



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Gleann Alainn Special Care Unit in the Health Service Executive South**

**Inspection Report ID Number: 545**

**Fieldwork Dates: 16 May 2012**

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**SSI Inspection Period: 14**

**Centre ID Number: 99**

*Safer Better Care*

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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## 1. Introduction

The Health Information and Quality Authority's Social Services Inspectorate (SSI) carried out an announced follow-up inspection of Gleann Alainn Special Care Unit (GASCU) in the Health Service Executive South (HSE South), under Section 69(2) of the Child Care Act, 1991 as amended by the Child Care (Amendment) Act 2011.

This follow-up inspection was carried out on 16 May 2012 by Sharron Austin (lead inspector), Tom Flanagan and Patricia Sheehan (co-inspectors). The purpose of this inspection concentrated on the progress made by the HSE to address the recommendations of the January 2012 inspection (Inspection report ID No. 512) and to assess the progress made to further address the recommendations of the previous inspection in October 2011 (Inspection report ID No. 506).

## 2. Findings

At the time of this inspection there were four girls resident in Gleann Alainn aged 16 to 17 years. Since the inspection in January 2012, there have been five young girls admitted to the Unit including one re-admission and six young girls discharged.

Ten recommendations had been made following the inspection on 11 January 2012 and 12 January 2012. The inspectors found that five recommendations had been met, four were met in part and one was not met.

The inspectors interviewed the HSE's National Manager, National High Support and Special Care Services (NHSSCS), the Unit Manager, two deputy unit managers, three social care leaders, two social care workers (including one agency staff), and the Unit Psychology Assistant. Telephone interviews were held with the HSE's National Monitoring Officer for NHSSCS and a guardian-ad-litem. Contact was also made with the supervising social workers for the current residents. The young girls resident in the centre were attending school or other activities during this inspection and one girl met with an inspector in private. The inspectors examined relevant records and documentation.

Information provided by the SCU showed the following in relation to significant events since the last inspection in January 2012:

- one unauthorised absence
- four physical restraints/interventions in relation to two children
- five single separations in relation to four children
- four child protection notifications in relation to two children
- three complaints made by two children.

The most significant reduction was in the use of single separation and unauthorised absences. While the recording of the use of single separation had improved, inspectors found that the standardised form for the notification of significant events allowed for some confusion in relation to this. The form should be further revised to ensure clear and accurate recording of the decision-making and review process around the use of single separation.

Inspectors found that child protection reports were made in relation to two incidents of bullying by other residents and in relation to a retrospective disclosure of previous abuse. In all cases, there was no evidence of formal acknowledgements or updates by the respective social work departments. As well as appropriately reporting the two instances of bullying as child protection concerns, inspectors found that the ability of the Unit to address bullying behaviour had improved. The Unit Manager and staff regularly addressed this issue within the children's house meeting forum. Inspectors reviewed minutes of these meetings which confirmed the immediate action being taken to address and review this type of behaviour.

The National Monitoring Officer (NHSSCS) had visited the Unit over five days since the last inspection and had planned to carry out further visits every five to six weeks.

The physical condition of the building had significantly improved. The entire unit had been repainted, new furniture had been purchased and a large room had been converted into a second sitting room for the girls. The colours chosen had warmed up the appearance of the Unit and an artist had completed further wall murals with the children. Other art work completed by the children was displayed around the Unit. Practices were now in place to ensure the upkeep of the Unit.

A serious incident that occurred prior to the inspection in October 2011 prompted an independent investigation and a review of safety and security measures in the Unit, which was carried out by a team comprised of two HSE personnel and one person external to the HSE. The findings of this investigation were not concluded at the time of the inspection in January 2012. The National Manager told the inspectors that the findings of the investigation had been subject to a legal review and that the final report was imminent.

The findings of this follow-up inspection are presented in the form of a table which addresses each recommendation, the action to be taken and by whom. The table also outlines the original timeframe that the HSE proposed in order to implement each of the recommendations. Table 1 contains the action plan and findings of the follow-up inspection relevant to each recommendation from the full inspection. It also contains the HSE actions to be taken where a recommendation was found by inspectors to have been met in part or not met.

**Table 1. Social Services Inspectorate Action Plan for Inspection No. 545, Glenn Alann Special Care Unit**

<b>Centre ID:</b>	99	<b>Date Action Plan dispatched:</b>	28 February 2012
<b>HSE Area:</b>	South	<b>Date Action Plan updated:</b>	16 May 2012

  

<b>No.</b>	<b>HIQA Recommendation January 2012</b>	<b>HSE progress update May 2012</b>	<b>Person responsible</b>	<b>Implementation date</b>	<b>Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)</b>
<b>1</b>	Further actions to address the recommendations which were met in part or not met in the last report (ID 506) to be prioritized and carried out with immediate effect.	Progress Report is attached to this report.	National Manager Special Care and High Support, Unit Manager GASCU	Not indicated	<b>Recommendation met.</b> The Authority were provided with a progress update report on actions taken to address this recommendation.

Eight recommendations had been made following the previous full inspection in October 2011 (Inspection Report ID No.506). The implementation of these recommendations was assessed during the second full inspection in January 2012 (Inspection report ID No. 512). At that time, inspectors found that while some progress had been made to address the recommendations, only one recommendation was met, six were met in part and one was not met. To meet the standards, the HSE was required to take further action to address these recommendations and to provide the Authority with a monthly progress report up until the next follow-up inspection (May 2012) outlining further actions taken to address these recommendations.

The HSE's National Manager NHSSCS, in consultation with the Unit Manager, provided the Authority with two progress reports, dated 30 March 2012 and 11 May 2012, respectively.

Of the eight recommendations, inspectors found that further actions had been taken, resulting in six recommendations now being met and two met in part.

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Report ID No. 545)
2.	External managers provide effective support so as to ensure sustainability and resilience of the service.	National Manager continues to meet with the Unit Manager weekly and provides regular supervision.	National Manager Special Care and High Support, Unit Manager GASCU	Has started and is an ongoing piece of work	<p><b>Recommendation met.</b></p> <p>Inspectors were told by the National Manager that he carried out the following to ensure effective support:</p> <ul style="list-style-type: none"> <li>▪ weekly supervision with Unit Manager</li> <li>▪ quality assurance of various unit records and files</li> <li>▪ utilising skills of other managers within the NHSSCS to support and assist the managers within Gleann Alainn.</li> </ul> <p>Inspectors evidenced:</p> <ul style="list-style-type: none"> <li>▪ the supervision records of the Unit Manager</li> <li>▪ the quality assurance and monitoring checks of various records and files by the National Manager.</li> </ul>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
3.	Internal and external managers prioritise strategic and effective quality assurance and monitoring systems.	<p>GASCU are currently completing a self-audit and a draft copy has been sent to NHSSCS National Monitor.</p> <p>GASCU Management meets with the national monitor every six weeks to ensure consistency and continuity.</p> <p>The Unit Deputy Managers quality assure unit logs, DICES risk assessments, and security check books significant event forms and sanctions.</p>	Management team in GASCU under the guidance of the National Monitor and National Manager NHSSCS	Ongoing piece of work	<p><b>Recommendation met in part.</b></p> <p>As outlined in Recommendation 2, the inspectors were told by the National Manager that he carried out the following:</p> <ul style="list-style-type: none"> <li>▪ quality assurance of various unit records and files</li> <li>▪ regular visits to the Unit</li> <li>▪ regular discussion with the National Monitor NHSSCS.</li> </ul> <p>The Unit Manager also outlined the above and told inspectors that further work was required to maintain this.</p> <p>The National Monitor NHSSCS had visited the Unit over five days since the last inspection and had planned to carry out</p>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
					<p>further visits every five to six weeks.</p> <p>Inspectors evidenced the quality assurance and monitoring checks of various records and files by the National Manager, Unit Manager, deputy managers and the HSE National Monitor.</p>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
4.	<p>The Unit is provided with a dedicated, qualified and consistent staff team to provide safe effective care.</p>	<p>All HSE staff currently working in GASCU have been here an average of seven years.</p> <p>All agency staff currently on full-time lines in GASCU have been in situ for an average of one year. The manager is constantly looking for equity of strength across the three teams in Gleann Alainn.</p> <p>An induction pack for new staff is in place.</p>	<p>Management are responsible for ensuring agency staff remain consistent.</p>	<p>Not indicated</p>	<p><b>Recommendation met in part.</b></p> <p>The wholetime equivalent for the Unit was 28.5 including management and administration. Seven permanent staff were on leave for various reasons such as sick leave, unpaid leave, maternity leave and secondment to another unit. The long-term absences were supplemented by a consistent group of agency staff.</p> <p>Four new agency staff had been taken on since the last inspection. Inspectors reviewed the personnel files for the new staff and found that all appropriate Garda Síochána vetting had been carried out</p>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
					<p>prior to commencement and staff were suitably qualified.</p> <p>Inspectors were given a copy of the induction pack for new staff. One agency staff member interviewed by inspectors confirmed that induction training had been carried out with her.</p>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
5.	<p>The security protocols and procedures are continuously reviewed by internal and external managers in order to satisfy itself that the Unit provides safe, secure care to all children placed in the Unit.</p>	<p>Quotations for alarms on all external doors are currently being sourced. The final quotation is expected early next week (end of May 2012).</p> <p>The new key attachment is in use for the past six weeks and is working well.</p>	Unit Manager	Not indicated	<p><b>Recommendation met in part.</b></p> <p>Inspectors were told by the Unit Manager that a third quotation for external door alarms and upgrading of CCTV was pending. Inspectors were given two sets of unit keys with new mechanism for attaching to your person to use during the inspection.</p> <p>While security protocol was followed by staff when the inspectors arrived at the Unit, inspectors were not asked to hand over mobile phones as per the protocol. The Unit Manager confirmed that this should have occurred.</p>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
6.	It implements the proposed standardised policies and procedures and associated training as a matter of urgency.	The proposed standardised policy and procedures are over 50% complete. A Deputy Manager is the GASCU representative on the policy development working group for the NHSSC services.	Deputy Manager in consultation with Management and staff of GASCU and the working group.	First meeting of this group was 5 April 2012.	<p><b>Recommendation met in part.</b></p> <p>Inspectors were told by the National Manager NHSSCS that the proposed standardised policies and procedures deadline of October 2012 was unattainable as consultation processes needed to occur and there was still over 40% of documents to be developed. The proposed deadline is January 2013.</p>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
7.	There is clear written evidence of how specific risks are assessed and managed by the SCU.	<p>All staff are now trained in DICES risk assessment. Mobilities are risk assessed at the placement plan stage in consultation with social work, guardian-ad-litem and all other relevant professionals. All other risk is individualised and assessed through the DICES.</p> <p>All DICES risk assessments are kept on the child's file and also displayed in the staff office with the child's ICMP and a copy</p>	All staff are responsible for carrying out DICES.	Process is in place.	<p><b>Recommendation met.</b></p> <p>Inspectors reviewed the DICES risk assessments on each child's care file and evidenced monitoring checks by the National Manager NHSSCS.</p>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
		sent to all relevant professionals. A memo has been drafted to explain this process to all staff and also at handovers.			
8.	A retrospective record of the intervention used for the period of 23 days for one child is completed with immediate effect clearly outlining the reasons for its use, who authorised it, the decisions made, how and when it was reviewed and the outcomes for the child.	A record of the information is attached.	Unit Manager	Not indicated.	<b>Recommendation met.</b> Inspectors were given a copy of this record.

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
9.	The National Manager assesses the status of concerns raised by an external professional regarding one child at the time of the last inspection to ensure they have been dealt with appropriately.	The external professional in question was contacted by the National Manager, who confirmed that there are no outstanding unresolved issues.	National Manager and Unit Manager	Not indicated.	<p><b>Recommendation not met.</b> Inspectors spoke with all relevant persons responsible in the SCU for looking into this matter as well as the external professional who raised the concerns initially. The issues raised in October 2011, for example, related to concerns around several care issues and that these were not evident on the child's care file. At the time of most recent inspection in January 2012, these issues had still not been addressed. The child in question is no longer resident in the SCU. The issues raised should have been addressed prior to the child's discharge.</p> <p>Inspectors were told by a supervising social worker for one of the children currently resident in the SCU that responses to some queries</p>

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					<p>and requests have not been followed up on and responses are still outstanding.</p> <p><b>To ensure a safe and positive environment for children in the SCU, managers must respond to all queries, requests, issues and concerns raised by any relevant party in a prompt and efficient manner.</b></p>

No.	HIQA Recommendation January 2012	HSE progress update May 2012	Person responsible	Implementation date	Status of recommendation at the time of follow-up inspection (Inspection ID No. 545)
10.	Records are maintained of supervision meetings held between the Unit Manager and the National Manager and are available to the Unit Manager.	Records of Supervision are maintained in the National Manager's office and in the Unit Managers office in GASCU.	National Manager and Unit Manager	Not indicated.	<p><b>Recommendation met.</b></p> <p>Inspectors viewed the supervision records in the Unit.</p>

### 3. Conclusions

The follow-up inspection concentrated on the progress made by the HSE to address the recommendations of the January 2012 inspection (Inspection report ID No. 512) and to assess the progress made to further address the recommendations of the previous inspection in October 2011 (Inspection report ID No. 506).

This inspection found that steady progress had been made to address the recommendations of the last two inspections of the SCU. Key improvements evidenced during this inspection were as follows:

- structured clinical review meetings on a weekly basis
- improved frequency and recording of key-working sessions with children
- improved security protocols and procedures
- introduction of a healthy eating programme in consultation with a HSE senior dietician
- a reduction in the number of unauthorised absences, physical restraints and single separation
- a review of the use of single separation for the past three months, report due by end of June 2012
- improved re-decoration and refurbishment of the Unit
- more focussed and accountable management and staff team.

Notwithstanding the steady progress made to date, this unit still has a considerable amount of work to do to ensure a safe and positive environment for all as well as to earn back the confidence of the external professionals who utilise the service. This unit will continue to require a sustained and strategic approach from internal and external managers to ensure a continued safe and sustainable service for vulnerable children.

### 4. Next steps

The Authority will report its findings in relation to Gleann Alainn SCU to the Minister for Children and Youth Affairs.

The HSE's National Manager, National High Support and Special Care Services should provide the Authority with:

- a copy of the final report on the findings of the investigation team into the serious incident in October 2011
- an action plan to address any recommendations arising from the investigation report.

Further inspections of the Unit will occur as part of the Authority's schedule of activity.

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