue to be necessary and should be removed as quickly as possible when no longer required. Reviews should also be used as an opportunity to trial alternatives that are less restrictive and or for a shorter period of time.
- 6.2 The provider ensures there is a review of each person's restrictive practice **Annually** through the Restrictive Practice Committee Review.
- 6.3 The Restrictive Practice Committee report to the Director of Services quarterly on restrictive practices. The Director of Services reports on Restrictive Practices to the CEO, Board and SLA Meeting.
- 6.4 The Restrictive Practice Committee comprises of the following:
 - Wellness, Culture & Integration Manager [Chairperson]
 - Assistant Director of Service
 - Positive Behaviour Support Specialist
 - Quality Auditor
 - Person In Charge / Team Leader of the Designated Centre under review.
 - Other relevant Aurora functions (H & S, Finance, HR, Subject Matter Expert) will be invited to attend the meeting as required for the review of specific restrictions.
 - Persons supported are invited to attend the review of their individual restrictive practices.

6.5 The Restrictive Practice Committee Process:

- The Restrictive Practice Committee [Minimum of two committee members] will meet 4 times a year (ensuring a review of each person supported restrictions at least once a year).
- A schedule of reviews will be circulated to all PIC / Team Leaders in January outlining when the relevant designated centre/house review will take place.
- The PIC/Team Leader of the designated centres will present their Restrictive Practice Folder containing all related Restrictive Practice Documentation to the committee for discussion & review.
- The committee will review the restrictions to ensure compliance with Aurora Restrictive Practice Policy and HIQA Regulations / Notification Requirements.

- The Restrictive Practice Committee will evidence the review and recommendations of the meeting in the Appendix D – Restrictive Practice Committee Review Meeting form. The Committee review form will be emailed to the person supported and relevant PIC/Team Leader for final review and signing.
- In order for the committee to review the restrictive practices the restrictive practice folder the PIC/Team Leader of the designated centre are required to ensure the relevant documents are present and reflective of the current circumstances of the person supported and the designated centre:
 - The HIQA Self-Assessment Questionnaire
 - The designated centre restrictive practice register
 - The restrictive practice management plan [one for each person supported living in the designated centre] this plan is required to be reviewed at the person supported annual review & visioning meeting.
 - The restrictive practice management plan review [Quarterly] [one for each person supported living in the designated centre]
 - The most recent restrictive practice committee review minutes.
 - Maintain a live Restrictive Practice Organisational Register on behalf of the provider

6.6 The provider nominates auditors to carry out Audits/Reviews of designated centres in line with Health Act Regulations to ensure restrictive practices are managed in line with policy.

Audits/Reviews:

- Annual Provider Review.
- 6 Monthly Provider Audit.
- Restrictive Practice Committee Review Annually.
- Restrictive Practice Management Plan reviewed Annually as part of the Annual Review & Visioning Meeting.
- Review of the Restrictive Practice Management Plan Quarterly by the PIC & TL
- Designated Centre Restrictive Practice Register Review/Updated following the:
 - Annual Restrictive Practice Committee Review
 - Restrictive Practice Management Plan reviewed Annually as part of the Annual Review & Visioning Meeting
 - Review of the Restrictive Practice Management Plan Quarterly
 - Following any emergency or unplanned use of a restriction
 - Following the removal or reduction of a restrictive practice
 - Following a HIQA Thematic Restrictive Practices Inspection etc

6.7 HIQA Thematic Restrictive Practices Inspection

- The aim of this thematic programme is to improve the quality of lives and the safety of people living in residential care. People have the right to live as independently as possible without unnecessary restriction. This can be achieved by providers and staff taking a positive and proactive approach in reducing and eliminating restrictive practices.

- Inspectors will look for evidence that people's fundamental human rights are upheld, that their voices are heard, and that they are free to live in accordance with their choices and preferences.

6.8 Designated Centre level

- The PIC/Team Leader and team of each designated centre ensure the completion of the *HIQA Self-Assessment Questionnaire for Restrictive Practices (please refer to Aurora Q drive)* on an annual basis to **asses and identify** any restrictions in place for the people living in Aurora.
- A *Designated Centre Restrictive Practice Register (Appendix A)* is developed to outline all restrictions in place in the house.
- A *Restrictive Practice Management Plan (Appendix B)* is then developed for each person supported.
- The PIC/Team Leader is required to ensure quarterly reviews of the above Appendix A and B documentation for the designated centre and people supported, using *Appendix C – Review of Restrictive Practice Management Plan*.
- Restrictions may be reduced by the PIC at designated centre level without the restrictive practice committee involvement. The rational for the reduction needs to be clear with evidence to support the reduction i.e., monitoring reports etc.
- Following a review when a restriction Reduction / Removal of a Restriction has been agreed the following documentation must be completed:
 - Appendix E: Restrictive Practice Reduction/Removal Review Form
 - Appendix F: Restrictive Practice Reduction/Removal Monitoring Form
- A Risk Assessment is required for all individual Restrictive Practices.

6.9 HIQA Quarterly notification:

The use of a restrictive practice must be notified to the Office of the Chief Inspector at HIQA at the end of the quarter using an NF39A for any occasion where a restrictive procedure including physical, chemical or environmental restraint was used.

6.7.1.1 Submission dates for return of the quarterly notification forms are:

- 31 January (for incidents that took place in October, November and December)
- 30 April (for incidents that took place in January, February and March)
- 31 July (for incidents that took place in April, May and June)
- 31 October (for incidents that took place in July, August and September).

6.7.1.2 The form should be completed when one or more restrictions occurred during that quarter.

6.7.1.3 For each type of restrictive procedure used during the quarter, please:

- classify the restrictive procedure from a list of options: environmental restraint (door lock, seclusion, window or other), physical restraint (bed bumpers, bedrails, chair, lap belt or other), chemical restraint or other restrictive procedure
- specify the number of persons supported that the type of restrictive procedure has been applied to during the quarter
- detail the frequency of use
- provide any other relevant comments.

8. Training & Mentoring of Employees

It is the responsibility of Aurora to provide On the Job Mentoring and training for all employees on this policy. Appropriate training on the prevention of and use of restrictive interventions is essential for all employees in order to:

1. Minimise the use of restrictive interventions.
2. Ensure, when necessary, the safe use of restrictive interventions.
3. Ensure that employees have the skills and training to provide appropriate support for people supported.
4. Ensure that all employees are aware of, understand and adhere to the Policy.
5. All Aurora employees are required to complete the mandatory Aurora Restrictive Practices Training [available on the Aurora Q Drive]

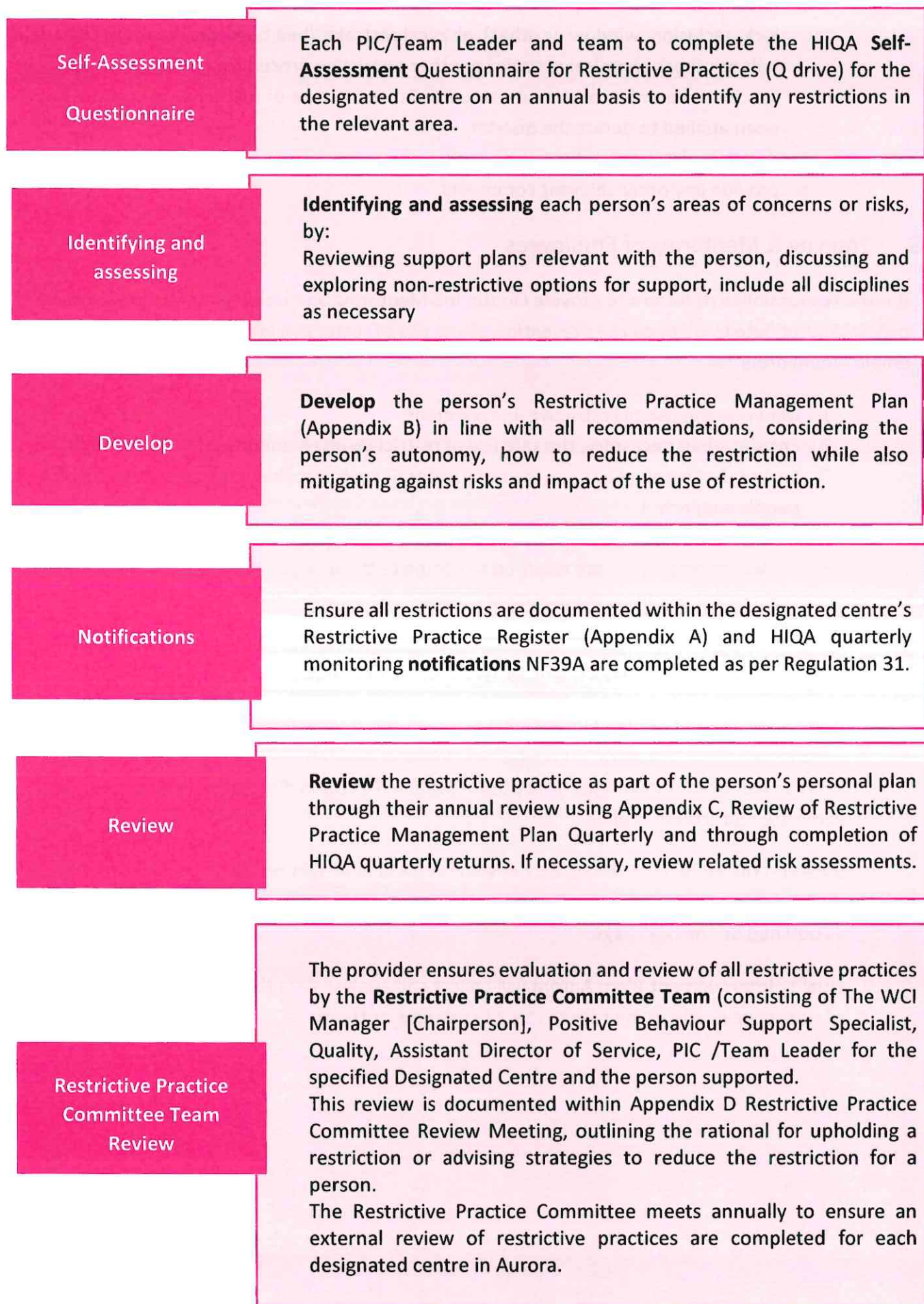
9. Governance and Management of Restrictive Practices

Ongoing reviews as outlined in section 6 will promote a restraint free environment for the people supported in Aurora. Annual, 6 monthly and quarterly reviews as outlined in the Aurora Ways of working for Restrictive Practices in Section 6 ensures discussions to reduce and eliminate restrictions in place.

Based on the guiding principles Aurora ensures good oversight and governance on managing risks, implementation, monitoring and reduction of restrictive practices by following the steps as outlined on the next page.

Quality Improvement Plan: Aurora will collect and analyse data through the audits on the use of restrictive practices in order to identify patterns or trends

Aurora Pathway for Restrictive Practices:



10. Final Statement

Aurora is commitment to adopting a Human Rights Based, Person-Centred approach, based on the FREDAs principles and using Social Role Valorisation (SRV) as theory of practice, this will ensure the standard of supports and quality of life & safety for the people living in Aurora will continuously improve.

11. References

- National Quality Standards for Residential Care and Guidance for Designated Centres; Restraint Procedures developed by Health Information and Quality Authority (HIQA).
- Guidance on promoting a care environment that is free from restrictive practice.
- Best Practice Guidelines for Occupational therapists: Restrictive Practices and People with Intellectual Disabilities, 2010
- HIQA Guidance on Medicines Management – HIQA, 2014
- Guidance on a Human Rights-based Approach in Health and Social Care Services, HIQA 2019
- Supporting People's Autonomy – HIQA guidance document
- Keep Me Safe, Treat Me With Respect, CPI 2021
- Guidance on promoting a care environment that is free from restrictive practice Disability Services Effective June 2023

Appendix A Designated Centre Restrictive Practice Register

Designated Centre Restrictive Practice Register		
Policy	Restrictive Practice Policy	
Appendix	A	



Designated Centre Name	
Date	
The PIC to send this register to External Review Team prior to scheduled 6 Monthly Review	

Person supported unique identifier number	Restrictive Practice	Date of implementation	Date of restrictive practice assessment personal management plan	External review date	The rationale for the restrictive practice	What measures have been taken to reduce the restriction	Date of review of restrictive practice	Signature

Appendix B Restrictive Practice Management Plan

Restrictive Practice Management Plan	Policy	Restrictive Practice Policy
	Appendix	B

Designated Centre Name:			
Person Supported Name:			
Date of Birth:			
Completed by:		Date	
PIC Signature		Date	

People involved in developing the plan? If the person supported is not involved, please give reason.
Identify restrictive practices for the person supported.
Purpose of using this restrictive practice. <i>(i.e., what is the intended outcome)</i>
Has a Risk Assessment, (Behaviour) Support Plan been completed?
Comments:
Next review date:

Appendix C Review of Restrictive Practice Management Plan

Review of Restrictive Practice Management Plan	Policy	Restrictive Practice Policy
	Appendix	C

Designated Centre Name:			
Person Supported Name:			
Date of Birth:			
Completed by:		Date	
PIC Signature		Date	

<i>This review is to be completed in line with Aurora Personal Planning Framework Annual review and as part of HIQA quarterly monitoring notifications.</i>			
<i>Has there been any changes to restrictive practices in the designated centre since the last Restrictive Practice Committee review?</i>	Yes		No
People involved in review?			
What restrictive practices are currently present in this person's life?			
How often has the restrictive practice been used since the last review?			
Outcome of the review.			
Any necessary actions to be taken.			
Next review date:			

Appendix D Restrictive Practice Committee

Restrictive Practice Committee Review Meeting	Policy	Restrictive Practice Policy
	Appendix	D

Designated Centre Name:			
Person Supported Name:			
Date of Birth:			
Completed by:		Date	
PIC Signature		Date	
Committee Members	WCI Manager [Chairperson] Quality Representative, Behaviour Support Specialist, Assistant Director of Service, WCI Manager & PIC for each designated centre.		

Document log			
Document Name	Date	Comment	
HIQA Self-Assessment Questionnaire			
Behaviour Support plan			
Restrictive Practice Management Plan			
Date Restrictive Practice Management plan discussed with person supported		Staff name who discussed with person supported	
Quarterly Review of Management Plan 1			
Quarterly Review of Management Plan 2			
Quarterly Review of Management Plan 3			
Quarterly Review of Management Plan 4			
Risk Assessments		Yes	No
Have all risk assessment been updated to reflect restrictive practices identified in the Restrictive Management plan?			
Have new risk assessment been identified in this Restrictive Practice Committee Review that require risk assessments?			
Risk Assessment details			

Oversight on short- and long-term restrictions for each person in this designated centre.

Rationale for Restriction

Describe the impact on the persons due to this restriction

Criteria for discontinuing the restriction	
Has an Emergency or Unplanned Restriction occurred since the last review?	
Additional Comments	

Appendix E Restrictive Practice Reduction/Removal Form

Restrictive Practice Reduction/Removal Review	Policy	Restrictive Practice Policy
	Appendix	E

Designated Centre Name:	
Person Supported Name:	
Date of Birth:	
Date of Review:	
PIC Signature:	
Review attended by:	

Brief overview on the restriction under review:				
Rationale for [tic box]	Reduction		Removal	
Action Plan				
Action	Person Responsible	Completion Date		
Comments				

Appendix F Restrictive Practice Reduction/Removal Monitoring Form

Restrictive Practice Reduction/Removal Monitoring Form		Policy	Restrictive Practice Policy
		Appendix	F

Designated Centre Name:			
Person Supported Name:			
Date of Birth:		Date of Review:	
PIC Signature:			
Description of Restriction			
Date	Action	Impact	Comment
			Signature

Appendix G Provider Restrictive Practice Log (Maintained by Restrictive Practice Committee) *sample only – not all locations/restrictions included due to amount of records*

House	People Supported	Comments	Chemical Press	Finances	Night checks	Footrest on Lap wheelchair	Food	Fluids / Drinks	Goin Strap wheelchair tray	Lap Obscure Window	Floor pads	Bedroom floor mat	Bed alarm	Bed rails	AFO system	Changing bed rails	Harness on standing frame	Standing frame harness rails	Chest Harness	Transfer Sling	Magnet harness	Helmet
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