



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Designated Centre Special Care Unit

Issued by the Chief Inspector

Name of designated centre:	Ballydowd Special Care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	19 – 21 June 2024
Centre ID:	OSV-004221
Fieldwork ID	MON-0043565

About the centre

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

Our aim is to provide a safe, secure and therapeutic environment where young people learn to reduce their risk taking behaviours while developing their wellbeing. We aim to enable and support the young person to return to a less secure placement as soon as possible, based on the individual needs of that young person.

To provide a high quality standard of young person centred care to young people who are detained under a High Court special care order. This will be achieved via a model of care which has an evidence base in best practice. Our objective is to ensure young people live in a comfortable, clean and safe environment, that the environment promotes the wellbeing, health, education rights, independence and individual needs of the young person in Ballydowd Special Care Unit. This in turn should assist in reducing their risk taking behaviour. The service will ensure that the young people's human rights are upheld with our aim for them to return them to a non-secure environment as soon as possible.

That the individual rights of all children and young people in Ballydowd are respected, promoted, protected and fulfilled; that their voices are heard and that they are supported to realise their maximum potential and develop hope for their future.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	6
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How we inspect

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.

Compliance classifications

HIQA judges the service to be **compliant, substantially compliant or not-compliant** with the standards. These are defined as follows:

Compliant: A judgment of compliant means the service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.

Substantially compliant: A judgment of substantially compliant means the service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children.

Not compliant: a judgment of not compliant means the service has not complied with a standard and that 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 will identify the date by which the provider must comply. Where the non-compliance does not pose a significant 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 time frame to come into compliance.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
Wednesday 19 June 2024	13:30hrs to 17:00hrs	Lorraine O Reilly	Lead
Wednesday 19 June 2024	13:30hrs to 17:00hrs	Mary Lillis	Support
Thursday 20 June 2024	08:30hrs to 17:30hrs	Lorraine O Reilly	Lead
Thursday 20 June 2024	08:30hrs to 17:30hrs	Mary Lillis	Support
Thursday 20 June 2024	09:00hrs to 17:30hrs	Frank Barrett	Support
Friday 21 June 2024	08:30hrs to 14:30hrs	Lorraine O Reilly	Lead
Friday 21 June 2024	08:30hrs to 14:30hrs	Mary Lillis	Support

What children told us and what inspectors observed

This was a full announced inspection of the designated centre to assess ongoing compliance with the regulations. The inspection was for the purpose of informing a decision on the registered provider's application to renew the registration of the special care unit.

When inspectors were on site, they had the opportunity to speak with children, frontline staff and members of the management team. Inspectors also visited the various units where children resided as well as their recreational areas. This section of the report will summarise what children told us and what inspectors observed.

This inspection found that children received good quality care and support that was child-centred, personalised and responsive to their individual needs. Children appeared to have good relationships with the staff team, and there was a homely and relaxed atmosphere throughout the centre.

Children who spoke with inspectors were positive about the care they received at the designated centre. They told inspectors that they felt safe and listened to by staff. Inspectors also had the opportunity to observe children's interactions with staff. The interactions were deemed appropriate, respectful and child-friendly.

Children told inspectors that they had weekly meetings which were 'helpful' and 'positive'. Children also said that staff 'try to fix it for you' when things happened for them. The centre was described as 'somewhere to feel safe'.

Children told inspectors about day-to-day life in the centre. They said food choices were good and they had a menu to choose from. They also spoke about school and most of the children liked attending there. They were encouraged by staff to engage in activities both inside and outside of the centre. These activities were appropriately risk-assessed by the team to ensure children's safety was a priority.

Children were aware who they could talk to on the team if they had any requests or concerns. Children were aware of their right to make a complaint when needed. They were encouraged to speak with staff when required and they found that complaints were dealt with in a timely way and were made aware of the outcomes.

Children's participation in decision-making was routinely encouraged by staff and managers in the special care unit. They were encouraged to attend meetings where decisions would be made about their lives, such as their child-in-care reviews. A child-in-care review is a meeting where the care plan for a child in the care of the state is reviewed and changes made. The care plan is written by the

allocated social worker following a child-in-care review where the child, their parents, special care staff, social worker and other professionals involved in the child's life or care agree on key goals to meet the needs of the child. These meetings were held monthly for each child in the special care unit. The children who spoke with inspectors said that they sometimes attended their child-in-care reviews but other times they chose not to attend.

Inspectors observed children availing of an advocacy support service when they wished to do so. An advocacy service supports children to know and understand their rights, to be a part of decisions that are made about their lives and to know how to make a complaint if they are unhappy about an aspect of their care. Staff from the advocacy service visited the centre and met with children about any issues they wished to discuss. Inspectors saw evidence of this on site through reviewing the visitors log as well as through written correspondence with the advocacy service arranging meetings with children to discuss any issues they wanted support with. For example, children engaged with the advocacy service about issues such as their onward placement when they move out and the use of mobile phones while living in the designated centre.

The overall campus consisted of five buildings. There was an administration building which contained offices, a kitchen and toilets. There was another building where children could attend school as well as other various activities. There were three buildings where children could reside in.

The buildings where children could reside were as homely as possible and met children's needs residing there. Children lived in two of the three units at the time of the inspection. Each of those two units had five bedrooms, a safe room, kitchen, laundry and offices. Each child had their own bedroom which they decorated to make them more personal. For example, family photos were displayed along with a creative bedroom sign on one of the bedroom doors. There were various communal areas where children could go such as a games room and a large area where they could mix with one another when appropriate. Inspectors observed children using these areas with their peers as well as with staff. There was bright and colourful furniture in these areas which made it feel as homely as possible given the setting.

The other building where children could attend school, also contained a barista area, which looked very similar to a coffee shop. Other areas within this building included another lounge area, beauty area and a gym. Another room developed since the last inspection was a sensory room. This contained various sensory toys in addition to the floor of the room having been covered in artificial grass. Children's input was sought when designing this room. During the inspection, children were observed to be using this area with their therapists and staff.

The units, school and administration building were on three sides surrounding the outdoor space. There was a basketball court, outdoor gym/playground equipment, a 5- a-side pitch and grass. Inspectors observed children using these facilities, particularly during the mornings before school. Inspectors also observed children walking around the outdoor spaces with staff in the afternoons. The designated centre was surrounded by high rise apartments and although there were large mature trees on the grounds they did not protect the designated centre from being overlooked due to the height of the apartments.

The outdoor area was well-maintained. The children had also created a new mural area within the outdoor space which was bright, colourful and it was evident to inspectors that a lot work had been put into this project. This demonstrated good levels of child participation with the centre.

Social workers told inspectors that since children were living in the designated centre, things had improved for them. For example, they told inspectors 'staff are great' and there 'had been progress made'. They also told inspectors that children engaged in therapeutic support and their school attendance had improved.

While inspectors made attempts to contact parents and guardians ad litem, they were unable to talk with them during the inspection.

Capacity and capability

While the designated centre demonstrated a good level of compliance, further improvement was required in order to achieve full compliance with the regulations. There were good oversight measures in place by an effective team to ensure the safety of the children within the centre. 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. The annual report of quality and safety required further improvement in order to identify all areas for improvement. This section of the report will discuss the relevant regulations under capacity and capability.

The service only had the capacity to have six residents within the designated centre due to the staffing shortages. There was sufficient staffing for the number and care needs of the children living in the special care unit. Despite recruitment and retention strategies in place, the registered provider did not have sufficient staffing to ensure the effective delivery of special care in accordance with their statement of purpose. This was a long-standing issue which could not be addressed despite efforts undertaken to recruit staff. Parents received a copy of the statement of purpose. Children also received a copy of the child-friendly

version although this required updating. This was outstanding for an extended period of time and was not compliant with regulations.

There was a clear management structure in place which worked well. Structures clearly set out the lines of authority and responsibility. Roles and delegated duties were well established amongst the management team and staff were aware of these. The management team were competent in fulfilling their roles.

There were effective management arrangements within the centre. The person in charge (PIC) was appropriately qualified as required by the regulations. They had good governance systems in place at the time of the inspection. They also had daily contact with the children and staff team. This ensured good oversight by the PIC of daily occurrences within the centre.

Daily contact between the management team ensured good oversight of timely notifications to the Chief Inspector at the time of the inspection. While there were minor delays last year, this had improved to ensure timeliness of notifications since the months prior to the inspection. These were reflected in children's records and in management records as required by the regulations.

There was an effective system of auditing in place in the centre for the purpose of assessing compliance with the regulations. Audits were completed in areas such as children's records, medication management and training requirements. Management learnt from these audits and used them to prioritise tasks to enhance service delivery for children in the designated centre. This was evident through a review of the audits undertaken and progress made against the required actions to be taken by the registered provider.

The provider had delegated the completion of the annual review of the quality and safety of the service to a business support manager. However, the annual report dated May 2024 did not identify any areas for improvement such as the need for the progression of capital works or the review of a child friendly version of the statement of purpose.

Complaints were managed in line with Tusla's policy and procedure. Children were aware of how to make a complaint and were supported through the process. Complaints were tracked and managed in a timely manner. The relevant parties were made aware of the outcomes of complaints.

Children's care records and the maintenance of other records were of good quality. This was evident and showed compliance with regulations 19 and 20. The person in charge also had systems in place to ensure that the information set out in part B of Schedule 3 was maintained for each member of staff as required to obtain compliance with Regulation 22.

There was good oversight and implementation of a training program for staff. New staff members had a robust induction which took into account the oversight of the program by a dedicated member of the management team with delegated duties. There was also an ongoing training program for all staff members which was monitored closely and staff had completed the required mandatory training. Training needs were discussed in supervision and these were documented in supervision records.

Supervision was of good quality and occurred on a regular basis. Supervision records contained all relevant information as required by the regulations. There was a supervision tracker in place since last year which demonstrated an improvement in practice in the 12 months prior to the inspection.

The centre had a written statement of purpose. This was reviewed in May 2024 and accurately reflected the service provided. However, the child-friendly version was out-of-date and did not reflect the changes made in the revised version. The PIC was aware of this and there plans to address the deficit as a priority.

The provider had written policies, procedures and care practices in place which promoted and protected the life, health, safety, development and welfare of each child residing in the special care unit. The provider had commenced a review of these but this had not been completed at the time of the inspection. Staff and children were both aware of policies, care practices and procedures within the designated centre. Insurance policies were in place at the time of the inspection.

Complaints were managed in line with Tusla's policy. Children were aware of how to make a complaint and had been supported by staff to do so. An advocacy service also supported children with these. Complaints were tracked and the relevant parties were informed of the processes and outcomes of the complaints.

Inspectors noted that all insurance policies were up-to-date and there was a tracker in place which was monitored appropriately.

Regulation 5: Statement of purpose

There was a written statement of purpose for the centre. The centre had reviewed the statement of purpose in May 2024 and overall it accurately reflected the service provided. Parents received a copy of the statement of purpose. However, the registered provider did not have appropriate procedures in place to ensure that children living in the special care unit were provided with a copy of the revised statement of purpose in a format which was age appropriate. The child-friendly version of the statement of purpose was out-of-date and required review to ensure children were provided with the relevant information. There were plans in place to address this which included engaging a graphic designer to assist with

development of the child friendly statement of purpose. However, the plans were not timely and the statement remained out of date for several months. This meant that children were not provided with accurate information about the service upon their admission.

Judgment: Not compliant

Regulation 6: Care practices, operational policies and procedures

The provider had written policies, procedures and care practices in place which promoted and protected the life, health, safety, development and welfare of each child residing in the special care unit as per Schedule 2 of the regulations. The provider commenced a review of the national set of policies and procedures in 2023, however, at the time of the inspection this had not been completed and the updated policies and procedures were not in place as required by the regulations. However, special care policies had been put in place in 2021 and were due for renewal at the time of the inspection. Staff demonstrated good knowledge of the policies and procedures that underpin their work. Children were told about care practices in the special care unit both verbally and in written format.

Judgment: Substantially compliant

Regulation 13: Person in charge

The person in charge had the qualifications, skills and experience necessary to manage the centre. They had effective systems and structures in place for the successful management and oversight of the service. They were routinely present in the centre and accessible to children and staff. Information was held about the person in charge as stated in Schedule 3.

Judgment: Compliant

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

There were appropriate numbers of staff in the special care unit to care for the children living there. However, the registered provider did not ensure that staffing was available in line with the statement of purpose, as required by the regulation. There was a system in place to ensure that the registered provider maintained the records specified in Part B of Schedule 3, in relation to each staff member in the

special care unit. Records were maintained of the delegated duties and staff were clear on their specific responsibilities.

There was appropriate levels of professional supervision and support in place. Staff told inspectors that they felt supported by the management team with a good management structure. They also said there had been a positive change in terms of focusing on learning and development and all staff were encouraged and open to engaging in this practice. This meant that work undertaken were of better quality

The PIC ensured that any trainees or students were additional to the numbers of staff working with children. This meant that at all times, the required number of qualified staff supported children and that trainees were support in their learning needs with the team.

Inspectors reviewed the list of delegated duties which was clear and illustrated who was responsible for each task. This has been updated since the new temporary management structure was introduced prior to the inspection. When staff members spoke with inspectors, there were clear about their roles and what was expected of them.

Management strived to have a balance of new staff working with more experienced staff. Despite the challenges nationally, management were confident they had the relevant skill mix to meet the needs of the children. Despite some staff being relatively new, they were provided with the support required to meet the needs of the children within the centre. There was a positive approach and attitude about working with the children even when situations became heightened in the centre. There was a good skill-mix within teams and this was explained to inspectors when talking through the staff rosters with a social care manager. This was supported by increasing the number of in-house trainers for various aspects of the work to facilitate on-site training and there were three well-being ambassadors on the staff team.

Judgment: Substantially compliant

Regulation 15: Training and staff development

There was a system in place to monitor and track the training of staff in the centre. Staff received training and an enhanced induction programme for new staff had been developed. This was delegated to a manager for oversight which provided consistency for new staff employed in the centre. This ensured all relevant aspects of induction occurred. There was also a continuous professional development model in place and staff were encouraged and supported to participate in additional training courses when opportunities arose. This showed a

commitment to developing the staff skill-set which would have a positive impact on the daily care provided to children residing in the centre.

Inspectors reviewed the enhanced induction for staff which was of good quality. The system tracked when a new staff member was introduced to the centre, dates of supervision, dates for when the new staff would shadow more experienced staff, dates of probation meetings and when they received the policies and procedures relevant to the centre. It also tracked all the training to be completed by new staff and when records of these were provided to centre management. It was a comprehensive tracking system and worked well at the time of the inspection.

There were also trackers in place to ensure oversight and an ongoing programme of training was in place for when staff completed induction. This included mandatory training such as medication management and fire safety. These were reviewed by inspectors, were of good quality and were kept up-to-date to ensure compliance with this regulation.

Judgment: Compliant

Regulation 16: Staff supervision and support

The person in charge ensured that there was an appropriate level of supervision and support provided to staff members. There was additional oversight by delegating duties to ensure new staff had a good induction with a consistent supervisor. After this period of induction, staff members were allocated to a longer term supervisor to ensure that the appropriate level of supervision continued.

A review of supervision records demonstrated all required information was recorded. Records contained contracts, schedules, record of informal meetings, reflections with staff, key working and all supervision records to date. Records were signed by relevant parties. It was evident from learnings following incidents that records indicated the supports which would be put in place for staff to support them in meeting children's needs. For example, additional supervision, talking with children about risk assessments and what staff were concerned about, in addition to staff being supported in the clear expectations of what is required to ensure children are kept safe.

A supervision tracker was also in place. Information tracked included dates of supervision and any absences from work. This meant that it was easy to determine when a supervisor was not at work, supervision was undertaken by other trained supervisors to ensure staff continued to feel supported in their work.

Judgment: Compliant

Regulation 19: Care record

Care records were up to date and maintained in line with Schedule 5 of the regulations.

Judgment: Compliant

Regulation 20: Maintenance of records

Records set out in Schedule 6 were maintained in the centre. Records were kept secure, safe and accessible.

Judgment: Compliant

Regulation 21: Register of children detained in the special care unit

A register of children was established and kept up-to-date by the registered provider. This included all the relevant information as required by this regulation. Inspectors viewed the register in the designated centre. The required changes were made as required. For example, when a child was discharged from the designated centre.

Judgment: Compliant

Regulation 22: Record of a person employed in the special care unit

The person in charge had systems in place to ensure that the information set out in part B of Schedule 3 was maintained for each member of staff.

Judgment: Compliant

Regulation 23: Insurance

The required insurance policies were in place at the time of the inspection. Inspectors obtained copies of these to verify dates held on the tracker which was kept to ensure compliance with this regulation.

Judgment: Compliant

Regulation 24: Governance and management

While there were governance and management measures in place, further improvements were required to meet the requirements of this regulation. The management systems in place assured high delivery of child-centred care. Accountability for the delivery of the service was clearly defined with clear lines of responsibility within the team. When speaking with children, they were aware of the staff responsibilities and who they could talk with about their various needs. Some further improvements were required in order to ensure that the service was in full compliance with the regulations. For example, the provider had yet to complete capital works to the centre remained outstanding, there were some repairs required to the building and fire safety measures required improvement.

The governance systems in place monitored the designated centre's service delivery through various measures put in place by management. Despite the significant staffing challenges, the management team had demonstrated capacity to safely manage the service by limiting the number of children they could cater for at any given time, depending on staffing levels. At the time of the inspection the designated centre could cater for no more than six children.

Ongoing review of governance and capacity was in place and management had several measures in place to ensure safe practice measures. For example, there were several audits, daily debriefs, management meetings and team meetings. In addition, any issues requiring risk escalation were completed by the management team. In terms of the responsibilities of the registered provider, there was lack of oversight and assurances with regard to ensuring timely discharges from the centre and the lack of onward placements for children. This meant that children were remaining much longer than required in the centre which was not required to meet their care needs nor in their best interests.

The management team had an extensive and effective auditing program in place. The audits tracked all regulatory requirements and was deemed to be effective at the time of the inspection. This ensured effective oversight and also a collective ownership among team members with delegated duties to ensure these were kept up-to-date. The sample of audits inspected, all were timely, effective and management were assured with the level of oversight and also autonomy they provide to staff in ensuring they fulfil their roles to the best of their abilities. When talking with staff, they felt confident in approaching management should they encounter any difficulties in their work. The management supported staff appropriately in terms of implementing performance management plans and more focused supervision with staff.

Tusla's practice assurance and service monitoring team (PASM) conducted unannounced visits in 2023 and in 2024 by the time of the inspection. Themes reviewed included care plans and children's programmes of care. Some positive

findings were that staff were committed to providing good care for children, staff felt supported and the unit effectively managed staffing challenges and incidents. It was noted that the recruitment and retention of staff required addressing at a broader level.

Daily debriefs implemented by management were effective. They provided managers with an overview of what had occurred in the unit, if there were any significant events and if there were any child protection concerns. A sample of these reviewed by inspectors demonstrated that management were informed of any issues arising in a timely manner for children and for frontline staff.

Weekly management meetings provided good oversight of the issues arising in the designated centres. In this forum, residents presenting needs and required actions were discussed in addition to other issues such as school updates, child protection concerns, supervision, complaints, risk register, training and young people's feedback. An internal significant event group also featured on the agenda which was a new initiative by management in the 12 months prior to the inspection.

Team meetings were effective in focusing staff on practice issues. Different practice issues were chosen for discussion such as focusing on certain regulations at various meetings such as the statement of purpose and care and welfare policies. Other items included training, professional conduct, child protection and the quality of placement support plans.

Escalations were managed effectively. A sample provided to inspectors were found to be satisfactorily managed within the scope of the designated centre. One area of significant concern, noted on the risk register for the centre, was that of onward placements for children within the centre. This had been raised at national level and was a responsibility of the registered provider.

The uncertainty of onward placements for children posed a real worry for the children residing there. In addition, staff spoke about not being able to sustain hope with children as they themselves, although advocating for children at meetings, were unable to tell children what the next steps would be to move out of the designated centre. This led to the decreased impact that the special care atmosphere had on children's well-being and continued development. This led to frustrations from both children and staff.

The registered provider ensured that an annual review of 2023 was completed as required by regulations. While this what is required by the regulations, it lacked details with regards to future planning for the service or goals. It did highlight areas of good practice such as service quality initiatives, supervision, compliments training and development. However, it did not identify all areas where improvements were required or detail plans such as the capital works for the designated centre or an action plan to progress through 2024.

A culture of learning had been developed which supported the training and development of staff. Staff told inspectors about the change in culture moving on from the more challenging periods they had faced over the previous years. This meant that staff had more opportunities to engage in training and development options. For example, more staff were trained to deliver in-house training as required as well as additional training opportunities with regards to mental health and other training to meet the needs of the children living in the centre.

There were systems in place to ensure that the views of children living in the special care unit were sought and taken into consideration. An advocacy service visited designated centre on a regular basis to support children with their voices being heard. There were regular house meetings where children could give their views about the various aspects of care being provided. These were then a feature of management meetings to ensure they were acted upon and a response was given to the child who had spoken to any concern raised. Children were encouraged to attend their reviews and although they might have chosen not to, their views were still presented by the social care staff present. The main concern raised, from speaking with children and with staff, was the uncertainty of where they would move to next.

Staff told inspectors that they were supported by management. They spoke about regular supervision, the daily debriefs as well as the informal support of colleagues. In addition, the PIC had introduced internal significant event review group (SERG) meetings since January 2024. This was to enhance oversight and monitoring of significant events within the designated centre. This meant that while there were national meetings in place, internal meetings to discuss internal incidents also occurred on a monthly basis. Staff provided positive feedback about these and about the learnings for staff going forward on review of such incidents. These also incorporated the multidisciplinary team who also met on a weekly basis to discuss each child's care needs.

The multidisciplinary team meetings were well-informed and were held with the child's best interests as a core feature. Information was shared as appropriate and all professionals were made aware of the changing circumstances for children. The recording required improvement. For example, several action logs on the documents stated 'no actions' and other sections about who was responsible for actions remained blank. This was highlighted with the PIC during the inspection. This did not pose a threat to children's safety as actions happened as required.

In April 2024 Tusla commissioned a review of special care. The report from the review is due in August 2024 and it is understood will include recommendations to support staff recruitment and retention.

Fire management oversight required improvement. This is addressed under the next section of the report.

Overall, while the designated centre was meeting the needs of the children living there, improvements were required to comply fully with the regulations. The child's statement of purpose was overdue a review, staffing shortages needed to be addressed to fulfil their statement of purpose for being registered for 10 beds as well issues with regards to fire safety required attention. In addition, the registered provider did not ensure that the annual report accounted for the quality and safety of the service in terms of what had yet to be actioned. The annual report lacked future planning for the service and did not detail all aspects of the quality improvement which was required. For these reasons, this regulation was judged as not compliant.

Judgment: Not compliant

Regulation 27: Notification of incidents

There had been delays over the cycle of registration in the notification of incidents to the Chief Inspector which did not comply with this regulation. These delays did not pose a risk to the health and safety of children within the designated centre. However, for the months prior to and at the time of the inspection, notifications were made within the required timeframes.

Judgment: Compliant

Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit

There were no periods of time when the person in charge was absent for 28 days or more from their role as person in charge of the designated centre.

Judgment: Compliant

Regulation 29: Complaints

Complaints were managed in line with Tusla's policy and procedure. Children were provided with information about these procedures and they told inspectors they knew how to make a complaint if required. This was evident as all children had made a complaint since their detainment in the designated centre.

There was a tracker in place which recorded the date the complaint was made, investigated, the outcome and timeliness. When inspectors queried why the outcome to the relevant parties was not recorded on the tracker, they advised and inspectors found that this was information was recorded on the signification notification forms, completed at the same time of a complaints investigation.

Judgment: Compliant

Registration regulation 4: Application for registration or renewal of registration

The provider submitted a full and timely application to renew the registration of the designated centre.

Judgment: Compliant

Registration regulation 6: Changes to information supplied for registration purposes

The registered provider notified the Chief Inspector of a change to persons participating in management of the special care unit within 28 days as per the regulations.

Judgment: Compliant

Registration regulation 8: Annual fee payable by a registered provider of a special care unit

The annual fee was paid in line with regulations.

Judgment: Compliant

Registration regulation 10: Notice to be given by the registered provider of a special care unit of the intention to cease to carry on its business and close the special care unit

This regulation was not applicable to this cycle of registration.

Judgment: Compliant

Quality and safety

There was a high quality of care provided to children to ensure a safe service was provided. There was a child-friendly atmosphere with the designated centre and it was evident staff were committed to providing the best service possible to children within the centre. Children's safety was a priority and this was demonstrated through their programs of care and daily interactions with staff. There were effective systems in place to facilitate good communication, planning, monitoring and review of children's care with key stakeholders. Improvements were required in relation to the accommodation campus and fire safety measures.

There were appropriate indoor and outdoor recreational facilities available to children. The premises was clean, maintained and appropriately decorated. There was adequate space and light. There were areas which could improve the quality of life for residents such as increased ventilation to allow fresh air into the units.

Children had access to appropriate food options and cooking facilities within the designated centre. There were a choice of food options for children to meet their dietary requirements. There was a chef on-site who created a menu for the children which provided children with the options to choose what their preference was.

Children had individual programmes of special care in place for children. These included all required components such as care plans, placement plans, placement support plans, education plans and psychiatric plans when required. All members of the care team were consulted as required.

Children's health needs were adequately addressed in a timely manner. The relevant information was appropriately recorded on children's records as required. Medication errors were appropriately addressed and resulted in further training for staff.

Children had access to education on-site. Children's rights were respected and promoted and they were encouraged to participate in decisions about their care. Children's cultural, ethnic and or religious beliefs and preferences were supported in line with the child's views when required.

Maintaining family contact was encouraged and promoted where appropriate. Children had family members visit the centre as well as spend time off-site with family and other important people in their lives. Up-to-date records were maintained on children's records about visits to children and they were also recorded in the visitor's log.

Safeguarding measures were in place within the unit. There was good oversight of safeguarding and staff reported child protection allegations and concerns in line with national policy.

Inspectors reviewed records of incidents and significant events for children and found good quality care and support of children during times of escalated or challenging behaviour. The use of any restrictive practice was clearly risk-assessed in line with policy.

Risk management systems were effective. There were additional measures in place such as daily debriefs to the management team. When risks were identified, they were appropriately managed in a timely manner. Improvement was required in some areas and these were identified on the risk register. For example, the lack of onward placements for children and staffing issues.

Overall, there were robust measures in place to protect children on the campus from the risk of fire. Improvements were required in some areas such as arrangements for detecting and containing fires, replacing some smoke seals and a review of the arrangements for shutting off the gas system.

Regulation 7: Programme of care

Children were provided with individual programmes of care to meet their specific needs. The sample of children's records reviewed by inspectors were appropriately detailed, up to date and contained the information required by regulations.

Records clearly stated how children's needs were being met, progress that was made as well as any issues arising that required further support. The level of detail in children's placement support plans was of good quality and really descriptive of how staff could meet the children's needs in a specific way tailored to each individual child. There was a menu in place from which children could choose their preferred options. An area for improvement was the recording in children's daily logs in terms of what children had eaten for their meals.

Information about children's individual plans was shared within staff meetings, multidisciplinary (MDT) forums and monthly child-in-care reviews. The children's individual plans were reviewed on a monthly basis by the members of the care team.

Children had access to the assessment consultation therapy service (ACTS) who provided children with support specific to their individual care needs. The ACTS team also provided support to staff and managers about engaging with children as well as developing consistent approaches to underpin the delivery of care.

Judgment: Compliant

Regulation 8: Healthcare

There were adequate arrangements to ensure children had access to health care when required. These were recorded in the children's file. Medication administered was appropriately recorded. Where there had been two medication errors, these did not pose a risk to children's safety. These were tracked through management audits and addressed in a timely manner. They were appropriately managed and staff undertook further medication management training.

Judgment: Compliant

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

There were adequate arrangements in place to ensure all children had access to educational facilities and supports. There was a school on-site which all children attended daily. Children had individual educational plans which detailed their goals and progress. Staff supported children with their education.

Children's religious, ethnic and cultural beliefs were supported. Children participated and contributed to decisions about their care and support. Inspectors observed staff being respectful of children, their individual needs and treated them with dignity.

Judgment: Compliant

Regulation 10: Family contact and visiting arrangements

There were appropriate arrangements in place to facilitate contact between children, their families and other important people in children's lives.

The centre maintained up-to-date records of any visitors to the centre, including family members. While the registered provider ensure appropriate arrangements for family to visit, children were also facilitated to spend time out of the centre with the family.

Inspectors reviewed the visitors log and found that it was up-to-date and contained relevant information about the visits occurring at the centre.

Judgment: Compliant

Regulation 11: Positive behavioural support

Throughout the registration cycle, there were concerns about the extended use of single occupancy. These were adequately addressed through compliance plans following inspections.

Oversight and management of positive behavioural support had significantly improved at the time of this 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 measures in place were reviewed at weekly MDT meetings in addition to management reviews which occurred as required.

The registered provider ensured that care practices were fulfilling regulatory obligations and conducted in line with national policy. The person in charge ensured that all staff had up-to-date knowledge and skills in the provider's approved form of behaviour management. There was good evidence on children's records that staff were familiar with causes of behavior and how best to support children. This was particularly evident in good quality placement support plans.

Judgment: Compliant

Regulation 12: Protection

There were sufficient safeguarding measures in the centre to meet the requirements of this regulation at the time of the inspection. Staff assisted and supported children to develop their knowledge, understanding and awareness of self-care and protection. This was evident through a review of records, from speaking with children and through the child protection concerns reported in the centre. While some relate to their lives prior to their admission, they were aware and spoke with staff about concerns that they had in terms of their protection.

There was increased oversight and a manager was in place with the delegated duties to oversee all child safeguarding concerns. Inspectors reviewed the child protection register. Management told inspectors that protection was regularly discussed at team meetings and this was reflected in the meeting minutes reviewed by inspectors.

Inspectors were told by management how protection concerns are tracked. They remain open and are continued to be monitored until centre management receive

written confirmation that they had been closed to the social work department. There were five child protection concerns open at the time of the inspection and these were being followed up in a timely manner by centre management. Updates are discussed at weekly management meetings and at child-in-care reviews.

Inspectors reviewed the tracker in place to assess if it matched the reports which should be reported. The tracker was accurate and up-to-date at the time of the inspection.

Other actions were also taken to increase staff awareness about protection concerns. For example, safeguarding meetings occurred with staff to ensure there were fully aware and discussed with management the safeguarding measures within the designated centre.

Judgment: Compliant

Regulation 17: Accommodation

The layout and access provided at the complex was suitable for use by children, staff, and visitors. The accommodation was laid out in three residential units with an administration building providing the main access point for visitors. There was also an education centre and gym which provided recreational services to children accommodated at the centre. The gym, sports hall and recreation area provided were well equipped with equipment, and there were spaces for children to learn skills such as hairdressing, and barista training. Overall, the children's rooms were suitable for their needs, and expressions of the children's creativity was encouraged to personalise and decorate their bedrooms and communal areas.

The accommodation was suitable for the number and needs of children accommodated there. Improvement was required from the registered provider to ensure that the centre conformed fully to in schedule 4. For example, a section of the ceiling of the accommodation requiring repair due to a water leak in the roof. This impacted on the space within the room where the ceiling was damaged. There was also dust visible on the grills of the ventilation outlets in one of the units. This meant that dust on the outlet of this system could result in particles being dispersed through the area. Ventilation could be further improved given fresh air could not circulate throughout the units as windows could not be opened.

Some changes to the building would increase the quality of life for residents. For example, there was no fresh air circulating within the units given the secure nature of the premises. At the time of the last inspection in July 2023, the registered provider had applied for capital works to introduce secure windows that could open but this remained outstanding at the time of this inspection. Management advised while the process of replacing the windows to allow fresh air

into the units had commenced, they could not indicate a timeframe for completion of these works at the time of the inspection.

Judgment: Substantially Compliant

Regulation 18: Food, nutrition and cooking facilities

The person in charge ensured that children had adequate access to food and water. There were sufficient cooking facilities and a high standard of hygiene was maintained with a designated chef in the centre. Inspectors met with the chef who worked in the centre. They provided inspectors with a menu for a four-week period. There were drinks and various healthy options available to children. The menu was colourful and well-presented. Children told inspectors they were happy with the food choices provided and the chef accommodated children's dietary requirements as needed.

Judgment: Compliant

Regulation 25: Risk Management

The registered provider had effective arrangement for the identification, management and ongoing review of risk. Measures put in place by management such as daily debriefs had enhanced the oversight of risks.

There was a risk management policy and emergency plan in place as required by regulations. The risk register was regularly reviewed and up to date. At the time of the inspection, there were eight risks identified and included issues such as the lack of onward placements, staffing, the physical structure of the building and fire safety. Some of these risks were longstanding and required actions by the registered provider. For example, staffing and the physical structure of the building.

The cars used by the centre had the required documentation in place.

When risks were identified, appropriate actions were taken by the management team such as having protection plans in place to mitigate against the risk to children. Another example was maintenance requests were dealt with promptly.

Judgment: Compliant

Regulation 26: Fire precautions

Overall, there were robust measures in place to protect children on the campus from the risk of fire. There were up-to-date serviced systems in place to provide early warning of fires. However, the system in place in some areas was obstructed, which would reduce its efficacy in the event of a fire. There was fire-fighting equipment available in close proximity to all areas in each building. The escape routes were appropriate to the number and needs of children, staff and visitors at the centre. Verbal assurances were sought that the emergency lighting was suitable at some exits.

The provider had put in place policies and procedures to reduce the risk of fire. This included a training programme for staff. This included induction training for new staff to be given the opportunity to familiarise themselves with the systems in place. There were some concerns raised regarding the containment of fire measures in place. This included issues with some compartment doors.

Improvements were required in some areas. For example, the arrangements in place for detecting and containing fires. Two smoke detection points were covered with tape at either end in one unit. This would prevent the devices from detecting a fire in the area.

Compartment doors in two units were missing smoke seals. The lack of smoke seals on these doors would result in smoke passing through compartments in the event of a fire. The removal of some thumb turn locks had resulted in damage to the door would reduce their effectiveness to contain smoke in the event of a fire. Given their location, they could impact on escape routes in the event of a fire.

The arrangements in place for shutting off the gas system required review. The manual shut off point for the gas line was positioned behind the shuttered off communications section, and was further obscured by plywood boxing. The provider removed the plywood on the day, and ensured that staff were familiar with where the key to open the shutter was placed. The lack of access to shut off the gas, could lead to delays if a malfunction occurred on the gas line, or on the gas detection unit.

Judgment: Substantially compliant

Appendix 1 - Full list of standards 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. The regulations considered on this inspection were:

Standard Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Not compliant
Regulation 6: care practices, operational policies and procedures	Substantially compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Substantially compliant
Regulation 15: Training and staff development	Compliant
Regulation 16: Staff supervision and support	Compliant
Regulation 19: Care record	Compliant
Regulation 20: Maintenance of records	Compliant
Regulation 21: Register of children detained in the special care unit	Compliant
Regulation 22: Record of a person employed in the special care unit	Compliant
Regulation 23: Insurance	Compliant
Regulation 24: Governance and management	Not compliant
Regulation 27: Notification of incidents	Compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	Compliant

Regulation 29: Complaints	Compliant
Registration regulation 4: Application for registration or renewal of registration	Compliant
Registration regulation 6: Changes to information supplied for registration purposes	Compliant
Registration regulation 8: Annual fee payable by a registered provider of a special care unit	Compliant
Registration regulation 10: Notice to be given by the registered provider of a special care unit of the intention to cease to carry on its business and close the special care unit	Compliant
Quality and safety	
Regulation 7: Programme of care	Compliant
Regulation 8: Health care	Compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	Compliant
Regulation 17: Accommodation	Substantially compliant
Regulation 18: Food, nutrition and cooking facilities	Compliant
Regulation 25: Risk management	Compliant
Regulation 26: Fire precautions	Substantially compliant

Compliance Plan

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

Provider's response to Inspection Report No:	MON-0043565
Centre Type:	Ballydowd Special Care Unit
Date of inspection:	19 June 2024
Date of response:	19 August 2024

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 5: Statement of purpose	Judgment: Not compliant
<p>Outline how you are going to come into compliance with Regulation 5:</p> <ul style="list-style-type: none"> - The position entitlement related to the Director will be amended to 0.3 WTE. - The director will still be present in Ballydowd Special Care Unit regularly and available to be contacted daily. - This will not impact workflow of others. - The service will now alter the registration to accommodate five young people. The service has the appropriate resources to accommodate same. - The Provider will e-mail registration to request the update to the previous application. - The statement of purpose has been updated to reflect same. The PIC and Director will continue to review strategies to expand the services occupancy in line with the staffing and resources available. When this occurs, an application will be made to HIQA to increase same. <p>Should the compliance plan be accepted, a focus group comprising social care workers and young people led by a social care manager will be set up to review and design a new child-friendly Statement of Purpose.</p> <p>The draft will be submitted to the Person in Charge, with full implementation by 6 weeks following acceptance of the compliance plan.</p>	

Regulation 6: Care practices, operational policies and procedures	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Regulation 6:</p> <p>Care practices, operational policies and procedures:</p> <ul style="list-style-type: none"> - 4 suites of the policies and procedures have been approved by NPOC. These suites of Policies will be provided to Ballydowd Special Care Unit by the 9th September to begin the review sessions with the staff. - The final 2 suites will be reviewed by NPOC on the 3rd of October. - Any amendments will be made with urgency for NPOC to sign off. - All suites will be fully implemented in Ballydowd Special Care Unit by October 21st 2024. - The Provider will issue HIQA with the updated Policies & Procedures in October 2024 - Staff have been informed of the review of the policies and procedures. They will be supported through staff meetings and supervision regarding the revision of the policies and procedures. - The Provider has identified that the Policies and - Procedures will require review by 2026, this process will commence in 2025 	

Regulation 14: Staff members and others working in the special care unit	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Regulation 14:</p> <p>The PIC will alter the Statement of Purpose so that the service will seek registration to accommodate five young people.</p> <p>The PIC and Director will continue to review strategies to expand the service’s occupancy in line with the staffing and resources available.</p>	

Regulation 17: Accommodation	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Regulation 17:</p> <p>A number of items were identified in the report that required attention, these will require considerable capital investment. As a response to the report, a project team has been formed between Estates and Ballydowd. The report and the project team have identified two different projects.</p>	

- a) To resolve the leak in the residential buildings' roofs. An extensive refurbishment project has been undertaken to resolve this matter along with the necessary cosmetic works that are required to remove the stains from the ceiling.
- b) To resolve the lack of fresh air circulating in residential buildings, a design team has been engaged to retrofit secure windows that can be opened. Funding for the project has been secured from the rollout in 2025. Once the design has been agreed this will go to procurement to fabricate the window frames, which will be retrofitted. This is expected to finish in Q2 2025, however, as the project will be completed in stages, the young people will be moved to bedrooms that have been completed as a priority.

Regulation 24: Governance and management	Judgment: Not compliant
Outline how you are going to come into compliance with Regulation 24:	
<p>A project team has been established to progress the outstanding building workers identified. This group has completed some of the work already and is in the design and procurement phase on other required works.</p> <p>Tusla has established a Review of Special Care. The purpose of this group is to consider what are the challenges that are presenting to Special Care. The group has been requested as part of the Terms of Reference to comment and make recommendations on how we can deliver more timely discharges for young people in our care. This group is due to finalise its report by the end of August.</p> <p>If it has been identified by the PIC that once a young person has completed their period of time in Special Care as set out by legislation and no step-down placement has been identified. The PIC will escalate the matter to the Director of Special Care who will in turn escalate the matter through Tusla CRS line management.</p> <p>A working group will be established with participants from all of the special care and step-down services including colleagues from Quality Risk and Service Improvement to review what is required in the annual report. This will ensure consistency across the Special Care Services. This group will develop a template which will be used in 2025.</p> <p>The position entitlement related to the Director will be amended to 0.3WTE The Director will still be present in Ballydowd Special Care Unit regularly and available to be contacted daily.</p>	

The Statement of Purpose has been updated to reflect the hours of the Director in addition to the occupancy for beds.

Application for the variation or removal of a condition of registration form has been completed.

Regulation 26: Fire precautions

Judgment: Substantially compliant

Outline how you are going to come into compliance with Regulation 26:

A complete fire audit has been commissioned in Ballydowd and this report is due to be delivered in the coming days. This report will address any outstanding deficits in the fabric of the building and also comment on the necessary adjustments in the fire evacuation procedures. Once the report has been received, a project group, including Estates, Fire Prevention, Maintenance, and Ballydowd, will respond to the actions identified until resolution.

The tape covering the fire detection points has been removed.

The gas shut off point has been escalated to maintenance for resolution as a priority.

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 5(5)	The registered provider shall put in place	Not compliant	Orange	31/10/2024

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	appropriate procedures to ensure that a child detained in the special care unit is provided with a copy of the statement of purpose in a format which shall be age appropriate to ensure the child's understanding of it.			
Regulation 6(5)(c)	The registered provider shall ensure that all written care practices, operational policies and procedures are reviewed and updated at least every three years and such reviews shall have due regard to any recommendations made by the chief inspector.	Substantially compliant	Yellow	31/10/2024
Regulation 14(1)	The registered provider shall ensure that the number, qualifications, experience, suitability and availability of staff members in the special care unit is appropriate, having regard to the number and assessed need of children detained in the special care unit, the statement of purpose and the size and layout of the special care unit.	Substantially Compliant	Yellow	30/10/2024
Regulation 17	The registered provider shall provide adequate and suitable accommodation, as set out in Schedule 4, having regard to the number of children detained in the special care	Substantially compliant	Yellow	30/06/2025

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	unit and the nature of the needs of each child.			
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.	Not compliant	Orange	30/10/2024
Regulation 24(1)(d)	The registered provider shall ensure that there is an annual review to assess the quality and safety of special care provided in the special care unit and to confirm that such special care is in accordance with national standards, the interim special care orders or the special care orders generally, and the child's programme of special care.	Not compliant	Orange	Q4 2024
Regulation 26(1)(a)	The registered provider shall take adequate precautions against the risk of fire.	Substantially compliant	Yellow	30/09/2024
Regulation 26(1)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially compliant	Yellow	30/09/2024

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