

Health Information and Quality Authority Regulation Directorate

Monitoring Inspection Report Special Care Centres
under Section 69 (2) of the Child Care Act 1991
as amended by the Child Care Act (Amendment)
2011



Type of centre:	Children's Special Care Unit
Centre name:	Ballydowd
Centre ID:	OSV-0004221
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0019804
Lead inspector:	Ruadhan Hogan
Support inspector (s):	Rachel McCarthy;Sabine Buschmann;Susan Geary

Children's Special Care Unit

About monitoring of children's special care services

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving child protection and welfare services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under Section 69 (2) of the Child Care Act, 1991 as amended by the Child Care(Amendment) Act 2011 to inspect children's special care services provided by the Child and Family Agency.

In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

Monitoring inspections assess continuous compliance with the Standards, and can be announced or unannounced.

Compliance with National Standards for Children's Special Care Units

The inspection took place over the following dates and times:

From:	To:
12 September 2017 09:00	12 September 2017 17:30
13 September 2017 08:30	13 September 2017 17:00

During this inspection, inspectors made judgments against the *National Standards for Children's Special Care Units*. They used three categories that describe how the Standards were met as follows:

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

The table below sets out the Standards that were inspected against on this inspection.

Standard	Judgment
Theme 1: Child - centred Services	
Standard 1:1	Compliant
Standard 1:2	Compliant
Standard 1:3	Compliant
Standard 1:4	Compliant
Standard 1:5	Compliant
Standard 1:6	Substantially Compliant
Standard 1:7	Compliant
Theme 2: Effective Care	
Standard 2:1	Non Compliant - Major
Standard 2:2	Substantially Compliant
Standard 2:3	Non Compliant - Major
Standard 2:4	Non Compliant - Moderate
Standard 2:5	Compliant
Theme 3: Safe Services	
Standard 3:1	Compliant
Standard 3:2	Compliant
Standard 3:3	Non Compliant - Moderate
Standard 3:4	Non Compliant - Moderate
Theme 4: Health & Development	
Standard 4:1	Non Compliant - Moderate
Standard 4:2	Non Compliant - Moderate
Standard 4:3	Compliant
Theme 5: Leadership, Governance & Management	
Standard 5:1	Non Compliant - Moderate
Standard 5:2	Non Compliant - Moderate
Standard 5:3	Compliant
Standard 5:4	Compliant
Theme 6: Use of Resources	
Standard 6:1	Non Compliant - Major
Theme 7: Responsive Workforce	
Standard 7:1	Non Compliant - Moderate
Standard 7:2	Non Compliant - Moderate
Standard 7:3	Non Compliant - Moderate
Standard 7:4	Non Compliant - Moderate
Theme 8: Use of Information	

Standard 8:1	Non Compliant - Moderate
Standard 8:2	Compliant

Summary of Inspection findings

Ballydowd special care unit is a purpose built secure facility that caters for boys and girls between the ages of 11 and 17 years. The purpose of Ballydowd special care unit is to detain children under a High Court care order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their safety and welfare. The unit facilities includes an outdoor recreational area including basketball court which is surrounded by a gymnasium, school and three separate buildings that make up the residential special care centres. At the time of the inspection, there were 6 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke with social workers, guardian ad litem, a Tusla monitoring officer and manager of the monitoring service along with a member of the assessment, consultation and therapy service (ACTS).

The rights of children were protected and promoted and their privacy was maintained while living in the unit. Children had access to advocates and could make complaints. In addition, the system for dealing with and managing complaints was effective.

The unit had systems in place that ensured that the protection and welfare of children was promoted and safeguarding measures in the unit ensured children were protected from abuse.

Staff provided child centred and specific care to children, based on their identified needs. Children's health and educational needs could be met while living in the unit. Forming relationships with children to model positive behaviour was key to the secure care aspect. Children told inspectors that they had good relationships with some staff particularly their key workers. A comprehensive care planning process ensured children needs were assessed by multi disciplinary approach, were met in a timely manner, and was regularly reviewed. However, discharges to follow on placements did not occur in a timely manner for all children.

One child, while placed in the unit under the correct Court order, was inappropriately placed as the unit did not have the capacity to meet their assessed needs. They had been placed in the special care unit on a single occupancy arrangement for their own safety, as there were no appropriate alternative placement within the Irish

jurisdiction. While at the time of inspection the unit were in the process of transitioning this child to a secure placement in another jurisdiction, there had been a five month delay in sourcing an appropriate placement for this child during which time the staff team, who were not sufficiently trained or experienced to manage the specific needs of this child, were providing care as best they could. The single occupancy arrangement meant that they had constant supervision including at night time and their opportunities to mix with peers was restricted.

Staff had been trained in a specific model of managing behaviour that challenges. Where children were subjected to a restrictive practice, it was only used as a last resort following a risk assessment.

Despite high levels of training and good support provided to staff, a large number of staff went on sick leave as a result of injuries sustained at work since the last inspection. Inspectors found that supports in place for staff following incidents were not sufficient. The deputy manager told inspectors the majority of injuries related to incidents involving assault by children during incidents. As a result of the high number of injuries, the unit had been subject to an inspection from the Health and Safety Authority (HSA). The HSA inspection report outlined a number of areas for the units to follow up and was addressed as part of an action plan to the HSA inspection.

The unit's design and layout facilitated secure care but was not homely, child centred nor was it sufficiently stimulating for the children living there. Refurbishment works to address issues with the ventilation and heating has been undertaken in one of the units since the last inspection. However, while refurbishment was ongoing, there had been a missed opportunity to redesign the interior of the building to ensure a more child centred secure care setting. The access room for families in one of the units was not inviting. The internal layout of all the units meant that there were lots of small rooms and corridors with doors that required unlocking to move between them. This created an atmosphere that was difficult to live in and was at times unnecessary, for example in the single occupancy unit where there was only one child.

Systems of management and governance ensured the day-to-day delivery of good quality care and care planning to children who were appropriately placed. While management in the unit demonstrated leadership and a commitment to continuous improvement, systems to ensure service improvement had not been adequately developed and maintained.

A vision for the service had not been created and communicated to the relevant stakeholders. Strategic and operational planning had not been undertaken which was a missed opportunity to continue the progression of the unit.

While the unit had begun to collate statistics on the frequency of property damage, absconsions and some restrictive practices, the systems to track and analyse outcomes for children and the use of restrictive practices were not sufficiently developed. This meant that some systems had not been adequately developed to continue to drive upward improvement.

This report makes a number of findings which the provider is required to address in an action plan at the end of this report.

Inspection findings and judgments

Theme 1: Child - centred Services

Services for children are centred on the individual child and their care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

Standard 1:1

The rights and diversity of each child are respected and promoted.

Inspection Findings

The rights of children were protected and promoted while living in the unit. Children's other civil and legal rights were not infringed upon while they were detained and deprived of their liberty in the secure care setting.

The use of single occupancy arrangements were regularly reviewed and appropriately justified. One child was living in the unit on a single occupancy arrangement which meant that they did not have contact with their peers. Records showed this had been reviewed through the special care process and after regular risk assessment, had been justified and appropriately recorded.

Children were appropriately informed about their rights. Soon after they were admitted, children were given a booklet that gave guidance on areas such as contact with families, access to advocacy, how to make a complaint and their rights should they be subject to restraint. Key working records also showed that staff met with children to discuss their rights. Children told inspectors that staff discussed rights with them and facilitated them to exercise their rights.

Children had access to legal representation, advocacy services, guardians ad litem and social workers when required. Records showed that visits from the appropriate advocates were facilitated in the unit. Records also showed that a High Court Judge visited the unit to meet with a child to discuss their care planning.

Staff were familiar with children's backgrounds and ensured the cultural beliefs and values were respected, based on this knowledge.

Judgment: Compliant

Standard 1:2

The privacy and dignity of each child are respected.

Inspection Findings

Children's privacy and dignity was respected in the unit. The unit had a policy that guided staff interactions with children. Children had their own bedroom with ensuite bathroom and shower. Staff said they knocked on children's doors where appropriate. Closed Circuit Television (CCTV) was in use throughout the units on the corridors but not in children's rooms.

Rooms searches and body searches were appropriately carried out in line with the unit policy. Children were told that upon admission to the unit, a personal search was to take place so as to ensure prohibited items did not make their way into the units. Further personal searches were carried out when a risk was identified such as if staff suspected a child had illegal substances or a ligature. Inspectors reviewed risk assessments records in relation to these searches and saw they were recorded as significant event notices (SENs). Reasons for the searches were appropriately recorded and children were consulted throughout the search.

One child could not have their privacy maintained in the unit as they had been assessed as being at significant risk. This child had been inappropriately placed in the unit and was living in a single occupancy arrangement under constant supervision including at night time. Inspectors reviewed care records and saw that professionals identified significant risks which justified a staff presence at all times. Further incidents in the unit warranted the continuation of these arrangements. The reasons for this arrangement had been clearly communicated to the child who confirmed to inspectors that they understood why it was necessary. Inspectors saw that appropriately gendered staff were supervising children at particular times to ensure the maximum amount of dignity was maintained while these arrangements were on going.

Judgment: Compliant

Standard 1:3

Each child exercises choice and experiences effective care and support as part of a programme of special care.

Inspection Findings

Children exercised choice and were facilitated to participate in leisure activities and hobbies that interested them. Special events were recognised and celebrated. Children's meetings were held regularly in order to facilitate children to contribute to the weekly activities in the unit.

The unit employed an activities co-ordinator who had made significant efforts to encourage the children to participate in more physical activities and exercise. There was a gym on campus, which was well equipped with a variety of different exercise machines. A review of the weekly activities reports completed by the activities co-

ordinator showed that children made frequent use of the gym equipment, and a variety of classes were offered to them, such as badminton, strength training, and cycling. If a child had a specific interest then this was facilitated. For example, one child liked roller skating and so this was incorporated into the programme. Another child was noted to be particularly skilled at soccer and so staff actively encouraged and facilitated this. The children had access to bicycles and were actively encouraged to use them. Incentives were offered, such as extra pocket money, when children regularly attended the activities that were arranged, or demonstrated progress.

A weekly children's meeting was held for staff and children to plan the weeks activities, and children were encouraged to participate in the meeting. Inspectors reviewed the minutes of these meetings and found that issues such as advocacy, complaints and rights were standing items on the agenda. Children's achievements were recognised and acknowledged, records of the children's meetings showed that these events were highlighted, such as one child getting student of the week, and during the inspection inspectors saw that the staff had arranged a 'prom' night for one young person. There was no record of children being given a choice or being asked to contribute to the plan for mealtimes in the unit. However, staff told inspectors that mealtime choices were discussed at these meetings, but the records did not reflect this.

Children's hobbies and interest were also actively promoted, inspectors saw one young person who was facilitated to develop her skills in makeup artistry and they were provided with the relevant equipment so that they could develop their hobby and interest further.

Children were facilitated to engage in external activities when possible, and inspectors observed children being taken off-site to the cinema during the inspection.

The lack of age appropriate play equipment for one child was noted during the inspection, however staff outlined to inspectors their plans to develop a play room specifically for this child, and they had identified a suitable room for this and planning had started.

Judgment: Compliant

Standard 1:4

Each child has access to information, provided in an accessible format that takes account of their communication needs.

Inspection Findings

Children were provided with information in an accessible format. A booklet was given to children upon admission that gave appropriate information on the standards for special care. Other information in the booklet included how contact with families would be maintained while in the unit, key working sessions, information on how to make a complaint, information on their rights along with how to access their information. Key working sessions supported the learning of these aspects of care in the unit.

Children had access to information and were supported to do so. The unit had a computer room which children could use while under staff supervision. Children told inspectors that they could read their daily logs if they wished to and did so. However, they said that when refused access to read the SENs relating to them, this was not facilitated and a reason was not given.

Parents were updated on children's progress while in the unit. Records showed that parents attended meetings where appropriate and staff contacted them via telephone.

Judgment: Compliant

Standard 1:5

Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.

Inspection Findings

Children were involved in decisions about their care. A review of child in care review meetings showed that the child's view and opinion was considered and incorporated into decisions about their care. On occasion, when children did not attend or did not wish to attend, staff supported them to complete a review form which also informed the care planning process.

Children in the unit had appropriate advocates. Each child had a guardian ad litem appointed by the Court and all children were allocated social workers. Visits from these professionals were recorded on files held in the unit. Inspectors spoke with GALs and social workers who confirmed they regularly visited children in the unit and represented children and took decisions, in the child's best interest. In addition, records also showed that representatives from EPIC (Empowering People In Care), an independent advocacy service, visited the unit and met with children.

Judgment: Compliant

Standard 1:6

Each child develops and maintains positive attachments and links with family, the community and other significant people.

Inspection Findings

Children were able to maintain and develop relationships with family and significant others, where appropriate, while living in the special care unit. Despite some children being placed outside of their community, efforts were made for relationships to be maintained. Families could visit the unit and were facilitated to do so in privacy. However, an access room in one of the units was not inviting. Daily logs held in the unit recorded when children made telephone calls to their families and also when families contacted children. These records reflected also that staff updated families on children's progress in the units. Children told inspectors that their families visited

regularly and this helped them keep motivated and maintain progress so they would be moved out of the unit in line with their care plan.

Judgment: Substantially Compliant

Standard 1:7

Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Inspection Findings

Children knew how to make a complaint and complaints were responded to in a timely manner.

Children who met with and spoke to inspectors during the inspection said they knew how to make a complaint. The majority of them said that they had no complaints about the unit and that staff were very supportive, while one child told inspectors that they would not make a complaint as they did not think anything would be done about it.

Information on how to make a complaint was contained in the children's information booklet given to children on admission. This outlined how to make a complaint and also signposted children to EPIC and the Ombudsman for Children if required. The booklet also provided information to children about how to appeal the decision if they were not happy with the outcome of their complaint. The contact details for the relevant organisations to appeal to were contained in the booklet, or the option of them being provided with a stamped addressed envelop in which to post their appeal was also offered.

Staff interviewed by inspectors indicated that they knew how to deal with complaints and were aware of the process in place for managing complaints. Complaints were a standing item on the staff meeting agenda.

Inspectors reviewed the complaints log held in the unit and there had been 18 complaints in the 12 months prior to the inspection, 17 of which were made by children. The complaints log contained specific details in relation to the date the complaint was made and when it was concluded, including the current status and the outcome. Inspectors found evidence that complaints were appropriately responded to, for example one child made a complaint about the delay in sourcing their onward placement, and records showed that this was brought to and discussed at their child-in-care review and addressed. Another child made a complaint about the food provided and was facilitated to meet with the chef to discuss their preferences. Records showed that children were satisfied with the outcome of their complaints.

The unit implemented some learning from complaints. For example, one child made a complaint about a staff member of the opposite gender being present during a personal search which prompted a change to the practice going forward as only staff members of the same gender were to be present, where possible.

One of the deputy directors of the unit was responsible for complaints and inspectors reviewed an audit he had conducted in relation to complaints for 2016/2017. This audit outlined the collective analysis of the complaints and established that there were no themes arising from his review of the complaints. It did not however analyse the timeframes by which complaints were dealt with and whether they were dealt with in line with the complaints policy.

There was a complaints policy in place, however this, as well as other policies mentioned later on in this report, required updating.

Judgment: Compliant

Theme 2: Effective Care
Effective services ensure that the systems are in place to promote children’s welfare. Assessment and planning is central to the identification of children’s care needs.

Standard 2:1
Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.

Inspection Findings

Children placed in the unit were subject to a special care order from the High Court. The child's social worker completed a comprehensive referral form that was sent to a central admissions committee who oversaw the admission. The unit then held a special care order application preparation meeting (SCOAP), when it was agreed a child was to be placed. Inspectors saw copies of the special care order on children's files along with the referral forms. Reports from relevant professionals were also given to the admissions committee and the unit to support the application and ensure that staff had all the necessary information on children prior to being placed.

A revised special care process had been implemented in August 2016 which stated that placements in the unit were to be initially for a three month period, with an extension if justified. Five of the six children placed in the unit at the time of inspection had been appropriately placed in line with the new special care process. The service had been effective in stabilising the behaviour of these children and had monitored and reviewed the effectiveness of the care planning through monthly child in care meetings and multi disciplinary meetings held in the unit on alternative fortnights.

However, not all children were appropriately placed in line with their identified need. One child, while placed in the unit under the correct Court order, had significant needs that could not be met while living in the unit. They had been placed in the special care unit on a single occupancy arrangement, as there were no appropriate alternative placements within the Irish jurisdiction. At the time of inspection, the process of transitioning this child to a secure placement in another jurisdiction was at an advanced stage. However, there had been a delay in finding the appropriate

follow on placement which meant that the staff team, who were not sufficiently trained or experienced to manage the specific needs of this child, were providing care for this child for a significant period of time. Issues with this placement escalated following a Tusla directive to place another child alongside this child, despite recommendations to the contrary from all professionals involved with the child. While the second placement subsequently did not occur, the planning for it caused the child in the unit to experience significant distress, which in turn caused a significant escalation of behaviours to which staff responded as best as they could. This child remained in a secure care setting for approximately five months during which her identified needs could not be met.

Judgment: Non Compliant - Major

Standard 2:2

Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.

Inspection Findings

Children, who were appropriately placed, participated in an individualised program of special care which detailed their needs and outlined the interventions required to meet these needs. The special care process required a suite of plans to support and enable staff and other professionals to implement the interventions and included a care plan, placement plan, placement support plan, individual education plan and individual therapeutic plan. Children's files were reviewed and inspectors found that all required plans were in place and were of good quality.

The Assessment Consultation and Therapeutic Service (ACTS) provided individualised care and support to children along with staff in the unit. Inspectors interviewed a psychologist from ACTS who outlined how the service guided staff to provide positive behavioural support. Other professionals also told inspectors how staff interactions with children to promote language development and communication along with appropriate therapeutic intervention was based on guidance from speech and language and psychology professionals from ACTS. Inspectors reviewed multi-disciplinary meetings and saw that levels of risk and children's progress on the programme were reviewed and appropriate action was taken to update the programme where necessary.

There was no formalised system in place to consider outcomes for children to drive continuous improvement. Centre governance reports were completed by the unit management and returned to national office. During interviews, staff and management in the unit along with the deputy manager demonstrated an insightful awareness of children's circumstances and how well they were progressing in the unit. However, data on outcomes for children was not routinely collected, analysed and used to drive continuous improvement.

Judgment: Substantially Compliant

Standard 2:3

The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

Inspection Findings

While the unit's design and layout facilitated secure care in line with the centre's statement of purpose, the layout was not homely, child centred nor was it sufficiently stimulating for the children living there. At the time of inspection, one unit was in operation as a single occupancy unit, a second unit was fully functional and operational and a third unit was closed as building works were being completed. Refurbishment works to address issues with the ventilation and heating has been undertaken in one of the units since the last inspection with works to be undertaken in the other units at some point in the future. As a result of the completed work in one unit, it was better insulated and heating could be better regulated. However, while refurbishment was on going, there had been a missed opportunity to redesign the interiors of the building to ensure a more child centred secure care setting.

The living environment of the units were not homely or stimulating. The single occupancy unit had been decorated by the child living there, with staff, who were proactive at trying to make a cheerful atmosphere. The other unit, where five children lived at the time of inspection, was minimalistic, functional but was not homely. This remained unchanged since the last inspection. The internal layout of all the units meant that there were lots of small rooms and corridors with doors that required unlocking to move between them. This created an atmosphere that was difficult to live in and was at times unnecessary, since there was only one child for example in the single occupancy unit, the locking of several internal doors was not required. The access room in one of the units, where family visits were facilitated, was not inviting. Children very clearly told inspectors that the units were not homely and did not have softer elements such as bean bags or pictures on the walls. A review of a sample of exit interviews also found that children were negative about the physical environment of the unit. Children who were required to have play therapy interventions could not have these needs met and the ACTS team made recommendations for this to be facilitated outside of the unit. External professionals told inspectors that while staff did their best with what was available, children deserved a warmer living atmosphere while subject to a special care order.

Children had their own room with adequate storage space for personal belongings. Inspectors saw that some children's rooms had been individualised to create a homely environment. Children in the single occupancy unit had painted their room in colours they liked but this had only been agreed shortly before they were due to be discharged. Children could access outdoor facilities such as a gym and a computer room was also available. Outdoor spaces were well maintained.

There were precautionary measures in place in the event of a fire. The units had been subject of a fire safety visual inspection which provided an expert opinion on the units compliance with building regulations, gas fixtures and fire safety measures including emergency lighting. Inspectors saw that each of the units had fire safety

measures in place. There were adequate means of escape and all fire escapes were unobstructed. Each child had a personal evacuation plan in place. Each unit had fire extinguishers and fire alarms which were serviced regularly. Furnishings in the units were fire retardant. Records showed that daily checks of equipment were undertaken. Records also showed fire drills had taken place and details of participants were recorded. However, evacuation signage was not prominently displayed in the units.

Incidents of fire were promptly and appropriately notified to the relevant services including emergency services. Inspectors saw that a review of a fire was undertaken following an incident where a child set their clothes on fire in their room, causing smoke to fill the unit. While the review did consider how staff appropriately responded to the incident and made recommendations on how it could be further prevented in the future, it did not consider all aspects. Inspectors reviewed a complaint by a child who was in another room during this incident and who complained about the delay in evacuating them from their room as it was filling with smoke. This complaint was upheld and the child was given an apology. However, the full effects of the fire were not considered as part of the review and incorporated into learning in the unit.

Fire plans were poor quality and were not individual and specific enough to ensure children were kept safe during a fire. Inspectors reviewed fire plans for each of the three units which detailed each unit's unique fire plan. The plans made reference to escape routes being available to all in the unit. However, the plans were adapted from a fire plan for a nursing home and referenced nursing homes on sections of the plans instead of special care units. The plans were not unique to the units themselves as they did not reference the unique context of secure care and features of the buildings such as the locking of doors. The plans also referenced 'dependant young people' which did not sufficiently address how children and staff would be evacuated during a fire and how the specific needs of children in secure care would be met during an evacuation.

Appropriate health and safety measures were in place. Since the last inspection, a deputy director was given oversight of health and safety, premises, maintenance and fire prevention measures. This governance arrangement provided greater clarity and focused attention on these related areas. The unit had an up-to-date health and safety statement. Staff were vigilant to hazards and reported them to a dedicated representative. There was a maintenance team in place that promptly followed up on maintenance requests. The unit had been subject to an inspection from the Health and Safety Authority (HSA) following a number of incidents of violence and aggression towards staff. The HSA inspection report outlined a number of areas for the units to follow up and was addressed as part of an action plan to the HSA inspection. Cars used by the centre were appropriately taxed insured and in good condition.

Judgment: Non Compliant - Major

Standard 2:4

Children are actively supported in the transfer to and/or from special care and all transitions occur in a timely manner with a discharge plan in place to assure continuity of care.

Inspection Findings

Discharges to follow on placements did not occur in a timely manner for all children. This remained unchanged since the last inspection. Since the last inspection, there had been 22 admissions to the unit, four of these being re-admissions. As placements were limited to three months in line with the special care process, follow on placements needed to be identified early into this three month period. According to data returned to HIQA as part of the inspection, 16 children were discharged from the unit since the last inspection. A sample of three of these files were reviewed and inspectors found that one had been discharged within three months while two had not been. Of the six children in the unit at the time of inspection, two children were in the unit longer than three months due to difficulties in locating a follow on placement. This meant that progress made while in the special care setting was at risk of being reduced while waiting for the follow on placement. Inspectors reviewed the quality of discharge and transition plans for children and found that children were usually moved back to a community placement on a phased basis with comprehensive plans in place to support the transition.

Judgment: Non Compliant - Moderate

Standard 2:5

Special care units have a care record for each child.

Inspection Findings

The unit kept up-to-date care records for each child. Inspectors found well maintained care records with all required information securely stored. Unit and deputy managers had oversight of records and ensured the records were of good quality. Child in care review meetings and professionals meetings carried out as part of the special care process were clearly recorded with decisions and actions outlined.

Judgment: Compliant

Theme 3: Safe Services

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.

Standard 3:1

Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

Inspection Findings

The unit had systems in place that ensured that the protection and welfare of children was promoted. The deputy manager was the designated liaison person and maintained a log of open allegations. They also tracked the outcome of allegations and followed up with the respective social work department if there were delays. According to data returned to HIQA as part of the inspection there had been 36 child protection concerns sent to social work departments. Five of these were still open at the time of inspection. Inspectors reviewed these open allegations and found the unit had reported the allegations in a timely manner to all relevant professionals and parents, where appropriate, in line with Children First (2011). Additionally, appropriate action was taken in the unit where necessary to ensure the safety of children. Of the 36 child protection concerns, 11 related to allegations against staff members. The trust in care process was initiated and while allegations were being investigated, the staff members were placed on protective working arrangements which meant that staff only interacted with children while another member of staff was present, thereby reducing the identified risks following allegations.

Safeguarding measures in the unit ensured children were protected from abuse. There were policies for and procedures in place which guided staff in safeguarding children from abuse and neglect. According to data returned to HIQA, 95% of staff had up-to-date training in Children First. Children told inspectors that they were made aware of their right to complain and could go to a staff member, social worker or guardian ad litem if they wished to highlight safeguarding concerns. During interviews with inspectors, staff demonstrated an appropriate awareness and knowledge of safeguarding and protected disclosure principles. Staff were aware and vigilant to the signs of peer abuse. There were appropriate numbers of staff working with children and CCTV was in place to record incidents to enable evidence to be presented to the appropriate authorities. All Tusla, agency staff and contract staff had up-to-date An Garda Síochána (police) vetting.

Staff understood the correct protocols when children absconded from the unit. According to data returned to HIQA, there were 31 incidents of absconion since the last inspection. Children's files had absence management plans in place which guided staff on the correct procedures to be followed when a child absconded from the unit.

Judgment: Compliant

Standard 3:2

Each child experiences care that supports positive behaviour and emotional wellbeing.

Inspection Findings

Children received individualised care, reinforced by positive behavioural support to appropriately manage behaviour that challenges. There was a policy in place for the provision of behavioural support. The model of care in use in the unit guided staff to consider the child's experience before, during and after they left special care and to involve their family, community and relevant professionals. Forming relationships with children to model positive behaviour was key to the secure care aspect. Children

told inspectors that they had good relationships with some staff particularly their key workers. Staff in the unit were advised by the ACTS team as to particular and individualised approaches with children. This informed the placement support plans, particularly the behavioural support plan and individual crisis management plans. A sample of these plans were reviewed and inspectors found they were detailed, contained relevant up-to-date information and could adequately guide staff in their interactions with children. Where there were instances of behaviour that challenged, staff addressed this with children through individual key working sessions and in life space interviews with children after an incident. Inspectors saw records of these sessions with children which showed good quality and meaningful engagement.

The majority of staff had been sufficiently trained in supporting behaviour and emotional wellbeing. According to data returned to HIQA, all staff had up-to-date training to respond to behaviour that challenges using a Tusla-approved method of managing behaviour that challenges. Staff told inspectors they were well supported by management in the unit when incidents occurred. Despite high levels of training and good support provided to staff, a large number of staff went on sick leave as a result of injuries sustained at work since the last inspection. The deputy manager told inspectors the majority of these injuries related to incidents involving assault by children during incidents. According to data returned to HIQA, a total of 16 staff went on sick leave due to injuries sustained at work. The large number of work related injuries prompted an inspection from the Health and Safety Authority (HSA) who as already stated, asked the unit management to review the preventative measures they had in place so as to reduce the occurrence.

Judgment: Compliant

Standard 3:3

Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.

Inspection Findings

Where children were subjected to a restrictive practice, it was only used as a last resort following a risk assessment. According to data returned to HIQA in relation to the six children living in the unit at the time of inspection, there was 30 incidents of physical interventions relating to three children, five incidents of single separation relating to three children and nine incidents of structured time away relating to two children. Incidents were recorded through SENs and a sample were reviewed by inspectors who found them to be comprehensive. For example, incidents of single separation had clearly recorded rational for undertaking the restrictive practice. Staff stayed with children throughout the duration of the incident. The SEN also included the length of time, the recording of observations throughout the incident, management oversight of the practice and the life space interview with the child after the incident. A Significant Event Review Group (SERG) meeting was also held to review the practice and gave feedback on the practice and quality of recording. Incidents of physical restrictions were well recorded with descriptions of the type of hold applied and the length of time it was applied for was recorded in seconds. The

majority of incidents reviewed had a debrief with the child, recorded as a life space interview, which explained to the child why it was used, what was the learning and how to prevent future incidents.

Some children were placed on single occupancy arrangements for significant periods. As stated, one child had been inappropriately placed in the special care unit while an appropriate follow on placement was being sought. In the interim, the child was in a unit with a core group of staff and no other children for periods of up to 123 days. While this arrangement had been risk assessed to justify its application, it was not satisfactory. Inspectors reviewed multi-disciplinary meeting minutes that recorded consultation with relevant professionals, who concluded that it was not in the best interests of the child. The staffing arrangements were appropriate to support these arrangements and a child who spoke to inspectors said they were happy with this arrangement. However, additional environmental restrictions, such as the locking of some internal doors within the unit, were maintained on a habitual basis without a full review as to their justification. Inspectors met with staff who said it wasn't sustainable for the child to live in such an intense environment and the length of time it took to find an appropriate alternative placement exacerbated the intensity. Inspectors attended a meeting on the last day of inspection which confirmed a follow on placement had been found and plans were being drawn up to transition the child to their new placement.

The unit was reliant on An Garda Síochána to intervene during some incidents of behaviour that challenges. According to data returned to HIQA, Gardai were called to the unit to support the management of behaviour on 15 occasions. Inspectors reviewed some SENs where Gardai were called and the reasons for contacting them were well recorded and justified.

The unit did not have systems to collect, monitor and audit restrictive practices on an ongoing basis. Inspectors enquired with the director of the unit as to statistics in relation to restrictive practices for all children who had been placed within the unit since the last inspection. The director told inspectors that individual files for children who had left the unit would need to be recalled from long term storage to find out the numbers of incidents of restrictive practices. This meant that restrictive practices were not collated on an ongoing basis and analysed against other systems within the unit, such as staffing levels or training deficits. This wasn't efficient and did not allow for an overall tracking and analysis of such practices to identify any patterns so as to inform any reduction strategies to limit their use.

Judgment: Non Compliant - Moderate

Standard 3:4
Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

Inspection Findings

Incidents were managed and reviewed in a timely manner. However, some professionals said that there could be improvement in the timely notification of all

significant event notices (SENs). There was a policy in place to guide the notification, management and review of incidents. When an incident occurred, staff were expected to write it up as a SEN and forward it to the relevant manager for review within one day and the manager would then provide feedback if necessary. The SEN was then to be sent to the relevant person such as the social worker and the guardian ad litem. External professionals told inspectors that unit staff contacted them by phone or email with a summary of the incident with a full SEN sent a few days later, usually between four to five days.

The unit had structures in place to review incidents and implement learning. Local Significant Event Review Group meetings were held which reviewed SENs and provided feedback on incidents to the staff team involved. This ensured that staff teams continued to reflect and learn from incidents.

Supports were in place for staff following incidents however they were not sufficient. The level of assaults against staff was significant, so much so, that an inspection from the Health and Safety Authority (HSA) was prompted for which the unit management produced an action plan to address the deficits identified. Supports in place for staff included a psychologist from the ACTS team being available to staff team. Some staff who spoke with inspectors said the support provided was very good while other staff said that it didn't go far enough given the number and frequency of assaults against staff.

Judgment: Non Compliant - Moderate

Theme 4: Health & Development
The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children’s educational needs are given high priority to support them to achieve at school and access education or training in adult life.

Standard 4:1
The health and development of each child is promoted.

Inspection Findings

The unit had initiatives in place to ensure healthy lifestyles were promoted. There was a no smoking policy on campus which was promoted in the children’s information booklet. Staff interviewed demonstrated an understanding of healthy lifestyles. A review of key working sessions showed that children were provided with information on smoking cessation, and healthy eating. Each young person had access to the ACTS team who would provide guidance to staff and support to the children who had addiction issues.

Children had access to recreational facilities. An activities co-ordinator who had been employed in the unit since the last inspection, engaged the children in recreational activities of their choice. A new gym opened on site and staff facilitated children to

use it.

Children's files did not have the required documentation. While a list of medical interventions that were undertaken while children were in the unit was maintained, medical histories including vaccination history was not maintained in centre records.

Judgment: Non Compliant - Moderate

Standard 4:2

Each child receives an assessment and is given appropriate support to meet any identified need.

Inspection Findings

Children had their physical and mental health needs assessed on admission to the unit. While the majority of children had their needs met, some children who were inappropriately placed, were unable to have their needs met while living in the unit.

Children's health needs were assessed by a general practitioner (GP) soon after admission. The unit had contracted a male GP to undertake medical assessments of children. Records showed these assessments took place and further visits to the GP, where required, were facilitated by staff. Half of the children living in the unit at the time of inspection were female and should they have requested a female GP, the unit was unable to facilitate this request. This remained unchanged since the last inspection.

Children were assessed by a multi disciplinary team attached to the service. The assessment, consultation and therapeutic service (ACTS) was funded by Tusla and consisted of speech and language therapy, addiction counselling/psychotherapy, therapeutic social work, social care and psychology professionals. Records showed that children who required assessments from a particular professional were facilitated to do so. These assessments, along with the comprehensive admission forms completed prior to admission, informed the special care planning process which ultimately guided social care professionals in the unit on specific interventions for individual children.

Assessment goals were reviewed in regular meetings held as part of the special care process. Records showed that multi-disciplinary meetings were held every four weeks, with care planning meetings held every other two weeks. Staff from the unit, the child's social worker, guardian ad litem and professionals from the ACTS team attended these meetings. Inspectors reviewed these meeting minutes and found that recommendations informed the placement plan, placement support plan and individual therapeutic plan. This helped to structure and coordinate the interventions so children could make progress while living in the unit. Inspectors reviewed four children's files and found that they all had an independent therapeutic plan on file with the exception of one young person who had recently been admitted to the unit. In addition, weekly meetings took place to update the staff team on children's progress throughout the week. These meetings and unit team meetings were also attended by a member of the ACTS team.

One child who were not appropriately placed was unable to have all their needs met while living in the unit. Inspectors found that this child required a specialist intervention, for which the staff team were not trained nor had the necessary experience, to provide. In addition, a part time post for a psychiatrist had not been filled which remained unchanged since the last inspection. This was significant for this child, as these needs remained largely unmet throughout their five month placement.

There was no medication management policy in place at the time of inspection. This remained unchanged since the last inspection. Inspectors were informed that a draft policy had been written but had not yet been implemented. Staff were provided with training on medication management. According to data provided to inspectors 86% of staff had completed training in medication management.

Medicine management practices were safe. Inspectors observed medication management practices and saw that all the relevant information was available to staff carrying out the administration of medication. Staff had appropriate procedures in place for prescribing, administering and disposing of medication. Each unit had a secure locked cabinet where medicines were stored. Children’s medicines were recorded on individual administration sheets. Inspectors reviewed medication administration records and found that on occasion the recording on children’s files were illegible. While this issue was identified on medication audits undertaken by management in the unit, records did not show if the issue was rectified. Inspectors observed some over the counter medication that was no longer in use stored outside the medication cabinet that had not been appropriately disposed of.

There was a system in place for reviewing and monitoring safe medication practices. Regular medication audits were carried out on one or two children's files per week and actions were recorded. There was evidence of oversight from the unit manager and deputy director. Medication errors were notified as significant event notifications (SENs) in the same manner as all SENs. A monitoring report from March 2017 referenced that there had been four medication errors since the last HIQA inspection and subsequent meetings were held to review these errors so as to implement learning.

Judgment: Non Compliant - Moderate

Standard 4:3
Educational opportunities are provided to each child to maximise their individual strengths and abilities.

Inspection Findings

Children were provided with educational opportunities while living in the unit. There was a school attached to the unit which was subject to regular inspection from the Department of Education. Four of the six children living in the units were engaging in education on a structured timetable at the time of inspection. One child was in the process of returning to school following an incident before the summer break and

another child refused to engage.

Children's educational needs were assessed on admission into the unit, which informed their educational programme for the length of placement in the unit. Inspectors were informed that the school received educational reports from previous schools and also developed a transition report for each child leaving the unit. However, educational goals were not always set out in children's individual educational plans.

Communication and coordination between the school and units was of good quality. While a representative from the school was not always available to sit on relevant professional meetings and child in care review meetings due to a lack of resources, the school principal said that there was good communication between the school and the unit on a daily basis. The school provided the unit with monthly reports for each student on all subjects. Inspectors reviewed four files throughout this inspection and found that two files had complete individual educational plans on file. The remaining two files were for children recently admitted and their educational plans were being developed.

There were positive educational outcomes for young people attending the unit. One young person who had not been engaging in school when outside of the unit, was engaging while in the unit and informed inspectors that they were enjoying school.

Judgment: Compliant

Theme 5: Leadership, Governance & Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

Standard 5:1

The special care unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.

Inspection Findings

The unit performed its functions as outlined in relevant legislation. Staff who spoke to inspectors demonstrated a knowledge of legislation, regulations, policies and standards. However, as stated, some children had not been appropriately placed in the unit.

Not all actions from the last inspection had been completed. There were 48 findings under 19 standards that required actions to be addressed. At the time of this

inspection, there were outstanding actions under 11 standards. Centre governance reports were used to report on the progress of implementation of actions and the Tusla monitoring services also monitored the progress of these actions along with making further recommendations.

The unit had a suite of policies that had last been reviewed in 2014. These policies were not up-to-date as they did not reflect the new special care process, older policies had not been updated such as the policy on room searches. Other policies such as medicines management and risk management had not been developed. This remained unchanged since the last inspection.

Judgment: Non Compliant - Moderate

Standard 5:2

The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.

Inspection Findings

The management and governance systems in place were sufficiently resourced to ensure delivery of the service. The day-to-day operations of the unit were the responsibility of the special care unit director. The director was also the acting national manager for special care and he reported to the director of Tusla Children's Residential Services (CRS) who in turn reported to the chief operations officer in Tusla. The acting national manager role involved the oversight of the other two special care units. In addition the special care unit director was also overseeing the renovation and opening of another special care unit in a different location. Despite the demands on his time resulting from the acting national manager role and the opening of the other special care unit, the director said he was able to provide adequate oversight of the unit. He also said it was not intended for this working arrangement to continue when the special care unit became a designated centre. The director was supported in the director role by two deputy directors. One of the deputy directors had the title of head of care and was responsible for the oversight of care planning for children. The other deputy director had the title of head of operations and was responsible for premises, health and safety and staffing. Each of the two units in operation at the time of inspection had unit managers that were supported by deputy unit managers. Inspectors found that the special care unit director was well supported by the management team in place.

Management arrangements had clearly defined lines of authority and accountability. Line management arrangements had been changed following the last inspection to ensure transparent and accountable reporting structures. The director told inspectors that the expectations of deputy directors had been defined by working together over time where the roles and responsibilities had been agreed. Therefore these roles were not formally defined and there was a risk that should a deputy manager be absent from work for a long time, the roles and responsibilities would need to be re-established through the same process which was not efficient.

A vision for the service had not been created and communicated to the relevant

stakeholders. Strategic and operational planning had not been undertaken. The director told inspectors that a service development plan for 2017 had not been written which was a missed opportunity to continue progression in the unit. Operational plans were therefore not informed by a greater vision. For example, a more child centred vision for the premises had not been drawn up despite there being going upgrades to the premises. In addition the suit of policies had not been updated in line with the development of the service.

While management in the unit demonstrated leadership and a commitment to continuous improvement, systems to ensure service improvement had not been adequately developed and maintained. Inspectors observed meetings held in the unit where managers demonstrated a strong commitment to children. Effective and balanced decisions were taken that were in the best interests of children. Records also showed decisive decision making during various meetings. Managers maintained an active oversight of supporting documentation within the centre and communicated to staff where improvements were required. The management team told inspectors they had made steady improvement across the unit for the last number of years. However, some systems had not been adequately developed to continue to drive upward improvement. As a service development plan for 2017 had not been written, the unit could not review compliance with the objectives so as to improve service delivery. While the unit had begun to collate statistics on the frequency of property damage, absconsions and some restrictive practices, the systems to track and analyse outcomes for children and the use of restrictive practices were not sufficiently developed.

Communication systems in the unit were well established. However, while meetings were held regularly, they required development to ensure consistency and accountability. Staff throughout the unit were proactive at using emails to other staff and external professionals which ensured a trail of accountability. Weekly teleconferences reporting on the progress of all children in special care and monthly national management meetings were held. Inspectors reviewed these minutes and found there was good quality recording of issues and decisions taken. Managers meetings were held which reported on areas such as progress of children, child protection, restrictive practices, staff training and other important areas. The minutes of these meetings did show that managers were appropriately assured about the service. Cross service staff team meetings consisting of staff teams from both units were held weekly with every alternative meeting dedicated to staff training. Recording of these minutes was not consistent with some handwritten and others typed. Decisions and actions with timeframes were not consistency recorded during the managers meetings and cross service team meetings to ensure accountability.

Auditing was of poor quality and required further development. The director provided inspectors with copies of audits carried out in the areas of complaints, child protection allegations, medicines management and exit interviews. Inspectors reviewed these audits and found the quality to be poor. The director acknowledged that staff undertaking the audits had not been trained which meant staff did not have an informed approach to ensure consistency and good quality auditing. There was no defined methodology or consistency of approach and findings from the audits did not stand out in the individual reports. This meant that learning could not be easily taken and used to improve the service. The Tusla monitoring officer told

inspectors that their intention was to support staff to develop auditing skills within the service which would encourage learning and improvement.

Risk was identified and managed throughout the service. However, where there had been appropriate escalation of risk to relevant level throughout the service, records did not show an appropriate response to some risks. Individual risk assessments for children were appropriately written up and held on children's files. Centre governance reports included a risk register for each of the two units in use at the time of inspection. In addition a service wide risk register was maintained and regularly updated. Inspectors reviewed these documents and found that risks were appropriately identified and managed at the appropriate level. Other risks that had been rated red, such as admitting children beyond the centre's capacity had been escalated to senior management in Tusla. However, records did not show an appropriate response to outline measures so as to mitigate against the risk associated with further inappropriate admissions.

The special care unit was monitored by a Tusla monitoring officer who visited regularly and wrote regular reports. While the monitoring officer had been allocated to the unit just prior to the inspection, there were experienced and were familiar with the service. Inspectors interviewed the monitoring officer who said that they visited regularly and had frequent meetings with the managers from the service including CRS management. The previous monitoring officer regularly visited the unit and four reports had been sent to HIQA since the last inspection. These reports followed up on outstanding actions from the previous inspection and provided assurance to CRS management that actions were being undertaken to address failings in the unit.

Judgment: Non Compliant - Moderate

Standard 5:3

The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.

Inspection Findings

There was an up-to-date statement of purpose and function that clearly outlined the services described. It included its basis in legislation, statutory functions and service obligations. The statement was last updated in October 2016 and included a description of the new special care process including all requirements of the planning process. It had also been updated to describe how single occupancy would be used as part of the programme of special care. Named individuals were correct and up-to-date. While there was no child friendly version of the statement, the booklet given to children upon admission adequately described what services were provided in the unit.

Judgment: Compliant

Standard 5:4

Appropriate service level agreements, contracts and or other similar arrangements are in place with the funding body or bodies.

Inspection Findings

Service level agreements were not required as the unit was funded and managed by Tusla. There were other service level agreements in place for services provided externally such as medical services. A service level agreement was in place for the use of agency staff.

Judgment: Compliant

Theme 6: Use of Resources

The effective management and use of available financial and human resources is fundamental to delivering child-centred services and supports that meet the needs of children.

Standard 6:1

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

Inspection Findings

There was a lack of service planning to ensure a child-centred, effective and safe service was delivered in line with the needs of the service. The service was due to undergo a number of changes in the short term which included:

- the moving of the staffing compliment that was in place at the time of inspection so that another special care unit, that was due to open, would be staffed and ready to accept placements
- on-going recruitment and integration of new staff
- preparation for the registration of the unit as a designated centre under the Health Act 2007.

These provided significant challenges for the unit as it was likely to effect areas across the service such as the numbers of children that could be placed and the provision of a single occupancy arrangement. Despite these challenges, there had been no strategic plan to ensure that resources were effectively deployed to meet the needs of children and to support the delivery of effective special care.

Judgment: Non Compliant - Major

Theme 7: Responsive Workforce

Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children's services recruit and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.

Standard 7:1

Safe and effective recruitment practices are in place to recruit staff.

Inspection Findings

Inspectors were unable to verify if all recruitment practices were safe. Full time, permanent unit staff were recruited through a central Tusla recruitment process which was in line with the Recruitment policy. Inspectors reviewed a sample of agency workers records and saw that all those sampled had up-to-date vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, as well as references and qualifications. Records also showed that these staff were provided to the unit management prior to the agency worker taking up employment. Tusla staff records were held in a central location managed by the Tusla Human Resources department. Inspectors were informed that these unit staff records were available for review at this office and as part of the inspection, a sample of these records were reviewed at that office. These records showed that staff had up-to-date Garda vetting however references and qualifications for some staff members were not on file. Inspectors were not provided with job descriptions and personal files for these staff members. Newer staff, including agency staff told inspectors that they were provided with an induction process. However, inspectors were also not able to evidence this in unit records.

Judgment: Non Compliant - Moderate

Standard 7:2

Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

Inspection Findings

The staff group were experienced and had the competencies and skills to meet the needs of appropriately placed children, where a secure care intervention would provide therapeutic value to a child. According to data returned to HIQA as part of the inspection, there were 40.5 whole time equivalent posts across the entire unit comprising of 50 staff across the two units. In addition, seven agency staff were employed to fill gaps in the rotas. Some staff had been working in a secure care unit for over ten years while other staff were newer. At the time of inspection, the units were well resourced with staff, as staff from a different closed special care unit were working between the two units. Inspectors reviewed staff rotas for the two units that had children placed at the time of inspection and saw that there were sufficient numbers of staff available to ensure the care planning was implemented and children were safe.

The retention of staff, so that sufficient staffing levels were maintained, was a challenge in the service. The director told inspectors that maintaining appropriate staffing levels was key to ensuring that incidents were promptly de-escalated so that

staff were not over burdened at these times. According to data returned to HIQA, 12 staff members had left the service since the last inspection with 13 new staff recruited. The staff turnover rate was high at 26%. The number of staff who were on extended leave was 12 and the number of staff who were on sick leave due to injuries sustained at work since the last inspection was 16. As already stated this high number prompted an inspection from the Health and Safety Authority (HSA). The staff were reliant at times on An Garda Siochana to manage the safety of staff and young people during escalated incidents. These figures may have increased due to some children being inappropriately placed in the units as staff were not sufficiently trained to ensure their safety.

Future plans to maintain the current service provision were not certain at the time of inspection. The director told inspectors that a staff compliment of 36 WTE staff were required to ensure the safety of five children, which was full occupancy for one unit. Of the 50 staff in the units, 13 were due to transfer to a new special care unit in November 2017 which would leave an overall staffing level for one unit only. The directors said this deficit was to be addressed through the continuous national recruitment drive.

While the staff team demonstrated the required skills to provide care to children who were appropriately placed, not all staff had the necessary qualifications. During interviews staff, including managers, demonstrated the necessary competencies for the roles they were assigned and were very committed to their jobs and to positive outcomes for children. Key workers had the skills required to plan and implement recommendations arising from the care planning process. Managers in the service were appropriately qualified and were experienced in the delivery of a secure care service. According to centre governance reports for the units, a small number of staff did not have the relevant qualifications for the role. This remained unchanged since the last inspection.

Judgment: Non Compliant - Moderate

Standard 7:3

Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.

Inspection Findings

Staff in the units were supported and supervised to undertake their role. Staff demonstrated to inspectors that they understood their roles and to whom they reported to. There were some mechanisms in place to support staff. The director was available to staff and regularly walked through the unit. Staff said management took time to listen to staff and this helped improve morale within the units. The ACTS team also provided support to staff following incidents. However, as already stated, while some staff said support provided was very good other staff said that the time allotted to this support needed to be increased due to high the number of assaults against staff.

The quality and timeliness of supervision of staff was not consistent across the

service. Staff supervision arrangements had changed since the last inspection and at the time of inspection were as follows: The director supervised the two deputy directors, one of whom in turn supervised the unit managers. The unit managers supervised the deputy unit managers, who in turn supervised the social care workers. These arrangements allowed enough time for all staff to receive supervision in line with the service policy. According to data returned to HIQA, all staff had been trained to provide supervision. Inspectors reviewed supervision records across the two units. Supervision records were recorded on a standard template. Records showed relevant staff received good quality support following incidents with children during which they were assaulted. Some records showed frequent supervision and good quality recording of issues with actions, timeframes and persons responsible. Subsequent supervision sessions showed follow up of issues. Other records were of poorer quality. Some were hand written and not legible. Timeframes of some showed gaps of six months and while some discussion was recorded, it was difficult to ascertain what was actually discussed and what was agreed. The deputy director undertook an audit of supervision which identified deficits in the quality and timeliness of supervision. While a number of recommendations were made as part of the audit, there were no identified mechanisms to ensure these recommendations were followed up and that there was compliance with supervision in line with the supervision policy.

A system for performance management of staff was not in place at the time of inspection. This remained unchanged since the last inspection.

Staff knew how to make a protected disclosure.

Judgment: Non Compliant - Moderate

Standard 7:4

Training is provided to staff to improve outcomes for children.

Inspection Findings

Staff were provided with training, relevant to their role so they could deliver safe care to children who were appropriately placed. Information returned to HIQA as part of the inspection showed that there was an on going training programme in place for staff. This plan identified the training needs of staff and how often training would need to be provided so as to ensure staff maintained competence in relevant areas. Educational training programmes had been scheduled and a proportion of staff had attended based on the role they undertook. For example, some staff attended training on substance misuse, while other staff were due to attend sexual health training. The management ensured that the majority of staff had up-to-date mandatory training in Children First (2011) - 95%, Fire Training - 94%, managing behaviours that challenge -100% and medication management - 86%. Other areas of training required improvement such as manual handling and first aid as they were low at 22% and 50 % respectively. Training in other areas, such the safe use of ligature cutters (80%), needed to be higher considering that some children in the unit were at significant risk of self harm. As first aid training figures were relatively low and training in the use of ligature cutters was not done with all staff, there was a

risk that children may not have received the appropriate response from appropriately trained staff, in the event of an incident of self harm.

Judgment: Non Compliant - Moderate

Theme 8: Use of Information

Quality information and effective information systems are central to improving the quality of services for children. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for providers in planning, managing, delivering and monitoring children's services. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of child-centred, safe and effective care to children.

Standard 8:1

Information is used to plan and deliver a child-centred, safe and effective service.

Inspection Findings

Information was not systematically used to plan and deliver the service and to review the quality of the service. While the unit had some systems in place to collect statistics on the frequency of property damage, absconsions and some restrictive practices, information was not being collected comprehensively in a systematic way to plan and deliver a child-centred, safe and effective service. For example, audits had taken place of exit interviews, however, learning form the audits was not used to inform management decisions and to drive continuous improvement. There was no systems in place to analyse the outcomes for children in secure care and the effectiveness of interventions while in the unit. Inspectors found there was no overall plan in place to develop these systems so as to inform a strategic plan.

Judgment: Non Compliant - Moderate

Standard 8:2

Information governance arrangements ensure secure record-keeping and file management systems are in place to delive a child-centred, safe and effective service.

Inspection Findings

Information governance arrangements supported the delivery of the service. Information governance is the process of managing what data is gathered, how it is gathered, how it is stored, how it is processed and how it is deleted. While there were improvements required in the gathering of information, records in the unit were of good quality, legible and accessible. Information held on childrens files, such as care planning documents, was generally comprehensive and up to date. Files were securely and safely stored and children's information was protected and respected and treated as confidential. The register in the unit was up to date. Children's files

were promptly and appropriately archived soon after they had left the unit.

Judgment: Compliant

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

Action Plan ID:	MON-0019804-AP
Provider's response to Inspection Report No:	MON-0019804
Centre Type:	Children's Special Care Unit
Centre name:	Ballydowd
Date of inspection:	12 September 2017
Date of response:	20 December 2017

These requirements set out the actions that should be taken to meet the National Standards for Children's Special Care Units.

Theme 1: Child - centred Services Standard 1:6 Judgment: Substantially Compliant	
The Provider is failing to comply with a regulatory requirement in the following respect: An access room in one of the units was not inviting for families visiting children in the unit.	
Action Required: Under Standard 1:6 you are required to ensure that: Each child develops and maintains positive attachments and links with family, the community and other significant people.	
Please state the actions you have taken or are planning to take: <ul style="list-style-type: none"> • A room has been designated specifically for family accesses on the campus. This has been developed to improve the quality of the access visits and resources have been made available to support it. Use of this room will be risk assessed. 	
Proposed timescale: 30/11/2017	Person responsible: A/National Manager for Special Care

Theme 2: Effective Care
Standard 2:1
Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

Not all children were appropriately placed in line with their identified need and staff who were not sufficiently trained or experienced to manage the specific needs of this child, were providing care for this child for a significant period of time.

Action Required:

Under Standard 2:1 you are required to ensure that:
 Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.

Please state the actions you have taken or are planning to take:

- The young person was approved by the admissions group as meeting the as meeting the criteria as outlined by the "Admissions Criteria for a Special Care Intervention Information Booklet 1" (This booklet is published on the Tusla Hub). A review of the Admissions Group is planned for early 2018. Learning from this case and similar cases will form part of this review.
- Registration will be rolled out in January 2018. All new admissions will have to be in line with the centre's Purpose and Function. If there an admission is in conflict with the stated Purpose and Function this will have to be notified to the Chief Inspector as a change.
- Following admission of a young person, should it becomes clear that they are displaying needs that cannot be meant by the staff team, an appropriate onward placement will be sought. While this placement is being identified, a training needs analysis will be undertaken to identify what training is needed for the staff to best meet the young person's needs.
- If other resources outside of Special Care are identified that will support the young person this will be sourced, recommended and escalated to Service Director.

Proposed timescale: 28/02/2018	Person responsible: A/National Manager for Special Care
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Theme 2: Effective Care
Standard 2:2
Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

There was no formal system for tracking the outcomes for children who were placed in the special care unit.

Action Required:

Under Standard 2:2 you are required to ensure that:

Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.

Please state the actions you have taken or are planning to take:

- A Child Care Consultant has been retained by Tusla to work on improving the outcomes for young people. This model will measure a young person's wellbeing at the beginning of their placement. This will also be measured at intervals throughout their placement and at the end so as to measure their outcomes.

Proposed timescale:
28/02/2018

Person responsible:
A/National Manager for Special Care

Theme 2: Effective Care

Standard 2:3

Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

The layout of the unit was not homely and child centred as there were lots of small rooms and corridors with doors that required unlocking to move between them which created an atmosphere that was difficult to live in.

The living environment of the units was not stimulating.

Fire plans were poor quality and were not individual and specific enough to ensure children were kept safe during a fire.

Action Required:

Under Standard 2:3 you are required to ensure that:

The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

Please state the actions you have taken or are planning to take:

- Fire plans are currently under review in order to ensure they relate specifically to the respective Unit. A meeting has been organised with relevant Fire Expert in order to ensure Fire Plans are developed in a A3 poster size which will be mounted in appropriate areas throughout the units. This will be completed 31.01.2018.
- A sub group will be created; the purpose of this group will be to focus on creating a more homely environment while also ensuring the units remain functional and safe for all. This group will be supported by having a budget to improve the units. It will also make recommendations for a minor capital budget if it is deemed necessary. The first meeting of this group is scheduled for the 15.12.2017.

Proposed timescale:
31/01/2018

Person responsible:
A/National Manager for Special Care

Theme 2: Effective Care Standard 2:4 Judgment: Non Compliant - Moderate	
The Provider is failing to comply with a regulatory requirement in the following respect: Follow on placements for children were not promptly identified which meant that progress made while in the special care setting was at risk of being reduced.	
Action Required: Under Standard 2:4 you are required to ensure that: Children are actively supported in the transfer to and/or from special care and all transitions occur in a timely manner with a discharge plan in place to assure continuity of care.	
Please state the actions you have taken or are planning to take: <ul style="list-style-type: none"> • If follow on placements have not been identified within the time frames, the issue will continue to be escalated to National Manager, who will formally escalate the matter with the Private Placement Team, Service Director and Area manager for the young person. The propose of this meeting is to find a placement from the young person and remove any blockages that have arisen. 	
Proposed timescale: 30/11/2017	Person responsible: A/National Manager for Special Care

Theme 3: Safe Services Standard 3:3 Judgment: Non Compliant - Moderate	
The Provider is failing to comply with a regulatory requirement in the following respect: The unit did not have systems to collect, monitor and audit restrictive practices on an ongoing basis.	
Action Required: Under Standard 3:3 you are required to ensure that: Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.	
Please state the actions you have taken or are planning to take: <ul style="list-style-type: none"> • Ballydowd will move away from the current quarterly Audit of Restrictive Practices to a monthly audit. This will be based on Information recorded currently on the National Register. The Audits will be reviewed at the Managers Meeting on a Monthly basis in order to extract learning. 	
Proposed timescale: 31/01/2017	Person responsible: A/National Manager for Special Care

Theme 3: Safe Services
Standard 3:4
Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The supports in place for some staff following incidents such as assaults were insufficient.

Action Required:

Under Standard 3:4 you are required to ensure that:
 Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

Please state the actions you have taken or are planning to take:

- In additional to Staff Support Services, Staff Supervision, Annual Leave and Serious Physical Assault Scheme, Critical Incident Stress Management (CISM) is being rolled out and is available following incidents.
- Group facilitation following incidents has also occurred following the transition of a particularly young person the purpose of this is to support reflective learning for the team.
- A workshop on the CISM approach will be delivered to all staff during the month of December 2017.
- First line management will receive "Defuser training" as part of the CISM approach to support staff in very challenging situations.
- Acts Psychologist has offered specific debriefs following incidents both to staff who are on duty and also staff that are off on leave following an assault.
- In order to facilitate the speedy access to medical Occupational Health we can use a private medical company for Occupational Health for Occupational Health referrals.
- It has been agreed with management that staff can be placed on the Serious Physical Assault Scheme without having all the paperwork completed in order to support staff who find themselves off work as a result of an assault.

Proposed timescale: 31/12/2017	Person responsible: A/National Manager for Special Care
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Theme 4: Health & Development
Standard 4:1
Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Children's files did not have the required documentation such as medical histories including vaccinations.

Action Required:

Under Standard 4:1 you are required to ensure that:
The health and development of each child is promoted.

Please state the actions you have taken or are planning to take:

- Special Care Process Administrator will be advised that a referral is not complete unless a full medical history is attached to the referral.
- With the introduction of Registration, the centre will be required to conduct a Case File Audit this will include medical histories and vaccination history. If these are not available then they will be inputted onto the Action Plan to be followed up.
- If Social Worker's are unable to produce a full medical history they will identify this on the medical history form. A decision on how best to follow up on these deficits will be made by the multi disciplinary team.

Proposed timescale:
31/12/2017

Person responsible:
A/National Manager for Special Care

Theme 4: Health & Development**Standard 4:2****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

The option of a female general practitioner was not available to children, if required.

Children who were inappropriately placed were unable to have all their needs met.

A part time post for a psychiatrist had not been filled.

There was no medication management policy in place.

Over the counter medication that was no longer in use was stored outside the medication cabinet and had not been appropriately disposed of.

Action Required:

Under Standard 4:2 you are required to ensure that:
Each child receives an assessment and is given appropriate support to meet any identified need.

Please state the actions you have taken or are planning to take:

- GP service has confirmed that they will be able to provide a female doctor through an appointment.
- Young people can access a female GP through the local GP service once they have mobility's.

- All young people who are admitted to Special Care have been reviewed by the admissions group. This decision is based on the admissions policy, this group is due to be reviewed in line with the Special Care Processes review.
- Currently a HSE Consultant Psychiatrist is allocated to Ballydowd one day each week (0.2 WTE). In consultation with HSE a decision has been made to only use Psychiatry from this service. The Psychiatrist receives their supervision from within the HSE mental health services.
- The Psychiatrist attends Ballydowd weekly Multi disciplinary meeting which is held each Thursday.
- Tusla has developed its own medication management training which will be disseminated immediately.
- The disposal of medication procedure will be reviewed and will be included in the medication audit. Unused medication will be returned to the Pharmacy as per protocol where the disposal will be recorded.

Proposed timescale:
28/02/2018

Person responsible:
A/National Manager for Special Care

Theme 5: Leadership, Governance & Management

Standard 5:1

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The suite of policies in use in the unit were not up to date.

Appropriate and timely actions had not been taken to ensure compliance with regulations, standards and policies.

Action Required:

Under Standard 5:1 you are required to ensure that:

The special care unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.

Please state the actions you have taken or are planning to take:

- There is an ongoing tender process close to completion for developing a suite of policies for Special Care in Ireland. The proposed timescale for the suite of policies is Quarter 1 of 2018.
- Medication Management policy has been updated and implemented in the centre this has been completed in December 2017.
- Risk Management policy will be updated in line with Tusla Risk Incident Management Policy 2017.

- The Health and Safety Policy is in the process of being updated.

Proposed timescale:
31/03/2018

Person responsible:
A/National Manager for Special Care

Theme 5: Leadership, Governance & Management

Standard 5:2

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

A vision for the service, including a more child centred vision for the premises had not been created and disseminated.

Strategic and operational planning had not been undertaken.

Systems to ensure service improvement had not been adequately developed and maintained.

Meetings required development to ensure consistency and accountability.

Auditing was of poor quality and required further development.

There was no appropriate response to outline measures so as to mitigate against the risk associated with further inappropriate admissions.

Action Required:

Under Standard 5:2 you are required to ensure that:

The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.

Please state the actions you have taken or are planning to take:

- A Service Operational plan will be developed for 2018.
- This operational plan will focus on Minor Capital plans for 2018 and introduction of the model of care currently being delivered in other Special Care Services. It will also review learning which has been gleaned from exit reports, young people's meetings, complaints reviews and child protection reviews. Finally, due to the closure of another Service staff had been seconded to Ballydowd. This Service has subsequently reopened and the seconded staff have returned. This has reduced the capacity in Ballydowd from two units to one five person unit. The reopening of the service to having two residential units to be operational will make up the final part of the report.
- The policies and procedures tender has been awarded to a private company, the consultation process for this will begin on the 29.11.2017 and the policies will be completed by March 2018.

- Meeting template and minute's template will be updated to ensure better accountability and improve consistency in decision making. A tracking system will be developed to avoid drift of actions.
- As part of Registration a new auditing system will be introduced. The monitor will be requested to support the implementation and training of the auditing system.
- As part of Registration the Special Care Service will not be able to go outside what the centre has been registered for. Therefore Admissions for young people who are not covered by the Statement of Purpose will not be able to be admitted.

Proposed timescale:
31/03/2018

Person responsible:
A/National Manager for Special Care

Theme 6: Use of Resources

Standard 6:1

Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

There had been no strategic plan to ensure that resources were effectively deployed to meet the needs of children and to support the delivery of effective special care.

Action Required:

Under Standard 6:1 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- Senior Manager was reassigned to develop strategic plan for registration. This included training all staff on the Health Act 2007 in preparation for Registration.
- Future planning for significant changes to the service will include a Strategic Plan to map out what will be done. A new model of care commenced in another Special Care Centre will be rolled out to this centre in 2018.

Proposed timescale:
30/01/2017

Person responsible:
A/National Manager for Special Care

Theme 7: Responsive Workforce

Standard 7:1

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The unit management was unable to assure themselves that staff records included job descriptions, personal files and records of an induction process for Tusla staff members.

Some staff members files did not contain records of qualifications and all required references.

Action Required:

Under Standard 7:1 you are required to ensure that:
Safe and effective recruitment practices are in place to recruit staff.

Please state the actions you have taken or are planning to take:

- An audit of personal files through the Governance Reports has been completed, and gaps in these files will be filled in the coming months.
- Each month a Manager will spot check with NPR four staff files to ensure that they are up to date and have the appropriate information.
- Staff who have not provided copies of their qualifications will be asked to provide them within a timeframe set by Manager.

Proposed timescale:
30/01/2017

Person responsible:
A/National Manager for Special Care

Theme 7: Responsive Workforce

Standard 7:2

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Not all staff had the necessary qualifications.

Future plans to maintain the current service provision were not certain.

Action Required:

Under Standard 7:2 you are required to ensure that:
Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

Please state the actions you have taken or are planning to take:

- All staff who did not have the required qualification were released to attended college. The course was also paid for and mentor support was provided. Four staff did not finish the course for personal reasons, the rest all qualified.
- Director will meet with four staff see their interest in returning to college.
- National Manager and Service Director are reviewing a number of care staff who currently do not have the required qualification, with a view to releasing one person from the combined Special Care Services back to college in order to complete this course.
- Once the numbers have been confirmed, we can confirm with staff when we will be

able to proceed with them to college. In the interim all staff who do not have he recognised qualification will have a training needs analysis conducted to ensure that their skill set is appropriate to work in Special Care. Following this risk assessment will be conducted and increased supervision of these staff will be available. Gaps identified in the training needs analysis will be delivered to the staff.

- Due to the reopening of another Special Care Centre staff who had been seconded to Ballydowd returned to this new centre. This has reduced the capacity of Ballydowd to operate in two units. Therefore Ballydowd reduced its capacity to one unit for five young people. Tusla Board of Management have agreed with the reduction of service in Ballydowd and this will be addressed through rolling recruitment in 2017. It is planned that Ballydowd will return to full capacity once appropriate staff have been recruited.

Proposed timescale:
17/01/2017

Person responsible:
A/National Manager for Special Care

Theme 7: Responsive Workforce

Standard 7:3

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The quality and timeliness of supervision of staff was not consistent across the service.

A system for performance management of staff was not in place at the time of inspection

Action Required:

Under Standard 7:3 you are required to ensure that:

Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.

Please state the actions you have taken or are planning to take:

- All outstanding Supervision training for SCL will be completed. Audits of supervision will continue the actions arising out of the audits will become part of the centre action plan.
- Performance management system is currently being discussed with the staff representative bodies. And will be reviewed locally once an agreement is reached.
- Training in Personal Development Planning will be rolled out in early 2018. PDP's will form part of the supervision process.

Proposed timescale:
31/03/2018

Person responsible:
A/National Manager for Special Care

Theme 7: Responsive Workforce Standard 7:4 Judgment: Non Compliant - Moderate	
The Provider is failing to comply with a regulatory requirement in the following respect: Training levels for First Aid and in the use of ligature cutters were low and there was a risk may not have received the appropriate response in the event of an incident.	
Action Required: Under Standard 7:4 you are required to ensure that: Training is provided to staff to improve outcomes for children.	
Please state the actions you have taken or are planning to take: <ul style="list-style-type: none"> • Separate ligature training was undertaken. • A staff member was released to become a First Aid trainer this will support the roll out of First Aid Training. This training will be completed in December 2017 with a view that staff will start receiving training in January 2018. • Ligature training will be completed by end of March 2018. 	
Proposed timescale: 31/03/2018	Person responsible: A/National Manager for Special Care

Theme 8: Use of Information Standard 8:1 Judgment: Non Compliant - Moderate	
The Provider is failing to comply with a regulatory requirement in the following respect: Information was not being collected comprehensively in a systematic way, to plan and deliver a child-centred, safe and effective service.	
Action Required: Under Standard 8:1 you are required to ensure that: Information is used to plan and deliver a child-centred, safe and effective service.	
Please state the actions you have taken or are planning to take: <ul style="list-style-type: none"> • A full audit of the exit interviews for young people will be conducted for 2017. A full audit of the young person meeting's, child protection complaints and young people's complaints will also be conducted. The purpose of the audits is to identify issues about how the young people feel about the care that they are receiving. Findings will be reviewed with a view to effect change in practice if deemed appropriate. All changes made based on Findings will be clearly recorded within Action Plan • A quarterly report is currently reviewing restrictive practices this will change in 2018 and will become a monthly report. 	

• In line with Registration which is due to become operational on the 01.01.2018. The centre plans to introduce a suite of Audits that will reflect all aspects of the set Regulations under the Health Act 2007. The Audits will be conducted throughout the year with regular review dates set where appropriate

• All of the above will be used to develop and inform our practice.

Proposed timescale:
31/01/2018

Person responsible:
A/National Manager for Special Care