



# Report of a Designated Centre Special Care Unit

Name of designated centre:	Ballydowd Special Care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Unannounced
Date of inspection:	4 July – 5 July 2023
Centre ID:	OSV-0004221
Fieldwork ID	MON-0040237

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Children are detained in Ballydowd Special Care Unit under a High Court order, for a short-term period of stabilisation, when behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Ballydowd Special Care Unit caters for both male and female children, aged between 11 and 17 years and the group living unit is mixed gender. The unit is described as a secure unit, meaning that the young people are not allowed to leave without approval.

The aim is to provide a safe and caring environment and therapeutic environment where children learn to make safer choices and develop their wellbeing, reduce their risk taking behaviours and so enable the child to return to a less secure placement as soon as possible based in the needs of that child.

The objective is to provide a welfare-based social care intervention through placements that are intensively supported with on-site education, vocational training, therapeutic supports and detailed programmes of special care aimed at supporting and achieving positive wellbeing outcomes that facilitate a timely return to the Child and Family Agency's community based centres, foster care or home as soon as this can be achieved.

The children we provide a service to have usually had a long history of challenging and troublesome behaviour and before entry into the secure intervention programme, the young person must be deemed not amenable to intervention in less restrictive settings due to the seriousness of the risk presented by such behaviour.

**The following information outlines some additional data of this centre.**

<b>Number of children on the date of inspection:</b>	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, and the Health Act 2007 (Registration of Designated Centres) (Special Care Units) 2017. To prepare for this inspection the inspectors of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information and information submitted by the provider or person in charge since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service,
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre.
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
4 July 2023	9:00hrs - 17:00 hrs	Mary Lillis	Inspector
		Lorraine O'Reilly	Inspector
		Rachel Kane	Inspector
5 July 2023	8:00 hrs – 16:30hrs	Mary Lillis	Inspector
		Rachel Kane	Inspector

## What children told us and what inspectors observed

A monitoring unannounced inspection was carried out over the course of two days to monitor the services' compliance with regulations. This inspection found overall a good level of compliance, with some areas of improvement required. Children were provided with safe, rights based care which focused on developing skills that would benefit them into the future. The inspection found safe staffing levels for the number of children detained in the special care unit at the time, however, a significant increase in staff was needed in order for the special care unit to operate all of the beds registered to the service.

There were five children living in the special care unit at the time of the inspection. Inspectors met and spoke with three children over the course of the two day onsite inspection. Two children chose, as is their right, not to give feedback either in person or using a questionnaire. Inspectors visited all three residential units where children lived, as well as the school and gym. In addition, inspectors spoke with one parent, one guardian ad litem, two social workers and one principal social worker, as part of the inspection.

The children who lived in the special care unit and spoke with inspectors had mixed views about the unit. Two children expressed that they did not like living there saying there was nothing good about the unit and that they would advise someone who was coming to live in the unit to "run". The third child was more positive saying that the unit was "grand" and there was nothing they would change about the service. This child's advice to others moving in was to "stick to your plan, do your own work".

The lack of appropriate onward placements was an issue that impacted on the children living in the unit. Two children spoke about "not having a date" for when they would be moving out of special care. There was a sense of frustration and hopelessness from these two children when they spoke about this topic, with one talking about doing all the work but not seeing any changes in that they still did not have a date for transition out of special care. Both these children had their time in special care extended to allow continued work on their individual programmes of care. At the time of the inspection both of these children had onward placements identified but were waiting for a place to become open in those services.

Children told inspectors that they were able to make choices, for example they could choose what food they liked to eat and the types of outings they could go on. When speaking about the food, some children described their favourite meals. Inspectors viewed some weekly menus and noted a wide variety of meals being prepared for children. The children also spoke about children's meetings where they could have their say on day-to-day life in the unit.

A child-in-care review is a meeting where the plan for a child in the care of the state is reviewed and changes made. It is generally attended by the people involved in a child's care such as parents, guardians, social worker, care staff and the child themselves. All the children spoken with knew the date of their next child-in-care review and spoke about attending these meetings. They also described talking with staff about their child-in-care review and what they wanted to say. Two children reported they did not feel listened to at these meetings, with one saying "no, don't get a say, still here". Another child reported they did get listened to and described how they had raised a specific health issue and appointments had been made for them to address this as a result.

Inspectors observed calm, friendly and open interactions between the children and the staff. Children spoke in general positively about the staff who worked with them saying "you get to know them (staff)" and describing staff as "grand". They also spoke about getting "used to" having lots of different people care for them.

The children who spoke with inspectors knew how to make a complaint and one young person reported they met with representatives from the children's ombudsman's office. The two other children reported they hadn't wanted to meet them but knew they could if they wanted.

All children living in the unit were engaged in education, attending the on-site school. Children spoke about the subjects they enjoyed the most and the least, with home economics, wood work and art being the most popular. The inspectors observed some pieces of wood turning completed by the students and large group art projects which were to be hung in the spaces used for child-in-care reviews and at the entrance of the building when completed.

The children lived in two of the three units at the time of the inspection. Each child had their own bedroom with an en-suite. Inspectors did not get to view any of the occupied bedrooms but were told of how children could personalise their rooms by choosing bed linen and other personal features.

Each unit had a dining room, sitting room with comfortable bright sofas and a separate chill out or gaming area. There were bright sofas and large beanbags in these areas. The paintwork in the units was damaged and there were marks on the walls from where decorative pieces had been removed and not replaced.

All of the living spaces were brightly lit with natural light. It was not possible to open windows, due to the secure design of the buildings and the units relied on a ventilation system. While this functioned appropriately, there was a low persistent hum from the ventilation system. Both the person in charge (PIC) and service director acknowledged that this was an unpleasant noise and could be an issue for any child with sensory

sensitivity. They outlined plans for refurbishment to address this issue with priority being given to bedrooms.

Outside, children had access to a large open space which contained a basketball and football court, and age appropriate playground equipment. The outdoor spaces were bright and well maintained. The walls of one court yard were spray painted in intricate street art designs created by the children in special care. Inspectors saw children and staff walk around the grounds and children using the playground equipment. However, the campus was surrounded on three sides by high-rise apartments, some of which were under construction. This meant that all outdoor activities on the campus could be observed by the construction workers and those living in the apartments. While there were mature trees on two sides of the site, the height of the buildings meant these would only block the view from some, but not all apartments. This was identified as a concern for the management within the service.

As part of the inspection, inspectors spoke with one parent. This parent spoke positively about the service their child was receiving. They spoke about how they were kept informed and described how they always got an answer to any questions they raised. The parent reported they had a great relationship with staff. The parent reported that their child was "a lot more settled, calmer" and said "definitely the team is having a great impact". This parent described how they and the staff "all work as part of the team".

The external professionals spoken with as part of the inspection were very positive about the care and support the children were receiving in the service. All the professionals spoken with, described the communication from the service as being very good. They spoke about being kept informed without delay, of any incidents or developments first by telephone, which was then followed up with documentation such as significant event notifications (SENs). One professional also spoke about how this open communication was also visible to the child and everyone was "on the same page".

Many of the professionals described how staff knew the children very well and were dedicated to implementing therapeutic recommendations. They described the positive impact this had on the children, such as improved behaviour and increased engagement in all aspects of life. One professional spoke about having "hope" for the child now and how the child was "going in the right direction", as a result of the interventions put in place by the staff in the service. The external professionals described how the children were kept safe and shared their view that safeguarding measures in the service were of a good standard. This included staff addressing any peer to peer issues or bullying immediately.

## Capacity and capability

This inspection found that there were clear lines of governance and appropriate systems were in place to effectively plan, review and continually monitor the care given to children. Improvements were achieved in relation to staffing and risk management since the previous inspection in October 2022. However, staffing continued to be a challenge and other areas of improvement were identified such as ensuring all children had up-to-date care plans on file. Overall this inspection found good levels of compliance, but work was required to achieve full compliance. Of the eight regulations assessed in this inspection, the provider was compliant with six and substantially compliant with two.

Clearly defined management structures were in place in this special care unit. There was an experienced and qualified person in charge (PIC), who reported to the service director, who was a person participating in management (PPIM). There were two deputy directors who were also registered as a PPIM and supported the day-to-day running of the service. There were clear lines of governance and accountability and a clear record of delegated responsibilities. When speaking with staff they were aware of their own roles and responsibilities as well as those of their line management.

The provider had up-to-date written policies, procedures and care practices in place which promoted the safety, development and welfare of each child, as required by the regulations. The provider ensured that these were reviewed in accordance with regulations and were implemented by the person in charge. Children were made aware of these practices and procedures at the time of their admission both in writing as well as during individual work undertaken with staff. Staff demonstrated good understanding of these policies and procedures as well as their obligations under the regulations.

The provider ensured that effective management systems were in place to ensure the service provided was safe. The person in charge implemented these systems which included regular auditing of practices and reviewing any incidents and or significant event notifications. Other mechanisms such as team meetings, training and supervision was used to update staff on changes and ensure adherence to policy and procedures.

Improvements were noted in the provision of more consistent staff supervision since the previous inspection in 2022. Supervision practices were in line with the provider's supervision policy. The quality of the supervision records were noted to be good with management addressing areas of concern and staff being held to account for their actions. Management were aware of the supervision needs of their staff and made changes to meet this need, for example the need for individual supervision was greater than that for group supervision and as such one to one supervision was given priority. The induction process for new staff was of good quality and comprehensive. Management were continually identifying areas of improvement for this process for



example ensuring there was protected time for new staff to complete shadowing of more experienced workers.

The registered provider had not ensured that the special care unit had sufficient staffing resources to ensure the effective delivery of special care in accordance with the statement of purpose. However, there was adequate staffing in place to deliver a safe, good quality service to the number of children living in the unit at the time of the inspection. Since the previous inspection, management implemented a policy of balancing the experience levels of staff members on each shift to ensure safe and effective care. In line with regulations, the registered provider had adequate arrangements in place to ensure continuity of care and support to children for example only using agency staff that are familiar with the unit and were consistently rostered. The person in charge ensured that interns or trainees were not considered an additional resource and were not counted as part of the minimum staffing level. During this inspection staff records were not reviewed, as the registered provider had been found, within the previous 12 months, to have all required records and documents as outlined in the regulations.

Staffing continued to be a challenge. When speaking with staff they noted that staffing levels were "tight" at times. Staff acknowledged that management stepped in when needed but this had a knock on effect on the manager's ability to complete their assigned tasks. The provider had an on-going recruitment campaign which saw the net gain of six staff members since the previous inspection and would see a further 13 new members of staff on boarding in the coming months. These numbers would allow the service to increase its capacity from five to six children. It was acknowledged that time was needed for adequate induction and training of new staff members to ensure the safety of all children.

The registered provider had arrangements in place for staff to raise any concerns about the quality and safety of the service or any specific concerns in relation to a child living in the unit. Staff told inspectors of the policy and mechanisms to raise concerns during the inspection. This included supervision and protected disclosures.

The unit's statement of purpose stated that it could provide care for up to 10 children. A significant increase in staffing would be required to safely meet the needs of this number of children. The service director acknowledged this.

The regulations require that the provider ensures the quality and safety of special care is monitored and reviewed. This monitoring includes an annual report and an unannounced visit on behalf of or by the provider at least every six months. These systems were in place. The most recent visit report from the practice assurance and service monitoring (PASM) team was not yet available at the time of the inspection. Inspectors were informed that this visit focused on the theme of staffing. The previous visit had taken

place in November 2022 and found improvements were needed regarding staffing, planning for therapeutic interventions and timely communication with all stakeholders regarding significant notifications. Management used these mechanisms to support their decision making and prioritise tasks for service improvements. They also had systems in place to track required actions to ensure their continued compliance with regulations. Improvements in staffing numbers, staff supervision and communication with stakeholders were noted as an outcome of these and previous HIQA reports.

### **Regulation 6: Care practices, operational policies and procedures**

The provider had policies, procedures and care practices in place which promoted the safety, development and welfare of each child. Children were made aware of these practices and procedures on admission through the use of a child friendly version of the statement of purpose and function as well as individual work with staff. Staff demonstrated good understanding of these policies and procedures.

Judgment: Compliant

### **Regulation 14: Staff members and others working in the Special Care Unit**

In relation to the aspects of this regulation inspected against it was found that, the provider had appropriate staffing to provide for the number and needs of the children living in the unit, at the time of the inspection. However, the service continued to be challenged when unplanned leave occurred and management were required to step in at times to fill gaps on the roster. Management planned shifts so as to ensure where possible, a balance of experienced and newer staff members. Improvements had been made in the quality and frequency of supervision, as well as oversight, ensuring that gaps in supervision did not occur due to capacity issues.

Judgment: Compliant

### **Regulation 24: Governance and management**

Management had systems in place to ensure the safe and effective delivery of special care to the children living in the service, at the time of the inspection. There were clearly defined governance systems and lines of accountability in place. Inspectors found good improvements in management communication systems which had a positive impact on the care of children, since the last inspection. While there was sufficient staffing for the number and care needs of the children living in the unit at the time of the inspection, the registered provider had not ensured that the special care unit had sufficient staffing resources to ensure the effective delivery of special care in accordance with their statement of purpose, which stated a capacity for 10 children.

Judgment: Substantially Compliant

## Quality and Safety

This inspection found that the rights of children were at the centre of decision making and day-to-day practice in the special care unit. Children received good quality, safe individualised care. Children were encouraged to participate in decision making about their lives on a day-to-day basis. Some improvements in record keeping were required.

Children were informed of their rights and had access to advocacy services. They were provided with child friendly written information on their civil and legal rights as part of their admission and there was evidence on file of this information being discussed with children. Inspectors noted that representatives from the children's ombudsman office were on site during the inspection. Children were consulted with and made decisions about the service and supports they received. Children's meetings were used to both remind children of their rights and responsibilities and to seek their views. For example children were reminded of who the complaints officer was and when an external advocacy service would be attending the unit. In another example children noted that the pride flag on the grounds was frayed and requested a new one. This was acted upon as observed at the time of the inspection. While at the time of the inspection, none of the children were actively practicing their faith, staff and management were able to describe examples of how this would be facilitated and supported.

Children were provided with opportunities to develop life skills and were encouraged to participate in decision making about their care. They were encouraged to attend child-in-care review meetings and make their views known. There was evidence on file of individual work with children before their child-in-care review meeting that helped them express their views on their care.

Children's privacy and dignity was respected by staff and management. Children had appropriate access to media and to a telephone. Depending on risk assessments some children had unlimited, unsupervised access to the telephone for contacting specified approved people such as parents, their GAL or social worker.

Children had access to and attended onsite educational facilities. There were good quality individual education plans (IEP) and monthly education updates on file for each child. Children were encouraged to engage in training and employment programmes and explore courses of interest to them. A small area for improvement was that IEPs were not always clearly dated, making it difficult to identify when they were written or updated. Inspectors were assured that IEPs were updated every school term.

Children were provided with individual programmes of care to meet their specific needs and goals. The person in charge consulted with the child's social worker and together they oversaw the implementation of the programme of care.

With the exception of the care plans for two children, all records specified in the regulations were on file for each child. It was noted that the impact of not having an up-to-date care plan on file was mitigated by the use of decision trackers. These trackers recorded decisions made at care plans and multidisciplinary team meetings and the progress with any associated actions. While files were audited for their contents, it was noted that the audit sheet omitted care plans, meaning that this oversight was not identified by management. Children's records were appropriately detailed and presented a picture of their individual needs, however inspectors noted some inaccuracies in records despite having been signed off by management. This was raised with management and inspectors were assured that such errors would be addressed.

Children's individual needs and cultural identity were acknowledged and taken into account when planning their programme of care and could be seen in risk assessments, placement support plans, activity programmes and educational plans. Children had access to the assessment consultation therapy service (ACTS) onsite. Children were provided with individual interventions and specific recommendations were given to staff and managers. Inspectors found that staff and management implemented recommendations from ACTS which resulted in positive outcomes for children, for example one child was provided with more regularity in their daily routine resulting in more positive behaviour.

The provider ensured that care practices and policies related to positive behavioural support were in line with regulations. Children's placement support plans provided a clear picture of children's needs and risks. Inspectors noted the level of specific detail in a support plan increased over time as staff, managers and the therapeutic team became more familiar with the child. There was a strong focus on supporting children to develop the knowledge, self-awareness and appropriate coping skills to manage their own behaviour and keep themselves safe.

The provider ensured the use of restrictive procedures including restraint or single separation (confining a child in a safe and secure area) were carried out in line with relevant policy and approved methods. A restrictive practice is anything that places a limit on a person's rights. At the time of the inspection the only restrictive practice in use was structured time away (when a child is kept away from peers in order to carry out specific work with care staff). The number of other restrictive practices such as restraint and single separation had significantly reduced since the last inspection. Inspectors reviewed documentation in relation to restrictive practices and found good quality care and support was provided to children in situations of heightened emotions. Records showed that the use of restrictive practices, including single separation and structured time away had clear rationales, were reviewed regularly to ensure they were for the shortest period possible and were the least restrictive option for the particular situation. The person in charge ensured that all staff had up-to-date knowledge and skills in the provider's approved form of behaviour management.

Children were supported to develop skills needed for self-care and protection, which was addressed in a sample of individual work completed with them, as well as in their placement plans, therapeutic plans and placement support plans. The provider ensured there was appropriate safeguarding measures in place to protect children from abuse. All staff had up-to-date training in *Children First: National Guidance for the Protection and Welfare of Children (2017)*. Child protection concerns were reported to Tusla promptly and parents, guardians ad litem and HIQA were notified as required. Records of any incident, allegations of abuse or neglect and the outcomes of any assessments of individual child protection concerns were maintained on the child's file.

Where there were current allegations or concerns made about a member of staff, the person in charge ensured that investigations were undertaken into these incidents and took appropriate action to safeguard children. Where these incidents did not meet the threshold of abuse as per Children First (2017), the incidents were investigated internally by persons participating in management (PPIM). Those investigations sampled by inspectors were comprehensive and completed in a timely fashion. Investigations into allegations in relation to staff that met the threshold of Children First (2017), were conducted by the provider external to the special care unit, in line with national policy. These investigations were lengthy, in one case, the investigation was still ongoing 12 months after the allegation was made. This is not in line with Children First (2017). This put additional strain on workforce resources. This was identified as a risk on the service's risk register. The person in charge and the people participating in management had followed up on these allegations and escalated the issue of delays. However, it was not within their ability to speed up the process.

The provider had developed systems to monitor the safety, effectiveness and quality of care provided to children. All significant event notifications (SENs) were reviewed by a PPIM and an analysis was completed every three months. There was a national significant event review group which reviewed a sample of SENs each month. This group had identified some concerns regarding staff's understanding of structured time away, a restrictive practice where a child spends time away from peers with staff. Evidence was noted in team meeting minutes and in supervision sessions of this being addressed with staff. This group also noted concerns regarding the accuracy of recording on SENs and while this was being addressed, inspectors found evidence of similar errors in some of the documents reviewed. For example medical attention was identified as a category for an SEN but not self-harm which was the cause of the need for the medical attention. These errors had not been identified by management who reviewed the documentation before submitting them. It was noted that the detail in SENs was good and provided a clear picture of an incident or important conversation, which meant there was little impact on the child but it may impact on trending analysis.

Not all aspects of the regulation relating to risk management was reviewed as part of this inspection, specifically records relating to vehicles were not reviewed. The provider

had a risk management policy in place which included the arrangements for the identification, management and ongoing review of risk. There was adequate contingency arrangements in place to respond to emergency situations or incidents. The person in charge maintained appropriate records relating to incidents and accidents. Learnings from such events was regularly discussed in team meetings. Inspectors reviewed individual risk assessments for children. The risk assessments sampled were, in the main, comprehensive and the primary purpose was to ensure a child had a safe, successful experience rather than to prevent an activity from going ahead. Inspectors did note a small number of recording issues which was raised with management, who reassured inspectors that this would be addressed. This did not impact on the quality of the assessment or the safety of the child but indicated that more care was needed when reviewing care records.

Inspectors noted that safety planning was used to good effect to respond to risks faced by some children who had a history of and or indicators of child exploitation, in particular when planning outings and activities. While none of the children were in transition out of the special care unit, management and staff explained how close collaboration with the provider of onward placements and risk management plans would be put in place to ensure children were safe during their transition period.

In line with the unit's risk management policy an electronic risk register was maintained. This was accessible to people participating in management, with oversight from the provider representative. There were clear risk escalation procedures in place. The risks sampled on the risk register had appropriate controls and steps were being taken to lessen any impact of these risks.

## Regulation 7: Programme of Care

Children had individual programmes of special care in place. Not all components required by regulations were produced when requested by inspectors for all the children's files reviewed. Specifically two children did not have up-to-date care plans on file. However, the programme of care was of good quality and care plan actions were taken into account in the form of decision trackers. All members of the care team were consulted as required.

Judgment: Substantially Compliant

## Regulation 9: Education, individual needs, religion, ethnicity, culture and language

The provider ensured that there were adequate arrangements in place for children to access education and appropriate services to meet the assessed needs of each child. Children participated in and contributed to decisions about their day-to-day life, care and support. Generally children's privacy and dignity was respected throughout the service.

Judgment: Compliant

## Regulation 11: Positive behaviour support

Inspectors reviewed records of incident and significant events for children and found good quality care and support of children during times of behaviours that challenged. The use of restrictive practices had clear rationale, was risk assessed and implemented in line with national policy.

Judgment: Compliant

## Regulation 12: Protection

Safeguarding measures were put in place within the unit. There was good oversight of safeguarding and staff reported child protection allegations and concerns in line with national policy. Any concerns that did not meet the threshold of Children First (2017) were managed appropriately by PIC. There were long delays in the completion of investigations of abuse against staff, which were not in line with the requirements of Children First (2017). Management took steps to address these delays but they did not have control over these timelines.

Judgment: Compliant

## Regulation 25: Risk Management

The service had systems in place to identify, manage and review risks within the service. This inspection found improvements in the actions taken by the provider to mitigate risks and reduce their reoccurrence resulting in increased compliance since the last inspection.

Judgment: Compliant

### Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, and the Health Act 2007 (Registration of Designated Centres) (Special Care Units) 2017 and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 6: care practices, operational policies and procedures	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Compliant
Regulation 24: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 7: Programme of care	Substantially compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Compliant
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	Compliant
Regulation 25: Risk Management	Compliant



# Compliance Plan for Ballydowd OSV – 0004221

Inspection ID: MON-0040237

Date of inspection: 4 - 5 July 2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, as amended, Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017 and the National Standards for Special Care Units 2015.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 7: Programme of Care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Programme of Care</p> <p>The Deputy Director (Person in Charge) will outline at the young persons SCOAP meeting prior to admission the requirements for up to date care plans and frequency of same.</p> <p>The Deputy Director (PIC) will seek up to date Care plans from the Social Work departments within two weeks of the Child in Care Review taking place. If the Care plan is not received following this the matter will be escalated to the Director of Service (PPIM) who will liaise with the Area manager responsible for the young person's case to seek that the provision of the Care plan is expedited.</p> <p>The Deputy Director (PIC) will ensure that a monthly audit of the young person's files are completed and ensure that actions are taken where any element of the young persons program of care is not in place or up to a sufficient standard from a quality perspective</p>	

Regulation Heading	Judgment
Regulation 24: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Governance and management:</p> <p>Tusla CFA are satisfied that there are sufficient staffing resources in place to deliver a safe, good quality service to the number of children living in the centre currently.</p> <p>At the point of initial registration in 2018 a number of discussions were held between Tusla CFA and HIQA in relation to the numbers each Special care unit would register for. We were initially of the view ourselves that we would apply for registration for the number of beds we could accommodate based on the staffing resources we had available. The advice from HIQA however was that we consider applying for registration based on the maximum possible capacity of the service and that we increase numbers based on our available staffing numbers and their capacity to deliver a safe and quality service for the young people resident in the service.</p> <p>We have operated in this way since 2018, we conduct a weekly review of our staffing numbers and increase admissions or decrease admissions based on the available resources.</p> <p>Our people and change directorate continue to implement various strategies and initiatives to increase our staffing levels and we have had considerable success in relation to recruitment and retention in the past six months. We currently have sufficient resources to cater for five young people and we are onboarding up to ten staff in the coming months which will hopefully allow us to increase our numbers to six young people.</p> <p>We will continue however to proceed cautiously to ensure we have the appropriate skill mix and experiences to provide safe services for the young people and our staff.</p> <p>Whilst it is not possible to be clear when we will have sufficient staffing numbers in order to accommodate 10 young people in the service, we are reasonably confident at this point that we will be able to increase to 6 young people by the end of 31<sup>st</sup> of March 2024. Subject to the successful recruitment and retention of staff.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 7(3)(a)	The programme of special care referred to in paragraph (2) may contain, but is not to be limited to, details of all required interventions in relation to that child and in accordance with the child's care plan.	Substantially Compliant	Yellow	31 <sup>st</sup> December 2023
Regulation 24(1)(a)	The registered provider shall ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31 <sup>st</sup> March 2024