



**Health
Information
and Quality
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of Oberstown Children Detention Campus

Name of provider:	Oberstown Children Detention Campus
Type of inspection:	Announced
Date of inspection:	11 June – 13 June 2024
Centre ID:	OSV - 0004225
Fieldwork ID	MON-0043626

Profile

Oberstown children Detention Campus provides safe and secure care and education to young people between 10 and 18 years who have been committed to custody after conviction for criminal offences or remanded to custody while awaiting trial or sentence. Their aim is to support young people to improve decision making capacity, move away from offending behaviour and prepare them to return to their community following their release from detention.

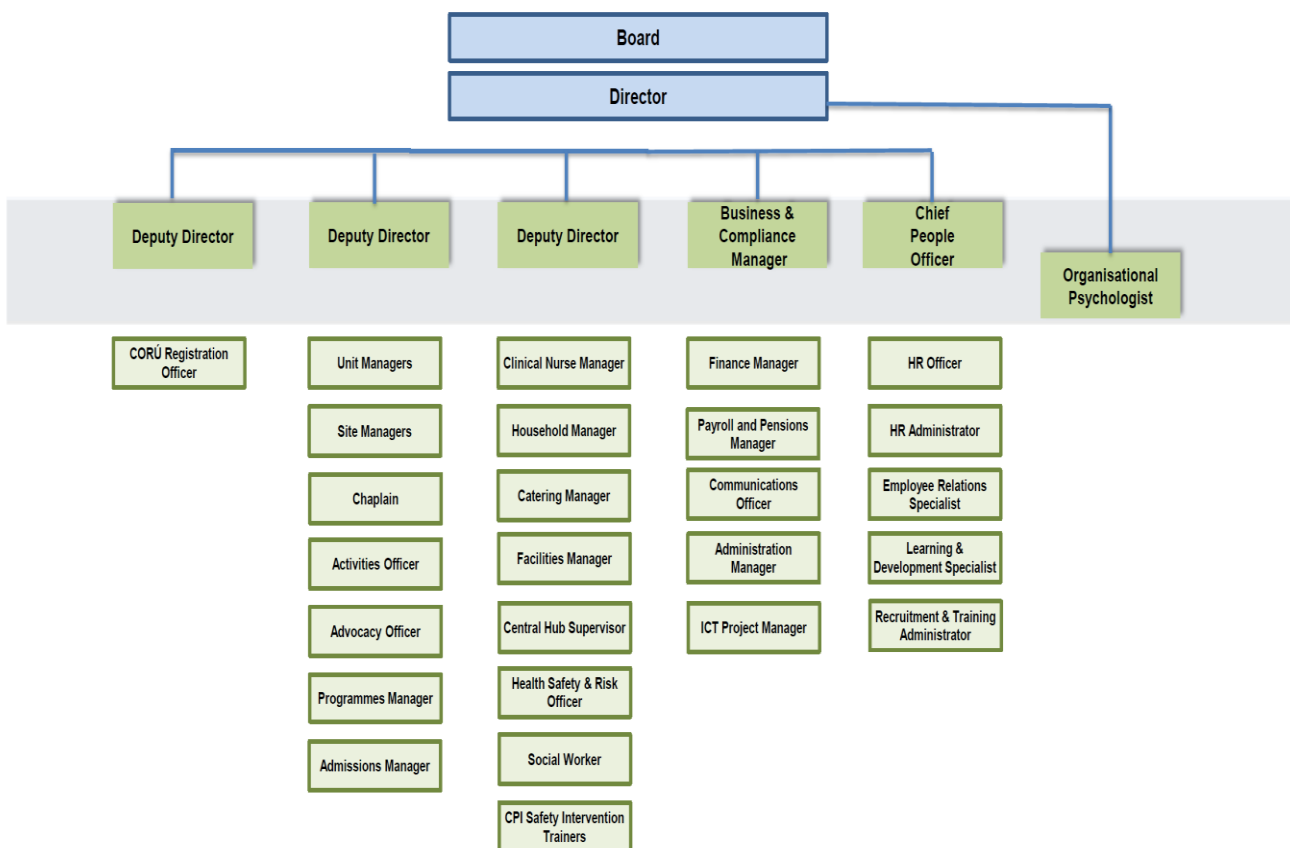
Accommodation

The Oberstown Children Detention Campus is located in a rural setting in north Dublin. It comprises six residential units for children, a school building, outdoor and indoor recreational facilities, and a reception/administration block which contains medical and dental facilities and facilities for young people to meet their visitors and other professionals involved in their care. The design and layout provides adequate private and communal facilities for the young people both in terms of indoor and outdoor space. The campus had external security fencing.

Management

Oberstown Children Detention Campus is managed by a Board of Management who were appointed by, and report to, the Minister for Children, Equality, Disability, Integration and Youth. The Board of Management has direct governance of the Oberstown Children Detention Campus in accordance with policy guidelines laid down by the Minister for Children, Equality, Disability, Integration and Youth through the Irish Youth Justice Service (IYJS), in accordance with the Children Act, 2001, as amended. The Director is responsible for the day-to-day operation of the campus as well as acting in loco parentis to each child in custody. Each unit within the campus is managed by a unit manager. The organisational chart in Figure 1 was provided by the Oberstown Children Detention Campus following the inspection and describes the approved management and senior team structure for the service.

Oberstown Reporting Structure



How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this service. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with young people 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 young people who are placed in Oberstown
- 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.

The Oberstown Children Detention Campus Children's Rights Policy Framework contains the 'rules' against which the service is inspected by HIQA.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the rules 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 list of all rules and dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
11/06/2024	09:00 – 17:00	Saragh McGarrigle Adekunle Oladejo Sheila Hynes Sharon Moore	Lead Inspector Support Inspector Support Inspector Support Inspector
11/06/2024	10:30 – 17:00	Niall Whelton	Support Inspector
12/06/2024	09:00 – 17:00	Saragh McGarrigle Sheila Hynes Niall Whelton Carol Grogan	Lead Inspector Support Inspector Support Inspector Support Inspector
12/06/2024	09:15 – 19:15	Erin Byrne	Support Inspector
12/06/2024	10:45 – 19:15	Sharon Moore Adekunle Oladejo	Support Inspector Support Inspector
13/06/2024	07:20 – 18:20	Saragh McGarrigle	Lead Inspector
13/06/2024	09:00 – 17:00	Sheila Hynes	Support Inspector
13/06/2024	09:00 – 18:20	Erin Byrne	Support Inspector
13/06/2024	09:50 – 17:20	Sharon Moore Adekunle Oladejo	Support Inspector Support Inspector

Number of young people on the date of inspection:	38
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What young people told us and what inspectors observed

This inspection was carried out over three days and involved seven inspectors. At the time of the inspection, there were 38 young people placed in Oberstown Children's Detention Campus (Oberstown). The inspection found that Oberstown provided a safe and secure environment for the young people placed there. Each young person lives in one of six residential units and has their own bedroom. Young people were encouraged to personalise their room with photographs, posters and certificates of achievement. Each unit has a central living space and kitchen. There were three multi-purpose rooms with access to television and video games in each unit, as well as a pool table and table tennis table.

Inspectors spent time in all of the residential units and observed interactions between staff and young people in the units. Inspectors observed young people's meetings, young people's activities and attended a placement planning meeting (PPM). Inspectors had the opportunity to meet with 28 of the young people resident. In an effort to ensure all young people had the opportunity to participate in the inspection surveys, which asked young people about their experience in Oberstown, were sent to all the young people prior to the inspection. Thirty five young people completed the surveys. Inspectors also spoke with six parents and two social workers in order to get their views and experience of the service.

Inspectors meet with young people during their lunch breaks, after school and while they were partaking in evening activities. Overall, young people were positive about the care they received. In the surveys, the vast majority of young people (93%) reported they were given support and information when they first arrived and the majority also reported that staff listen to them and they feel included in decision making about their care. Young people who spoke with inspectors during the inspection spoke highly of staff and the care and support staff provide, they said; "the staff respect me on the unit" and that "staff can take a joke"

I "get on well with staff"

"This place will find you help when you need it"

"Staff are brilliant, they do their best to help you"

"Good people in here... they take care of you".

Overall, young people spoke positively about health care in Oberstown, including emotional health supports, both formal supports and informal emotional supports provided by staff and key workers. One young person said "I have better fitness, I am off drugs".

Young people liked school and the range of activities available to them in Oberstown. Young people reported that they enjoyed attending school and did not like to miss

out on school. Young people spoke proudly about the courses they had completed and were studying for in school. Young people could see how these courses would help them in the future. They said;

"I done a few exams QQI level 3 exams same as junior cert"

"courses I done here will help to get a job"

"I am in school doing my leaving cert"

Some young people spoke about frustrations with aspects of their care. A frequent issue which was highlighted to inspectors concerned young people missing periods of time in school. At the time of the inspection, if a young person displayed certain levels of behaviour that challenged in the school, they would have to leave the school and return to their residential unit. In these circumstances it was practice that young people could not return to school until a member of the school staff met with them in their unit to discuss the incident and resolve it. Some young people told inspectors that this process can take a long time and it was a cause for frustration for a number of young people. They said;

"I was in my room all morning, waiting for [principal] to come to the unit for problem solving"

"[YP out of school waiting to meet with the principal] Should have gotten spoken to in the morning and then get sent back into school"

Some of the young people spoke about their frustration with this process of dealing with incidents in general, they said;

" teachers get you sent back for nothing, get put in the room"

"problem solving, have to agree to get out of the room... even if you don't agree",

Young people told inspectors about all the activities they could choose from in the evenings after school. They explained that there was a process whereby each day their unit staff would look for their preferences on what activity they wanted to do. Young people told inspectors while they did not always get their first choice they often did and they felt the system for allocation was fair and the range of activities was good. Young people were observed by inspectors engaging in a range of activities in the evening including art, football and cookery. The young people looked to be relaxed with the instructors and enjoyed their activities. They said;

"You put a star on the activity you really want, the activities team do try to give you your star"

"Art with [instructor], it is just great for my head, it's just great, I like everything about it".

In addition to evening activities, young people had a number of extracurricular courses, as well as, training and learning opportunities available to them on the campus. These included; work in the campus kitchen, working on the campus coffee trailer and a number of programmes designed to address offending behaviour. The

young people told inspectors about some of these programmes. "working in coffee trailer, I had to do an interview, write down why I want the job"

"the decider [programme] – we talk about things, decisions, listening, respect,"
"looking at a new programme about victims of crime and not being a danger to public"

Young people were aware of their rights and who they could talk to if they were worried or felt they were not being treated right, such as their key worker and the advocacy officer. They told inspectors; "[advocacy officer] talks to me about rights – right to phone calls, visits, zoom calls, right to education, food".

Young people were also aware of the external advocacy service, who visited Oberstown, and knew how to contact this service if they needed to.

While young people were for the most part positive about their time and opportunities while in Oberstown, they also expressed dissatisfaction with staffing levels, particularly at the weekends. Young people told inspectors that sometimes, at the weekend, they are not allowed out of their rooms before 12 noon due to staffing levels and a number spoke about how they struggled with the lack of structured activities at the weekends. They said;

"need extra staff that's a big thing"

"sitting in cell from 9.30 to 12 every weekend", although allowed to go to MP room [Multi-Purpose room] but there's only one MP room for eight people" [Of note, each unit can accommodate up to eight young people and has three MP rooms]

"playing pool can't do it because not enough staff"

"more activity staff, more activities at the weekend"

"Saturday and Sunday can be boring".

Inspectors found that young people had raised the issue of not being able to leave their rooms until 12 noon at the weekends with the advocacy officer and at campus council meetings. Young people and the advocacy officer reported to inspectors that, while it was responded to by management when it was raised and a directive given that young people should be permitted to leave their room at 9:30am, this has not been effective as this practice reoccurred.

Young people raised concern about the system used to show films in their rooms in the evening. The system in place enables one film to be played throughout the bedrooms within each unit, meaning all young people had to watch the same thing. Young people complained that they found this to be outdated and very limiting. The director and deputy director informed inspectors that there were plans in progress to replace this system with a more modern system that will allow for a wider array of choices for young people. However, these plans were in early stages of development at the time of inspection.

Young people talked to inspectors about wanting mobility trips as permitted under Children Act, 2001 Part 10, section 204¹. At the time of the inspection, mobility trips were only permitted in limited circumstances, for the purpose of attending appointments. In the survey 93% of young people reported they had never gone on a mobility trip. The director told inspectors that he had spoken directly with some young people about this and explained that the risks associated with allowing young people to attend activities off campus were too high. The director further explained that such trips could not currently be considered, though there is a desire by the Oberstown team to increase the use of permitted absences toward the end of young people's sentences.

Inspectors spoke with six parents and two social workers, (allocated social workers to children under care orders). They were generally positive about the service their young people received in Oberstown. They talked about how well their young people were doing in Oberstown and about how supportive staff were to young people and parents. They said;

"I was at my wits end – Oberstown has helped us a lot – they turned my sons life around"

"Oberstown has given my son a second chance, I couldn't speak highly enough of the staff, so engaging always have a minute, even if they are busy, [Young Person] is a much happier, calmer.."

"Oberstown has been amazing for him. It has really brought my boy back"

Parents talked about the how good the health service was in Oberstown;

"100% his health needs are being met, being seen when he needs to be, they asked me for consent for the procedure..."

"[Young person] offered support left right and centre, like counselling and 1:1 sessions."

On the whole, parents and social workers reported that communication was good and they felt included in decision making about their young people as they were invited to PPM meetings and informed of any incidents of restrictive practice. They said;

"do care meetings every couple weeks, these meetings are quite good, how getting on in school, how getting on with peers and staff",

"if something happens on the unit I get a phone call from the unit manager",

"I get invitation to attend the PPM every few weeks, communication is great, I have no concerns whatsoever"

"staff are always in contact with me"

¹ Children Act, 2001 Part 10, section 204 "mobility trips" means authorised absences for purpose of assisting young people's reintegration into society by promoting their personal and social development, their awareness and appreciation in matters of culture, education and recreation, and where appropriate the implementation of necessary treatment or counselling directions

“Restrictive practice few times when he first got there, staff called straight away and explained the plan in place”

They praised the experiences the young people had with education while in Oberstown. “Wasn’t going to school at home, now finished junior cert”, “Yes absolutely his education needs are being met he is finishing his QQI Level 3 or 4, with plan to finish his leaving cert”, “education is getting him ready, he is maturing a lot more”

Parents and social workers believed their young people were safe in Oberstown. They told inspectors; “Yes I think he is being kept safe, all incidents are dealt with and staff always inform me – incidents don’t happen often”, “don’t worry about him at all no worries about his safety”

The next two sections of this report present the findings of this inspection on how the service was managed and governed and how this impacted on the quality and safety of the service provided to young people placed there.

Capacity and capability

The Oberstown Children’s Rights Policy Framework (2020) sets out the 12 rules or standards by which the performance of Oberstown Children’s Detention Centre (Oberstown) is measured. This inspection focused on eight of the 12 rules and found four rules compliant, two rules substantially compliant and two rules not compliant.

HIQA last inspected Oberstown in September 2023, when, of the six rules inspected, three were found to be non-compliant, two were substantially compliant and one was compliant. In light of the risks identified in the 2023 inspection, particularly in relation to child protection and restrictive practices, the inspection for 2024 was undertaken nine months after the previous and a particular focus of this inspection was on examining progress in these key areas of identified risk.

This inspection found that, overall, Oberstown was a well-managed service with clear lines of authority and accountability, which promoted the safe care of the young people. Progress had been made in addressing the risks identified in the 2023 inspection, such as improvements to governance and oversight arrangements, staff supervision, updated procedures and better quality record keeping. There had also been work to address ongoing staffing difficulties. However, at the time of this inspection, a number of these areas still required further improvements and not all actions outlined, as part of the compliance plan response to the previous report, had been implemented as agreed. Areas for improvement included ensuring sufficient staff numbers to meet the needs of young people at all times, improvements in the

oversight and use of restrictive practices and further improvements to the performance management element of staff supervision, record keeping and training.

The service is licenced for a maximum occupancy level of 46 young people (40 males and six females). At the time of the inspection, there were no girls and 38 boys. The young people lived in five of six units on the campus. Inspectors were informed the sixth unit was retained and could be ready should a girl be admitted to Oberstown. While there had been no girls in Oberstown since the previous inspection, the sixth unit opened briefly in March 2024 on foot of a request from the Department of Children, Equality, Disability, Integration and Youth. In response to a request from the Department, the certificate of occupancy was amended to 42 male and four female, on an emergency basis, for one week. The sixth unit opened to accommodate two extra boys for this period, with a total of 41 young people across the six units for one week.

The service was governed by a board of management appointed by the Minister for Children, Equality, Disability, Integration and Youth and operated in line with legislative requirements. The director had overall responsibility for the service and reported to the chairperson of the board of management. The director was supported in their role by the senior management team made up of deputy directors and senior managers who each had assigned responsibilities across operational and corporate areas. Site managers and unit managers had responsibility to oversee the work of the night supervisors and residential social care workers, who work directly with the young people in Oberstown. The service maintained accountability to its stakeholders, including parents and the public, by ensuring key information was easily accessible on its website such as; published annual reports, strategy statement and the most recent HIQA inspection reports. In addition, Oberstown provided useful monthly statistical information on its website.

The service set out its vision through the statement of purpose and function and the strategic plan (2022-2026). The implementation of the vision was managed through a business plan which detailed actions to be completed under each of the strategy goals. Actions required by the compliance plan from the 2023 inspection report were also included in the business plan. This allowed for a focused approach on continuous improvement of the services available as well as the campus infrastructure in order to promote better outcomes for young people in Oberstown.

There were a number of committees that supported the senior management team and board in progressing strategic and operational work in Oberstown. These included a governance and strategy committee, performance committee, audit and risk committee, sustainability committee, people and culture committee and a young people's committee. Each of the actions mapped out in the service business plan were assigned to one of these committees, to oversee progress on identified actions.

There was a senior management and operational team responsible for delivery of the plan. Their first meeting was 22 February 2024 and they were meeting every six weeks to review progress. A review of the progress made at the time of this inspection indicated that overall, there is good progress on many of the actions, however the compliance actions for rule nine, restrictive practices, is behind schedule.

At the time of the inspection, the senior management structure was being re-organised. It had been identified that the size and scope of the responsibilities within the remit of some of the deputy directors was unsustainable. There was a plan to recruit senior managers to support these remits. The new senior management structure was agreed with the board of management at the end of February 2024, with the plan for the structure to be in place by May 2024. However, challenges with recruiting for the new positions had delayed the implementation and recruitment was ongoing. The new structure would see those on the senior management team with corporate responsibilities report to a principal officer, who would in turn report to the director. The director would maintain direct oversight of risk and governance, care operation integration, specialised projects and campus operations. Additionally there would be managers under the deputy directors to support them in their responsibilities. The recruitment of the principal officer was at an advanced stage, though the recruitment of other managers had been challenging.

The board of management provided oversight and strategic direction to the service and supported the director and senior management team to deliver the business plan. A review of a sample of minutes from the board of management meetings found that there was comprehensive oversight of the operations of Oberstown as well as on strategy implementation and progress. The minutes of the board meetings were well recorded and comprehensive. Actions were clearly identified and there was good follow through on decisions. There was evidence of discussion by the board on data and reports provided, and good level of oversight by the board of campus risks. Since the last HIQA inspection, there were improvements on the level of information the board received such as detailed statistical data on restrictive practices and monthly reports from the Designated Liaison Person (DLP) about child protection concerns. Minutes from board meetings indicated this is an area continually being reviewed to ensure the board is well informed and better able to make decisions in the best interests of the young people.

There was a strong system of communication which supported reporting and accountability across the service. Oberstown staff team had a schedule of routine meetings which included weekly senior management team, unit managers, multi-disciplinary team (MDT), operational manager's team and staff team meetings. In addition, there were a number of daily handover and planning meetings at operational level between the unit managers and site managers, as well as between

school staff, unit staff and activities staff. Inspectors observed a number of these meetings and reviewed a sample of minutes and found that meetings were well organised and focused on the area of responsibility.

There was good ongoing oversight and monitoring of campus operations by the senior management team who meet on a weekly basis. These meetings also examined progress on actions from the business plan. A review of a sample of minutes from these meetings showed they were of good quality, with clear recording of areas for discussion, agreed actions, the person responsible for the action and timeframes recorded. The minutes reviewed demonstrated there was good decision making and actions were recorded and followed up. From observations of these meetings, it was clear that managers knew the young people in their care and had a good understanding of their individual needs, which were appropriately considered as part of decision making.

The Oberstown Children's Rights Policy Framework provided the overarching policy approach to the management and care of the young people in Oberstown. This was supported by a suite of guidelines and procedures which supported staff in their day-to-day work to ensure consistent good practice across all staff teams. One staff member had lead responsibility for the children's rights policy framework in terms of coordinating the development, review and updating of the suite of policies and procedures. Policies and procedures were reviewed at committee level before progressing to senior management team and the board of management for approval.

The HIQA inspection 2023 found that the revision dates for eight of the procedures were outside their required timeframes, it further identified that there was no procedure regarding the use of physical intervention. In response to these findings, Oberstown management outlined a number of actions to be implemented to address gaps and potential risks associated. Oberstown's compliance plan response outlined that all procedures that required review would be updated by the end of March 2024. There was a further commitment that a guidance document and procedure would be developed around the 'implementation, recording and review of physical interventions' by the end of April 2024. At the time of this inspection, all current procedures had been reviewed and updated as outlined and there was ongoing work with unit managers and their teams to ensure familiarisation of the updated procedures. However, the development of a guidance document and procedures in relation to the use of physical interventions had not been finalised. Inspectors were informed that the guidance and procedures interventions documents were at draft stage. The continuing absence of appropriate written procedures around the use of physical interventions is of concern to HIQA and this agreed action needs to be completed as a matter of priority.

Overall, risk management was effective in that there was a risk management framework for identifying risks and putting systems in place to manage these risks. However, a significant risk associated with the prolonged and disproportionate use of single separation had not been identified prior to this inspection.

Management oversight of incidents of single separation, including review of reports, were not fully effective as all risks were not being recognised. Young people's concerns about being kept in their rooms for lengthy periods of time at weekends, despite being highlighted to the senior management team, had not been adequately addressed and arrangements for the management of risks associated with separating young people in their rooms required significantly improved governance and monitoring mechanisms. Further details on the use of single separation are outlined in the quality and safety section of the report.

As part of the service's overall strategy, Oberstown management were working to develop a revised risk management framework which aligned with best practice industry standards. This was a work in progress with a goal of completion date of December 2024. A risk register had been established and the risk management policy was approved by the board of management in November 2023. The risk register was reviewed every 2 months at senior management team meetings, where the senior management team identified and discussed risks to be included on the risk register. The register was then discussed at meetings of the board of management on a quarterly basis. At the time of the inspection, there were 12 risks on the register which covered a range of areas including child welfare, governance, legal compliance, operations, physical security and IT, and organisation and people. Each risk had a rating, a risk owner, list of controls in place and actions required with identified timeframes for completion of actions or review of risks.

A key risk for Oberstown is staffing in terms of recruitment, retention and succession planning. Oberstown management were formulating a five year plan to address staffing needs at all levels including senior management. Despite ongoing work on recruitment, at the time of the inspection, recruiting sufficient numbers of staff in key operational and management posts remained a high risk on the risk register. Oberstown had expanded the number of placements available for social care students, as well as offering the option of part-time positions for residential social care workers in order to attract more applications for social care worker positions. During inspection fieldwork, inspectors were informed that the service was in the process of offering up to 11 social care worker positions as a result of a recent recruitment campaign. However, despite clear strategic focus on this area, the director highlighted significant challenges to recruit adequate numbers of appropriately qualified staff in light of expected retirements in the coming years. All avenues to address this need were being explored including advocating for improved pay rates to attract more experience to the service, as well as exploring the option of

expanding the disciplines of staff working within the units. Recruitment for management positions remained a challenge.

Progress was made to address the gaps identified in staff supervision in previous HIQA reports, as the frequency of supervision between unit managers and social care staff was broadly in line with policy and, in December 2023, the board approved a new model of practice supervision for staff. However, work was still required to improve monitoring performance management and record keeping. Oberstown had taken the approach of separating supervision to 1) performance management, delivered by unit managers which focuses on the monitoring, evaluation and enhancement of performance against a set of organisational goals and 2) practice supervision, delivered by the organisational psychologist in group supervision format, which aimed to provide a safe and supportive space for staff to discuss and process their emotional reactions, dilemmas, feelings and reactions in relation to work.

At the time of the inspection, the second round of group practice supervision was taking place and there was a clear plan for this type of supervision every six weeks for the remainder of the year. Formal practice supervision was a mandatory requirement for specified roles. While it is too early to assess the effectiveness of this new approach, the implementation was well organised. There is a plan to evaluate this supervision, the evaluation methodology has yet to be finalised. Unit managers continued to have responsibility for the performance management aspect of supervision. A review of a sample of supervision records showed an improvement in the frequency of supervision. However, the quality of supervision records were poor as while they did outline the topic covered, there was little information to inform the context of discussions or what actions were agreed. There was not enough information recorded to be able to track whether actions were reviewed and followed up from one supervision session to the next. Senior management reported that further work is needed to develop and implement an effective performance management supervision model and work is planned to begin in this area towards the end of 2024.

The 2023 HIQA inspection highlighted poor quality record keeping and Oberstown compliance plan response identified a number of actions to address this including; recording training for front line staff to be completed by end of June 2024 and a quality assurance system, whereby unit managers would oversee the quality of records, would be implemented by September 2024. However, progress on these actions was slow and identified timelines for completion of actions had not been achieved. Record keeping training had not yet started and inspectors were told that this is due to be delivered to all front line staff by September 2024.

The HIQA inspection in 2023 also identified gaps in mandatory training and while some progress was made, actions to address these gaps had not been fully achieved.

Oberstown's compliance plan outlined that all staff would complete Children First training and other mandatory training by April 2024. However, at the time of the inspection, the completion rate for Children First was at 69%.

HIQA inspectors were advised that issues with attendance at scheduled training had arisen and a learning and development specialist had been recruited and was working collaboratively with unit managers on the training schedule in an attempt to improve attendance. This specialist attended the weekly care manager meetings to give updates on training and to receive feedback regarding how staff experience training and any issues arising. While staff training remained a priority for management, the ongoing challenges with tight staffing resources presented difficulties in staff availability and impacted on training attendance and delivery.

In November 2023, CORU, the statutory registration body for health and social care professionals, opened the register for social care workers, meaning that existing practitioners have until November 2025 to apply for registration. Oberstown management took a proactive approach to supporting social care staff with their registration and made significant progress in this area. A requirement for newly recruited social care workers to be registered was implemented and at the time of inspection, all but five Oberstown staff members were engaged in the process of registration.

In exceptional emergency circumstances, the director may limit the effect of the rules of the children's rights policy framework to the extent that it is necessary to deal with that emergency. No suspension of the rules have occurred since the introduction of the children's rights policy framework in 2021. A crisis management plan has been developed which provides a framework to identify risks, manage these risks and support management and staff in the operation of the campus during a crisis. The plan sets out the procedures and escalation processes to be followed in the event of an emergency requiring the suspension of the rules.

Rule 10: Staffing, Management and Governance

Overall, Oberstown was a well-managed service with clear lines of authority and accountability which promoted the safe care of the young people. Since the last HIQA inspection, in September 2023, there had been progress made in addressing the gaps that inspection identified. There were improvements to governance and oversight, particularly in relation to child protection and welfare. There has been progress with elements of staff supervision such as the introduction of group practice supervision. However, the quality of the records of supervision with line managers were poor. Management oversight of the use of single separation required improvement and the impact of the use of this intervention on young people needed to be afforded greater significance. The guidelines and procedures documents for the use of physical

interventions had not been completed as required. Further improvements were needed to ensure there were sufficient numbers of staff, at all times, to meet the needs of young people. Staffing arrangements were not adequate to ensure attendance at all mandatory training as required.

Judgment: Not Compliant

Rule 12: Authority to Suspend the Rules

In exceptional emergency circumstances, the director may limit the effect of the rules to the extent that it is necessary to deal with that emergency. There had been no suspension of the rules in the last 12 months. There are clear procedures in place in the event of an emergency requiring the suspension of the rules.

Judgment: Compliant

Quality and safety

Young people in Oberstown were provided with educational, vocational and recreational programmes appropriate to their needs. At the time of the inspection, all young people had educational and recreational plans which were individual to their needs and interests. There were services and facilities available on campus which allowed for a variety of programmes so that young people could develop and strengthen their interests, talents and capabilities. A comprehensive activities programme was in place for young people Monday to Friday, though there were less structured activities available at the weekends. All of the young people were enrolled in the school and a plan for their education was developed within the school. There was a high level of attendance at school, though at times, some young people missed some of the school day as they returned to their units and waited to resolve incidents they had been involved in while at school.

Young people were supported to make decisions around their own education, activities and vocational opportunities. Young people and parents were invited to attend the young person monthly placement planning meetings (PPM), where their education was discussed and where goals were set with regard to learning and vocational opportunities. A teacher from the school was allocated to attend the PPM's in order to provide educational feedback for each young person and inspectors observed this input from a teacher at a PPM meeting during the inspection.

Young people were, when possible, inducted into the school the day after their arrival to Oberstown. At the time of the inspection, six young people were sitting their junior certificate exams, six young people had participated in a Gaisce Project which involved linking in with local community Gardaí and painting murals in the local community, and many other young people were studying a range of subjects with QQI certification (QQI is the national framework of qualifications which ensures the certificate is recognised nationally and internationally).

The school team took a positive approach to resolving issues when young people presented with behaviour that challenged. Rather than formally suspending or excluding young people from school, young people were often returned to their residential unit to await the school principal to discuss the issue and resolve it before returning to school. Inspectors noted that there was no mechanism in place at unit level to capture how frequently young people missed school days, portions of the school day or the length of time they missed. Therefore, the actual impact on the lived experience for individual children, who experienced challenges in school, could not be measured. This issue was highlighted by a number of young people directly with inspectors throughout the three days of inspection. The delays experienced by young people, when issues arose which needed to be resolved away from the school, were acknowledged by the principal who envisaged that there will be more capacity to complete this work with young people in a timely fashion once the deputy principal role is filled in September 2024.

Overall, there was good verbal communication between the school staff and the unit social care staff on a daily basis. However, there was recognition of the need to improve more formal communication between the school and unit care staff. Planned improvements included, a staff member from the school attending weekly unit manager meetings and regularly recording educational updates on each young person's electronic record, which is accessible to the unit social care staff.

There was a commitment to developing and enhancing both formal and informal learning opportunities for young people in Oberstown. There was a range of recreational and leisure activities available on the campus including fitness theory instructor's course, podcasting, art, and football skills. There were plans in progress to expand the vocational and recreational opportunities for young people in areas such as bakery and a fork lifting course, both were due to commence later in the summer of 2024.

There were many opportunities afforded to young people to complete courses and get qualifications while living in Oberstown. There was a barista coffee course available and young people worked in the coffee cart on campus, supported by staff. Other qualification opportunities available to young people included a safe pass course, fitness instructor's course and horticulture. Inspectors saw the market garden

developed on campus and it included three poly tunnels, multiple raised beds with an impressive array of fruit, vegetables and flowers.

Young people were given the opportunity for paid work on the campus. They would initially be given small responsibilities on their unit and progressed to jobs with more responsibility such as working in the kitchen. For young people who are successful with these responsibilities, they could then apply for other work on campus such as painting or working on the coffee cart. There were also opportunities to get work experience outside of Oberstown through their 'Way to Work' programme, which sources work placements in the community. This was overseen by the careers staff who were progressing a steps+ project. This project is a career guidance and employment support platform which can support young people in their transition from Oberstown to work in the community.

There was a wide range of recreational and leisure activities available for young people in Oberstown. From Monday to Friday there was a comprehensive timetable of structured activities. However, there were not as many activities available at the weekends. Young people reported that weekends can be difficult for them as they find them long and boring.

The comprehensive activities programme available from Monday to Friday is organised by the activities co-ordinator and run by the activities team. Young people are able to avail of up to four activities each evening. Young people could choose which activities they preferred and the young people felt these choices were respected by the activities team and were accommodated wherever possible.

At the time of the inspection, there was a different approach to organising activities at the weekend. Activities on Saturdays and Sundays are discussed at the site manager meetings at 10am on the weekends. They were not structured in the same way as weekday activities, and were dependant on staffing availability as the unit staff had responsibility to facilitate the activities. The activities co-ordinator reported that an application had been made, as part of a three year procurement plan, to extend structured activities to six days per week. There was a pilot project in one of the units where staff trained as personal trainers and could give 30 minute classes with two young people at a time. While senior management acknowledged some work is required to address the weekends, they highlighted that a lot of family visits take place at the weekends. Also, the chaplain organises talks from people of interest on Sundays, and the horticultural programme runs one Sunday in three per month.

The young people in Oberstown had access to excellent health, medical and therapeutic services on the campus. Young people had timely access to medical services as they required them and were supported in participating in decision making regarding their medical care. Young people were supported to develop and maintain healthy lifestyles through access to structured recreational activities and

nutritional education. The week of the inspection was healthy eating week and there was an array of healthy food and beverage options available. There were medical services available onsite on a daily basis and care staff could access out-of-hours medical advice for young people if the need arose. There were a wide range of procedures to support staff in dealing with a range of medical issues. There were effective procedures to ensure young people were provided with adequate care in the event of a medical emergency or in the aftermath of an incident or accident.

Each young person in Oberstown underwent a health assessment, following admission, by one of the nursing team, after which a plan for their health was developed. Their health records were maintained and updated, as required, on an electronic system accessible only to the clinical staff. Inspectors found the information recorded to be detailed and up-to date. Brief information in relation to health and wellbeing was recorded in the young people's general file, which was accessible to all social care staff, to allow for staff to provide appropriate support. Where young people had a particular health concern, personalised advice sheets were prepared and shared with the unit social care staff as a support.

There was a full complement of healthcare staff. There was a range of health care services provided to the young people, on site at Oberstown. These included; nursing, general practitioner (GP), physiotherapy, dental, optician, podiatry, and a nutritionist. The young people could also access Assessment Consultation Therapy Service (ACTS) and Forensic Child and Adolescent Mental Health Service (FCAMHS) as well as in reach drug addiction support services. This ensured that young people could access specialist services to address health and wellbeing needs as they arose.

Young people are encouraged to be involved in decision making regarding their health, through attendance at PPM meetings. In cases where a young person required specialised health care services in the community, there were procedures in place to facilitate this, as well as in the event of the need to access emergency healthcare.

Communication across health care, wellbeing and care staff was effective. The multi-disciplinary team (MDT) held weekly meetings where young people's needs were discussed from a holistic viewpoint and actions agreed. The young people's records demonstrated good follow through by professionals of the actions agreed.

When recruitment of an addiction counsellor to the ACTS team was unsuccessful, the alternative approach of having two agencies provide addiction services was adopted. One provides one-to-one counselling twice weekly and the other service provides group interventions on a need basis. Where a young person is admitted with an active addiction, the medical team manage treatment for this young person. Staff

reported that this is not a common occurrence. There have been situations where young people has gone directly from Oberstown to a residential rehabilitation facility. Provision of high quality health care can make a significant positive impact on young people, who may not have had access to the same level of care in the community.

There were systems in place to prepare young people to return to their families, communities or transition to the Irish Prison Service (IPS). Planning for leaving Oberstown formed part of the service model of care. The leaving plan was an integral part of placement planning meetings where young people were consulted about their care. There was a multi-disciplinary input into the planning for young people leaving and opportunities were provided for the young people to learn skills and acquire education and training that would support them into the future. Opportunities for permitted absences, to engage in employment or training in the community, as allowed under the Children Act, 2001, Part 10, section 203, were also being utilised under strict conditions. However, mobility trips, where young people are permitted trips in the community accompanied by staff, also allowed under the Children Act (2001) part 10, section 204, were being used in very limited circumstances to facilitate appointments for young people. Staff told inspectors that they would welcome a reintroduction of mobility trips as, in the past, their experience was that these trips had assisted young people as part of their preparation to leave the campus and supported them to successfully transition back into their community. The director told inspectors that assessment of risks associated with mobility trips and the profile of offences, meant that no reintroduction was being considered at the time of inspection.

Some of the young people in Oberstown were under care orders which meant that the Child and Family Agency (Tusla) was responsible for ensuring the young person had a stable place to live when they leave Oberstown. From the data provided by Oberstown and from discussion with management and staff, inspectors were aware of some situations when young people, subject to care orders, did not have a stable placement to go to. In these situations Oberstown staff were proactive in engaging with the Tusla to advocate for the young people. In situations where Oberstown had concern regarding the young person returning to their family, this was referred to the Designated Liaison Person (DLP) who, where appropriate, made reports to Tusla.

Inspectors reviewed young people's files for their preparation for leaving and found that leaving plans were consistently discussed at the placement planning meetings and parents and guardians were invited to attend these meetings.

In preparation for leaving, young people were supported to complete a personal development programme in line with their assessed needs. The programme was aimed at assisting young people to develop social skills, encourage self-awareness

and build their knowledge and confidence to navigate the day-to-day living challenges.

For young people who were transferring to the IPS, transfers to prison were managed well, with a collaborative approach taken between Oberstown and the prison service. A young person's transfer pack had been developed by both services which ensured young people had detailed information about how the prison was run and what to expect. This pack also included information on prisoner rights and how to make a complaint. As part of the transition plan for young people, Oberstown held MDT meetings in the prison where counterparts meet each other to provide a handover prior to the young person moving.

There were clear systems and procedures in place to protect young people from harm and abuse. These included Oberstown Child Safeguarding Statement, which was in line with Children First (2015), safe recruitment processes, clearly defined reporting procedures and improved monitoring and oversight systems. Young people had access to advocacy services and young people reported to inspectors that they felt safe on the campus and knew who to speak to if they did not feel safe. However, while there had been improvements since the last HIQA inspection with regard to reporting procedures for mandated reports, record keeping and tracking of reports regarding child protection concerns, further improvements were needed in these areas. Training staff in child protection and welfare continues in Oberstown. However, not all staff who required refresher training in children first had completed the training and training for mandated persons was at the planning stage.

When young people are admitted to Oberstown, the DLP meets them as soon as possible to explain their role and to talk to them about keeping themselves safe. The DLP reported they work closely with the advocacy officer to ensure all young people have an avenue they can take to express their concerns. Developing young people's knowledge and self-awareness around child safeguarding and self-protection skills is addressed with the young people in a number of ways including; through key-working sessions, conversations with their unit manager, and through the outcome star programme.

Oberstown Child Safeguarding Statement was reviewed in March 2024 and was in line with Children First legislation. The 'safeguarding young people in Oberstown procedure' had been updated to include information on the role of the deputy Designated Liaison Person (deputy DLP). Having a deputy DLP ensured that when the DLP is on leave this child safeguarding role continues to be operational under the deputy DLP.

Since the last HIQA inspection, improvements had been made to the monitoring and oversight systems with regard to child protection and welfare in Oberstown. The deputy DLP, who was part of the senior management team, had taken on an

oversight and monitoring role of the DLP's responsibilities. This oversight included an audit of the child protection and welfare concerns recorded between September 2023 and December 2023. From this audit, 15 follow up actions were identified and inspectors noted that, at the time of the inspection, 14 of these actions have been completed by the DLP. Since December 2023, a system is in place whereby the deputy DLP and DLP met monthly to review child protection and welfare concerns raised with the DLP for the previous month and agree actions to be completed. The notes from these meetings indicated that this system of monitoring was effective as there were improvements in timely referrals to Tusla and follow-up actions being completed. Since January 2024, the DLP provides monthly child protection and welfare reports to the board of management, which ensures increased monitoring and oversight at the most senior level in Oberstown. The DLP also meets monthly with the director of Oberstown. The DLP reported that the increased oversight by management has made them feel more supported in their role.

Last year's HIQA report highlighted the concern that staff who were mandated persons were not making mandated reports, as required by Children First Act (2015), in all incidences. Oberstown management had advised in their compliance plan that they would have the correct procedure operational by November 2023. However, an update to their compliance plan outlined that while some progress has been made in terms of increasing staff awareness of their obligations as mandated reporters, online training for mandated reporters has not yet been rolled out. Social care workers, as mandated persons, must discharge their statutory obligations under Children First Act (2015) as it cannot be discharged by the DLP on their behalf. However, the practice within Oberstown was that social care staff reported child protection and welfare concerns to the DLP who, in consultation with the staff, determined whether or not the concern reached a threshold to be reported to Tusla. While Oberstown procedures outlined that these reports should then be jointly reported by the mandated staff and DLP, in reality, at the time of the inspection, the DLP was making these reports on the mandated staff's behalf. Inspectors found that social care staff were knowledgeable about their role as a mandated reporters in line with Children First Act (2015) and they recognised that they can independently make a report about child protection and welfare concerns that they may have.

As part of measures to ensure staff at all grades understand their roles in child protection and welfare, children First training continues to be rolled out in Oberstown. The DLP and the deputy DLP completed training on the role of the Designated Liaison Person, the board of management completed Children First training and all new recruits to Oberstown completed Children First training. Staff are required to complete refresher training in Children First every two years and data provided by Oberstown shows that, at the time of the inspection, there was 69% compliance with this training. As highlighted above, online training for all staff who are mandated reporters remains at the planning stage.

Recording and tracking child protection and welfare concerns has improved since the last HIQA inspection. The DLP maintained one folder for mandated reports and a second folder for all other child protection and welfare concerns. When the DLP meets a young person there is a record of the meeting recorded on their electronic file, though the details of the meeting is not recorded in the young person's file, the DLP kept separate records of these meetings. There are plans progressing to create a restricted access section in the young person's electronic file where the details of child protection and welfare concerns could be recorded.

There is a marked improvement in the management of mandated reports from 2024, which would indicate the effectiveness of the new oversight systems. A sample of child protection and welfare concerns were reviewed and it was found they were dealt with appropriately. Of those identified as mandated reports, all but two were reported to Tusla in a timely manner. The two reports with delays related to 2023. Inspectors also found that where young people raised concerns about their treatment by An Garda Síocána, and the young person consented, reports were made to the Garda Ombudsman.

Overall, there was an effective system in place for the management of complaints made by the young people, although there needs to be a clear system to ensure young people are aware they can appeal if they are not satisfied with the outcome. Since the last HIQA inspection, the advocacy officer received 11 complaints from young people. Inspectors reviewed seven of these complaints and found one was ongoing and the others had been closed. Of those closed, there were two complaints where the young person was not satisfied with the outcome. There were no records, on the complaints reviewed, to indicate that the young people were advised of the appeals process in the event they are not satisfied with the outcome of the complaints process.

The use of restrictive practices still required significant improvement within Oberstown. Restrictive practices were not always used strictly in exceptional circumstances and for the shortest period of time. There was no guidance or procedure documents in relation to the use of physical interventions with young people. Further improvements were required to ensure consistent quality recording of the use of restrictive practices.

The HIQA inspection in 2023 found that procedure documents in relation to the use of single separation and conducting searches were not up to date and there was no procedure regarding the use of physical intervention. It also found that aspects of the procedures were not always followed or recorded, such as facilitating young people's right to access fresh air, completing risk assessments and seeking authorisation for the use of single separation. During this inspection, inspectors found that progress had been made in a number of these areas. The single separation and searches

procedures were updated and there were some improvements in recording incidents, facilitating young people's access to fresh air, completing risk assessments and in seeking authorisation in relation to restrictive practices. The compliance plan submitted by Oberstown management, in response to the 2023 HIQA report, outlined that in order to enhance a documented approach to physical intervention, a guidance document and procedure would be developed around the implementation, recording and review of physical interventions, by the end of April 2024. However, at the time of this inspection, inspectors were told that these documents were in development stage which included a consultation process with an external group.

Oberstown children's rights policy framework requires that restrictive practices are only used in exceptional circumstances for the shortest period of time necessary and that practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances. Furthermore, the National Policy on Single Separation Use in Secure Accommodation for Children in Special Care and Oberstown (2016) outlines that single separation should only be used in circumstances where there is immediate risks of harm or injury to the child, other children, staff or risk of damage to property. It outlines that the single separation period should be ended as quickly as possible.

This inspection found that single separation was not just used as a last resort when risk was present. The updated single separation procedure guided staff practice in relation to the use of single separation. It detailed roles and responsibilities of staff across all levels and set out steps to be taken with respect the use of single separation of young people where required. While the procedure clearly outlined the steps to be taken and by whom, depending on the length of time the single separation continues for, there was no clear direction to end the separation as quickly as possible, once the immediate risk was gone. The procedure did not clearly state the parameters for ending single separation, that is, once the young person is no longer posing an immediate risk. There were clear steps for oversight by unit managers, site managers and deputy directors. Inspectors found that these oversights were in place, for the most part, in cases reviewed. However, the procedure only required a member of the management team, the director, to meet the young person if single separation goes over three days. There is no requirement for any other manager to meet the young person prior to day three of a continuous single separation and this required review.

While staff demonstrated good understanding of the single separation procedure, inspectors found that practice relating to the use of single separation required improvements. Its use was not always in line with the children's rights policy framework, not always proportionate to the assessed risk and not always for the shortest period of time necessary. From the sample of incidents reviewed and from what staff and young people told inspectors, further training was required to ensure

staff understand the strict parameters in which restrictive practices are permitted and the requirement that restrictive measures are ended as quickly as possible.

Inspectors found that single separation was being used as a means of getting young people to engage in discussion around incidents and their behaviours. The manner in which single separation was timed was inaccurate as time was 'paused' when a staff member interacted with the young person. Opportunities to end single separation earlier were being missed. Inspectors reviewed restrictive practice records for seven young people. Four incidences of restrictive practices were identified as not proportionate to the risk posed. In six of these cases, there were inaccuracies with the time period recorded for the young people on single separation. In three of the cases inspectors identified that opportunities to end single separation were missed.

These cases included where a young person was found to have concealed their own prescribed medication and a period of single separation was initiated despite records not reflecting any immediate risk. In another case a young person was placed on single separation as a result of calling a staff member names, again the records did not indicate an immediate risk. Another case was where a young person returned from court without issue, and was informed they had to return to single separation until they discussed concerns which lead to an incident the previous day. An example of incorrect time records was where a young person's single separation started at 18.10 and ended at 21.00. The time recorded was one hour 10 minutes, but the actual time period was two hours 50 minutes. Indeed for this young person the time was even longer as records indicate that the young person was awake until at least 21.30 but records of separation end at 21:00, bedtime. In a case where there were missed opportunities, a young person was observed as calm, after a period of single separation, but no effort was made by staff to end the single separation until over two hours after this observation was noted.

Young people described some times when they were restricted to their rooms at the weekend until 12pm as there was not enough staff on duty in their units. They did note that they do have access to the MP rooms if they want. However, there are only three MP rooms per unit and eight young people in each unit. Unit managers told inspectors that the need to facilitate staff leave and time off is greater during weekends therefore this impacts on the levels of staff on the unit during these times. One young person made a complaint about this, the complaint was founded and the issue was raised by the advocacy officer with management. A directive was given at senior management level to ensure young people can leave their bedrooms by 9.30am on the weekends. However, young people and the advocacy officer advised that this is not consistently being adhered to.

There were mixed views from young people regarding single separation with some young people clear on the reasons for it and had no issues, while other young people say it is dependent on the staff.

Since the last HIQA inspection, in September 2023, there were 45 physical or safety interventions carried out by staff, 709 incidences of young people on single separations, 50 young people on individual recovery programmes, two incidents of young people being handcuffed, 161 clothing searches and 50 room searches. While the rate of physical interventions had decreased, there was an increase in the rate of single separations since the last inspection.

Review of the use of restrictive practice measures required improvement. Incidents involving the use of restrictive practice such as single separation were discussed at incident, accident and assault (IAA) meetings. A sample of incident, accident and assault meeting reports reviewed by inspectors did not demonstrate an analysis of the incident to establish trend, learning and what could be done differently to promote a better outcome for the young people.

Overall, the premises was found to provide a safe and secure environment and met the needs of the service and young people in Oberstown. The inspector observed the fabric of the units to be mostly kept in good condition, were painted and had limited damage. Some improvements were required with the oversight of maintenance of the premises.

Security systems were effective and there was good oversight of the management of keys, access to and maintenance of handcuffs and vehicles. Fire safety improvements noted on previous inspections had been sustained, and established fire safety management systems were maintaining adequate fire precautions. However, some day-to-day risks were not being captured and required action. For example, kitchen extract systems were not being effectively cleaned to prevent the build-up of grease. The electrical installation (electrical wiring, outlets, switches and fixtures), had not been inspected and tested to verify it was in good condition. Notwithstanding the fire safety programme which had commenced, the fire safety management plan was out of date since November 2023. This was due to be updated under the Fire Safety Management system in development. The action plan for the fire safety risk assessment did not have a status update to show which actions, if any, had been addressed.

In terms of fire safety, each unit was fitted with a suite of fire safety systems to protect young people from the effects of fire. These included a fire suppression water mist system within the bedrooms and a smoke extract system on bedroom corridors. There were also fire hose reels within each unit to enhance staff ability to suppress a fire. The smoke extract system was in place to support a controlled evacuation and

purge smoke from the escape corridors. These systems were serviced and maintained within the required timelines. Escape routes were all clear and free of obstruction. Electrical appliances had been tested to ensure they were safe, however the electrical installation (electrical wiring, outlets, switches and fixtures), had not been inspected and tested.

Fire safety improvements noted on previous inspections had been sustained, and established fire safety management systems were maintaining adequate fire precautions. However some day-to-day risks were not being captured and required action taken. In some units, the kitchen extract systems were not being sufficiently cleaned and the inspector noted an excessive build-up of grease in the extract unit. This was compounded where the grease filters were missing. This presented an increased risk of fire within the units; it was confirmed to the inspectors that this would be actioned immediately.

The fire evacuation procedures were displayed within the units and they were clear and legible. They were displayed on the office side of a glass panel so young people could familiarise themselves with the procedure, in addition to being given fire safety information within 48 hours of moving into the unit. The inspector reviewed a sample of the records and while most received the information within the required timeline, some did not. At the time of inspection, all young people, but one new admission, had received fire safety information. The electronic health care system flagged if any young person was overdue receiving fire safety information.

Each unit had an individual fire safety register and these were reviewed by health and safety personnel. They were mostly found to be up-to-date and contained pertinent documentation, such as the procedure for operating the water mist suppression system and the fire safety management plan and fire policy. Daily logs of the checks of fire safety equipment and means of escape were captured, with some gaps noted in the checks logged. Frequent drills were taking place with staff, which staff confirmed. The centre would benefit from having a matrix available to track and confirm which staff had completed the drill, as it was completed on an ad hoc basis.

The development of a new Fire Safety Management System was due to commence in July, with technical support from a third party fire safety advisor. This includes updating the current suite of fire safety documentation. Management had arranged for a fire safety risk assessment to be completed. This is a collective assessment to identify, assess and risk rate fire safety risks. This assessment included an action plan with recommended timelines to address risks, however there was no status update to show which actions, if any, had been addressed. The board of management had also recently approved a comprehensive crisis management plan in May of this year, which sets out arrangements in the event of a crisis situation.

Overall, the premises was found to provide a safe and secure environment and met the needs of the service and young people in Oberstown. The design and layout of the premises promotes young people's safety, dignity, independence and wellbeing. The units comprised two buildings, with three interconnected residential units in each. Each unit had two separate bedroom corridors - one with six and one with four – each leading to a central living space. There were three multi-purpose rooms with access to television and video games. There was also a pool table and table tennis table in each unit. The central area had a living space and had recently procured new furniture in each. The inspector saw inspirational murals of a tree with positive affirmations and goals for the unit. The inspector noted some office doors within the units were propped open. The inspector observed this to happen only when young people were not in the vicinity of the office, nonetheless this is poor practice. The kitchens and laundry rooms within the units were well equipped and the inspector saw young people using them and supported by staff to do so. The sinks in the laundry and within the cleaner's room were visibly unclean and would benefit from being included on the cleaning schedule.

Each young person had their own bedroom, complete with bed and adjoining shower facility. Privacy in the shower was provided with a curtain. There was access to television and an emergency call bell in each room. The design of the bedrooms was basic, but maintained a balance between functionality and safety. Young people were encouraged to personalise their room with photographs, posters and certificates of achievement. Young people also displayed their own artwork in their room. The window in each room had controls to provide fresh air and to adjust the blind. Personal possessions were stored in locked cupboards on the bedroom corridors, access to which was facilitated by staff on request.

There were mixed opinions from staff in relation to the suitability of the furniture in terms of comfort and functionality. The deputy director reported that they have engaged an interior designer to look at interiors of the units to develop a colour pallet for rooms and put some options together that will then be brought for consultation with the young people. The deputy director also said that they are in the early stages of looking at furniture and soft furnishings options for the units.

Each unit had a safe outdoor recreational space, most of which had a basketball ring. These areas were adequately maintained. There was also an astro turf pitch and a grass football pitch available for use by young people.

During the inspection, one unit was vacant. This unit was not ready for occupation. If required to immediately admit a young person in an emergency, it would require cleaning and preparation ahead of admitting a young person. In one bedroom the inspector saw clothes from a previous young person, and the room had not been cleaned. The management of the units would benefit from a system for when the

units become vacant, procedures would be in place to have it ready for the next admission.

There was a capital programme with a focus on improvements to safety, security and energy conservation. This included plans to retrofit access sashes to windows to provide a more effective means to maintain windows. In line with environmental targets, in one unit, the lighting was replaced with efficient smart LED lighting, with plans to roll this out to the other units.

The inspector observed the fabric of the units to be mostly kept in good condition, were painted and had limited damage. That said, there was some longstanding damage which required action. In three units, a roof light had been damaged and the glass shattered. Due to the type of glass, the integrity of the glass meant that it had not fallen in and the inspectors were told it was safe. This was identified at the inspection in 2021. Management had identified structural cracks forming along some of the bedroom corridors. Investigative trial holes had been made and the cracks were being monitored to identify how best to address them.

In one unit, the external doors were damaged in that the glass in the doors were damaged and removed, with the openings covered by Perspex panels screwed into the frame. Two windows were also observed to be shattered and were awaiting repair. Flooring in some areas was becoming damaged from wear and tear. Window controls to two windows were noted to be not working. The drainage grates in the external approach courtyards were blocked in many areas and required clearing to ensure surface water drainage was effective.

There was a facility maintenance system in place and there was a means for staff within the units to report maintenance issues. The level of urgency was assigned by staff members within the units, where a colour coded priority system defined the response time. While this was a monitored system, it relied on staff reporting maintenance issues. While the system was effective in most situations, the service would benefit from environmental audits to identify deficits in a proactive manner, rather than being reactive.

There were service contracts in place to ensure building services and fire safety systems were serviced when required. This was monitored by a third party maintenance contractor on site and Oberstown facilities management.

Security measures were reviewed, including the systems and practices in place. There was an effective system to track unit keys; staff were required to sign them in and out with security personnel. The inspectors observed this in practice and it functioned well. The unit keys observed were consistently arranged, in that they were colour

coded and the keys were in a specific sequence on the key chain. Staff spoken with were mostly knowledgeable on the use of each key.

Handcuffs were audited monthly to ensure they were tracked and that there was none missing. The system would benefit from a more regular inventory to ensure none are missing. Each had a serial number and this was detailed when signed in and out. There were procedures in place for both maintaining the handcuffs to ensure they functioned, and for tracking allocation of each set. However, the system in place, did not provide information on how long they were in use on a young person, as while they were reportedly routinely returned as soon as possible, they were not always signed back in.

Cellular vehicles and cars were regularly serviced, equipped with safety equipment and roadworthy. Keys were signed in and out as required, in line with the process in place. Managerial approval was required for use of vehicles.

Rule 2: Education and Recreation

Young people were provided with educational, vocational and recreational programmes appropriate to their needs. At the time of the inspection, all young people had educational and recreational plans which were individual to their needs and interests. There were services and facilities available on campus which allowed for a variety of programmes so that young people could develop and strengthen their interests, talents and capabilities. A comprehensive activities programme was in place for young people Monday to Friday, though there were less structured activities available to young people at the weekends. However a new tender process for structured activities was in progress and was seeking to provide activities over six days per week. All of the young people were enrolled in the school and a plan for their education was developed within the school. There was a high level of attendance at school, though at times, some young people missed some of the school day due to the practice in place for resolving incidents with school personnel.

Judgment: Compliant

Rule 3: Health

The young people in Oberstown had access to excellent health, medical and therapeutic services on the campus. Young people had timely access to medical services as they required them and were supported in participating in decision making regarding their medical care. Young people were supported to develop and

maintain healthy lifestyles through access to structured recreational activities and nutritional education. There were medical services available onsite on a daily basis and care staff could access out-of-hours medical advice for young people if the need arose. There were a wide range of procedures to support staff in dealing with a range of medical issues. There were effective procedures to ensure young people were provided with adequate care in the event of a medical emergency or in the aftermath of an incident or accident.

Judgment: Compliant

Rule 5: Preparation for leaving Care

There were good systems in place to prepare young people to return to their families, communities or transition to the IPS. Planning for leaving formed part of the service model of care. The leaving plan was an integral part of placement planning meetings where young people were consulted about their care. There was multi-disciplinary input into the planning for young people leaving and opportunities were provided for the young people to learn skills and acquire education and training that would support them into the future. However, opportunities for permitted absences, to engage in employment or training in the community, as allowed under the Children Act (2001), was only being utilised under strict conditions such as to attend appointments and in limited circumstances to engage in work experience in the community.

Judgment: Compliant

Rule 6: Safeguarding

There were clear systems and procedures in place to protect young people from harm and abuse. These included Oberstown Child Safeguarding Statement, safe recruitment processes, clearly defined reporting procedures, and improved monitoring and oversight systems. Young people had access to advocacy services and young people reported to inspectors that they felt safe on the campus and knew who to speak to if they did not feel safe. There were improvements, since the last HIQA inspection, to reporting procedures for mandated reports, record keeping and tracking of reports of child protection and welfare concerns. However, staff who were mandated reporters did not make mandated reports or jointly make mandated reports with the DLP (as outlined in procedure), further improvements are needed in these areas. Training staff in child protection and welfare continues in Oberstown, however refresher training in Children First is not fully compliant and training for mandated persons had not commenced.

Judgment: Substantially Compliant

Rule 9: Restrictive Practice

There were times when young people were subject to restrictive practices, where the criteria of exceptional circumstances and for the shortest period of time were not adhered to. Further improvements were required in the recording of restrictive practices, including how periods of time for single separation were recorded. The procedure for single separation did not include the direction to end single separation as quickly as possible, once the immediate risk was gone. There was no guidance or procedure documents to direct and support staff in the use of physical interventions with young people. At weekends, some young people were being restricted to their bedrooms until 12pm as there was not enough staff available to allow them leave their bedrooms from 9.30am.

Judgment: Not Compliant

Rule 11: Physical Environment

Fire safety improvements noted on previous inspections had been sustained, and established fire safety management systems were maintaining adequate fire precautions. However some day-to-day risks were not being captured and required action. For example kitchen extract systems were not being effectively cleaned to prevent the build-up of grease.

The electrical installation (electrical wiring, outlets, switches and fixtures), had not been inspected and tested to verify it was in good condition.

Notwithstanding the fire safety programme which had commenced, the fire safety management plan was out of date since November 2023. This was due to be updated under the Fire Safety Management system in development. The action plan for the fire safety risk assessment did not have a status update to show which actions, if any, had been addressed.

Overall the premises was found to provide a safe and secure environment and met the needs of the service and young people in Oberstown. The inspector observed the fabric of the units to be mostly kept in good condition, were painted and had limited damage. The inspector saw an office door being propped open which was poor practice as there was equipment in the office which may pose a risk to young people if the office door was left open in error, while young people were present. Some improvements were required with the oversight of maintenance of the premises, for example; there was damaged roof lights in three units. The glass in a number of external doors in one unit had been removed due to damage and was awaiting

repair. The sinks in the laundry and within the cleaner's room were visibly unclean. The drainage grates in the external approach courtyards were blocked in many areas and required clearing to ensure surface water drainage was effective. Window controls in two windows were not working.

Security systems were effective and there was good oversight of the management of keys, access to and maintenance of handcuffs and vehicles.

Judgment: Substantially Compliant

Appendix 1 - List of rules considered under each dimension

Rules:	Judgment
Capacity and Capability	
Rule 10 – Staffing, Management and Governance: The care of young people shall be provided by a suitable number of appropriately qualified staff of various grades, and effective and transparent management and governance shall be in place to deliver public accountability.	Not Compliant
Rule 12 – Authority to Suspend Rules: In exceptional, emergency circumstances, the Director may limit the effect of these Rules to the extent that it is necessary to deal with that emergency.	Compliant
Quality and Safety	
Rule 2 – Education and Recreation: Young people shall have access to appropriate education, training and leisure activities suited to their needs and abilities and designed to prepare them, for independent living	Compliant
Rule 3 - Health: Young people shall have access to health, medical and therapeutic care in line with their assessed needs.	Compliant
Rule 5 – Preparation for Leaving Care: Young people shall be prepared for leaving Oberstown through placement planning that assists their successful return to their families, communities or transition to prison. Such planning shall take account of policies and procedures for mobility trips, temporary leave and supervision in the community	Compliant
Rule 6 - Safeguarding: Young people shall be protected from all forms of harm and abuse and their welfare promoted.	Substantially Compliant
Rule 9 – Restrictive Practice: Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.	Not Compliant

Rule 11 – Physical Environment: Young people shall be cared for in an environment that is safe and secure, considering their physical, emotional and psychological well-being.

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.

Compliance Plan ID:	MON-0043626
Provider's response to Inspection Report No:	MON-0043626
Centre Type:	Oberstown Children Detention Campus
Date of inspection:	11 06 24
Date of response:	

These requirements set out the actions that should be taken to meet the Oberstown Children's Rights Policy Framework.

It outlines which rules the provider must take action on to comply. The provider must consider the overall rule when responding and not just the individual non-compliances as outlined in the report.

The provider is required to set out what action they have taken or intend to take to comply with the rule in order to bring the campus back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Capacity and Capability

Rule 10 - Staffing, Management and Governance	Judgment: Not Compliant
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Outline how you are going to come into compliance with Rule 10:
 The care of young people shall be provided by a suitable number of appropriately qualified staff of various grades, and effective and transparent management and governance shall be in place to deliver public accountability.

The campus has a recognised allocation of fifteen RSCW per unit; given that we consistently have five units open this equates to seventy five RSCW in total. On occasion we have to open a sixth unit for females and this tends to be single occupancy and the numbers of RSCW required to resource this unit are much lower. Our current headcount is eighty seven RSCW however, due to various types of leave this can fluctuate on a daily basis and as of September 6th we had seventy six staff available to roster.

From an RSCW recruitment perspective, we have had four campaigns this year, and twelve out of nineteen job offers were accepted. Our next RSCW campaign goes live on September 12th.

A campaign to recruit into senior operational roles to support the Deputy Director Care closes on August 19th and to date there is very good interest in same. Interviews will take place in September and we could be on boarding in mid-November.

Commencing month end September, we will pilot a scheme within the site manager role which seeks to build capability and capacity so that those who are successful at selection process are better equipped for leadership roles; this pilot scheme speaks to succession planning.

Our new Head of Corporate will commence employment prior to month end October and will be a key strategic partner within the organisation.

As of 14th August, 93% of our staff are compliant with Children First Training and efforts continue regarding the online delivery. Additionally, every staff member undergoes Children First as part of their induction. Regular monitoring and

engagement with staff regarding same will be ongoing. An alert system is being developed in order to maintain compliance.

- We will develop a common template for unit manager roles to assist with the performance conversations which will include a section on tracking actions and performance indicators by December 13th 2024.
- This will be monitored by the Deputy Director for care in order to ensure improved performance and processes.
- We will continue to deliver our new supervision model in line with policy over the coming year in order for it to be fully reviewed within the next inspection.
- We will continue to be proactive and innovative in recruitment in order to develop a talent pipeline and ensure adequate numbers of staff are available to the service, while being mindful of the sectoral challenges.
- We will revise our procedure by September 15th 2024:
 - to ensure that the rationale for the use of single separation is more explicit;
 - to include direction on ending single separation in line with risk presentation;
 - to make provision for a unit manager to physically meet with the young person within a specified period of single separation.
- We will workshop the revised procedure with frontline staff by September 30th 2024.
- We will formally workshop the revised procedure on a monthly basis as part of unit team meetings commencing October 23rd 2024.
- A trending model will be developed in collaboration between the restrictive practice group and health and safety, to further enhance the learnings from After Incident Review, which will provide data on single separation by November 27th.

Proposed timescale:
January 8th 2025

Person responsible:
Damien Hernon/Michelle Griffin/Mick Byrne

Quality and Safety

Rule 6 - Safeguarding

Judgment: Substantially Compliant

Outline how you are going to come into compliance with Rule 6:

Young people shall be protected from all forms of harm and abuse and their welfare promoted.

- Oberstown will continue to seek permission to use TUSLA content for mandated reporters on our online learning platform 'Eazysafe' which will see us fully roll out the training by February 28th 2025.
- In the interim and on a transfer basis, the DLP will work with and mentor mandated reporters to ensure that there will be a seamless transition when they begin reporting themselves from March 1st 2025.

**Proposed timescale:
March 1st 2025**

**Person responsible:
Brian Hogan**

Rule 9 – Restrictive Practice

Judgment: Not Compliant

Outline how you are going to come into compliance with Rule 9:

Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.

- We will revise our procedure by October 15th 2024:
 - to ensure that the rationale for the use of single separation is more explicit;
 - to include direction on ending single separation in line with risk presentation;
 - To make provision for a unit manager to physically meet with the young person within a specified period of single separation.
- We will workshop the revised procedure with frontline staff by October 30th 2024.
- We will formally workshop the revised procedure on a monthly basis as part of unit team meetings commencing November 30th 2024.

- We will formally focus on the COPING (Control, Orient, Patterns, Investigate, Negotiate, Give) model/restorative conversations as a means of reintroducing young people after periods of single separation on a monthly basis as part of unit team meetings commencing November 27th. The COPING model forms part of our safety intervention training.
- We will develop a system that ensures that those young people who wish to rise early at the weekends are able to do so: unit managers will have oversight and be accountable for same, commencing September 28th 2024.
- A trending model will be developed in collaboration between the restrictive practice group and health and safety, to further enhance the learnings from After Incident Review, which will provide data on single separation by December 31st.
- We will develop a guidance document built around the CPI Safety Intervention handbook by year end 2024.
- The procedure for the implementation of CPI Safety Intervention is nearing completion and should be ready by year end 2024.

It should be noted that the CPI Safety Intervention model used on campus is supported by our own team of in house trainers and licenced experts from CPI. Teams are regularly drilled on safety intervention and episodes of physical intervention are reviewed in order to identify any potential learnings which are brought back into the training.

**Proposed timescale:
December 31st 2024**

**Person responsible:
Michelle Griffin**

Rule 11– Physical Environment

Judgment: Substantially Compliant

Outline how you are going to come into compliance with Rule 11:

Young people shall be cared for in an environment that is safe and secure, considering their physical, emotional and psychological well-being.

- We will routinely clean the kitchen extract systems commencing August 30th 2024.
- We will conduct an electrical installation inspection as part of a remedial package, which will also include fixed wire testing, on a unit by unit basis. Two units will be completed by year end 2024 and the remaining units will be completed by end of Q2 2025. Fixed wire testing will be included in planned periodic inspections every 5 years.

- We will introduce annual switches testing (MCBs, RCBOs, RCDs, and ELCBs etc) by December 13th 2024.

Please note: as a part of electrical systems inspections we conduct thermal imaging of all electrical distribution boards on an annual basis.

- We will commence environmental audits from Q4 2024 and they will take place each Qtr. from here on in.
- The fire safety management system implementation has commenced and is expected to be fully in place by the end of October 2024.
- The fire risk assessment action plan has commenced and a review of progress is scheduled in mid-September.
- The damaged roof lights/damaged glass/window controls will be repaired as part of a complete remedial package on a unit by unit basis which will require vacant occupancy. Due to capacity numbers at this point, it is not possible to put a close out date on this.
- All residential building façade (low level) window glass and door glass panel will be replaced by December 30th 2024.
- The damaged roof lights, because of capacity and security issues, will be replaced when the unit is vacated for the LED project and this project will be completed in all units by year end 2025.
- We will routinely clean the sinks in the laundry and the sluice room as part of the unit cleaning schedule commencing September 30th 2024.
- We will routinely clear drainage grates commencing September 30th 2024.

Proposed timescale:
December 31st 2025

Person responsible:
Karen Foran/Brian Hogan