



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Guidance for the Assessment of Oberstown Children Detention Campus

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Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children’s special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children’s social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children’s social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland’s health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

Visit www.hiqa.ie for more information.

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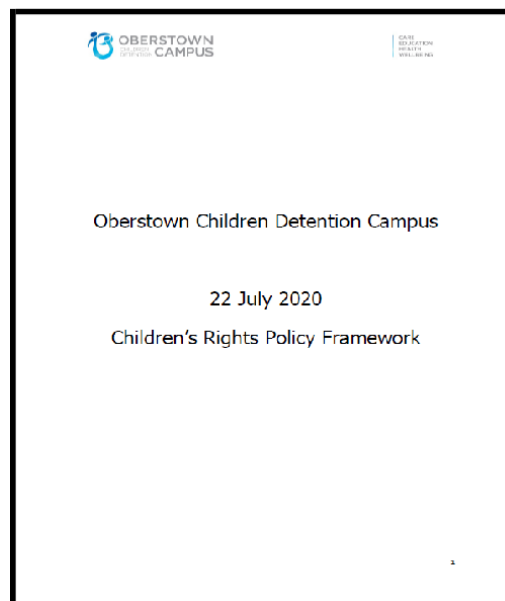
Section 1 - Introduction

The Health Information and Quality Authority (HIQA) monitors the safety and quality of services provided by Oberstown Children Detention Campus under section 185 and section 186 of the Children Act 2001, as amended by Criminal Justice Act, 2006.

This guidance will be used by inspectors alongside the assessment judgment framework, a tool developed by HIQA to assess compliance with regulations and standards. It can also assist the Director and Staff of Oberstown Children Detention Campus to self-assess their own service against the rules and implement continuous improvements. This guidance should be applied in conjunction with Oberstown Children Detention Campus Children's Rights Policy Framework (2020).

Section 2 - Oberstown Children Detention Campus Children's Rights Policy Framework

The framework consists of 12 rules which set out a high level statement or standard by which the performance of the Campus will be measured. For each rule there is an individually approved campus policy which details how each rule is to be implemented in practice. The framework is available to download on: [Oberstown Children Detention Campus- Children's Rights Quality Framework 2021](#).



Section 3 - Guidance on rules related to capacity and capability

This section describes rules related to the leadership and management of the Campus and how effective they are in ensuring that a good quality and safe service is being provided. It considers 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.

Dimension: 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.

What a service striving for quality improvement looks like:

Good governance ensures that there are effective and transparent management systems in place that provide assurances to the Minister for Children, Equality, Disability, Integration and Youth, the Board of Management and relevant stakeholders on the safety, quality, effectiveness and efficiency of the service provided. A well governed service is accountable for the actions it takes, learns from its successes and mistakes and always works within its legislative framework.

The Board of Management performs its functions in line with legislative requirements, and relevant criteria. Members of the Board carry out their duties and functions in line with the highest standards of good governance. The Board ensures that the Campus is managed in line with its statutory responsibilities and national policy. The Board supports the Director to carry out their duties and holds them to account. There is annual reporting by the Board in line with legislative requirements.

The Director has a clear understanding of and vision for the service, and fosters a culture that promotes a rights-based approach to care delivered to young people, whilst ensuring the security and safety of the campus. The Director oversees the service effectively and ensures that young people receive a quality and safe service. There is clear evidence that the Director is competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the service and meet its stated purpose.

The Director has the delegated authority to affect change and ensure that care delivered to the young people detained on the campus is of a high standard and they have a clear understanding of and accountability for their role and responsibilities. The Director delegates daily oversight appropriately and has systems and structures in place to assure that care is delivered as expected.

The governance and management systems in place assure the delivery of high-quality, person-centred care, supports learning and innovation, and promotes an open, fair and transparent culture that empowers the young people using the service. Overall, accountability for the delivery of the service is clearly defined, and there are clear lines of accountability at individual, team, management and board level so that all staff working in the service are aware of their responsibilities and who they are accountable to. The culture within the service

encourages regular feedback from young people, relatives, staff and others, and this feedback informs practice and continuous quality improvement. The service is provided in accordance with its legislative remit, and it deploys resources effectively and efficiently.

Effective governance ensures positive outcomes for young people using the service through care and support that is person-centred and promotes an inclusive environment where each resident matters. There are systems in place to assess outcomes for young people, and good communication is seen as the cornerstone on which safe and effective services are provided.

The governance systems ensure that service delivery is safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system in place. The provider, management team and Director are continually looking for innovative ways to meet the evolving needs of young people placed in the campus and to ensure their rights are respected. There is evidence that they strive for excellence through consultation, research and reflective practice.

Continuous improvement is achieved through a culture of learning which supports training and development of staff, which in turn supports the ongoing enhancement of quality and safety. Continuing assessment and audits are part of the ongoing review of the service which evaluate outcomes for young people. There are systems in place to ensure that the views of young people are sought regularly and taken into consideration. Young people are facilitated to raise issues in a supportive environment. Young people report that staff are accessible and supportive. Visitors report that staff are welcoming and treat children with respect, dignity and kindness.

There are effective structures in place for the management, monitoring and delivery of a high quality service. The Director constantly seeks to improve the quality and safety of the service. They evaluate compliance with the rules, statutory requirements and other relevant legislation that are specifically their responsibility, and implement a structured quality improvement programme to address any deficits and drive quality improvement initiatives. New and existing legislation and national policy are reviewed on a regular basis to determine what is relevant to their service and how it impacts on practice.

There is a good understanding of risks which relate to young people detained in the campus as well as environmental and corporate risks. A culture of safe and appropriate care exists for young people detained. This has resulted in an appropriate balance between promoting each young person's autonomy and maintaining their safety. Good risk management is informed by thorough and appropriate risk assessment. Staff understand the necessary balance between risks and the rights of young people detained. There is a risk management policy in place and this is implemented. It includes the identification and assessment of risks throughout the campus and the measures and actions in place to control the risks identified. There is a plan in place for responding to any interruption of services, damage to property, incidents likely to

cause death or injury and emergency situations, and all reasonable measures are taken to prevent accidents in and on the grounds of the campus.

The campus is adequately staffed by a sufficient number of suitably trained and qualified staff having regard to the needs of young people detained there and to ensure the security and safety of the campus. Staff members employed are suitable to work in the detention campus and all required personnel records and documents are obtained. Staff are always available to ensure the safety of young people, and contingency plans are in place in the event of a shortfall in staffing levels. There is an appropriate induction programme for staff relative to their role.

Staff are supported to effectively exercise their individual and collective accountability for the provision of effective and safe care and supports. Staff are provided with access to support as well as development opportunities, and their performance is appraised at regular specified intervals by appropriately qualified and experienced staff. There are effective arrangements in place to facilitate staff to raise concerns and make protected disclosures about the effectiveness and safety of the service in accordance with legislative requirements, where relevant.

Staff are aware of their roles and responsibilities. They are appropriately supervised by management, to ensure their practice is in accordance with relevant policy and procedures, and national standards, guidance and legislation. A written record is maintained of each supervision and a copy is given to the staff member. The record is signed by the supervisor and staff member at the end of each appraisal and is available for inspection.

There are systems in place to enable and ensure information is confidentially maintained, ethically used, of high quality, accurate, appropriate, kept up to date and accessible to relevant staff.

Staff are provided with clear information and policies and procedures relevant to the performance of their functions. Copies of the relevant legislation, rules, statutory requirements, and other relevant guidance published by government or other statutory agencies are available to staff. New and existing legislation and national policy are reviewed on a regular basis, and staff are informed what is relevant to their service, how it impacts on practice and are supported to address any gaps in compliance.

Staff are supported to do their jobs well and are knowledgeable about structures and systems in place to support them. Staff at all levels have consistent and competent line managers from whom they can seek advice and support, communicate risks or concerns and develop their skills. There is a written code of conduct for all staff. Staff understand their roles and responsibilities as well as accountability and reporting lines. Staff are supported to effectively exercise their professional accountability for the provision of effective and safe care. Each staff member's performance is formally appraised at least annually by appropriate personnel.

There is a policy on staff training and development. This has been adopted and implemented and is reflected in practice. Staff have access to professional development courses and training to enable them to provide care in accordance with evidence-based practice and to promote and protect the life, health, safety, development and welfare of each young person. A culture of learning is promoted through training and professional development as well as through the strategic plan for the campus. The Director supports staff to continuously update and maintain their knowledge and skills to ensure the delivery of a safe and effective service for young people detained there.

Ongoing training programmes encourage a rights-based approach to care provision where the core human rights principles of fairness, respect, equality, and dignity are promoted. The Director works with all staff, to evaluate and improve the provision of safe and secure care and ensure continuity of quality care.

The culture and ethos of the organisation is embodied by staff, who clearly recognise their role as advocates for the young people placed in the campus. Staff facilitate a supportive environment at all times, and they are well equipped with the knowledge and skills to recognise the signs of abuse and the actions required to protect the young people from harm. Young people report that staff interact with them in a kind and respectful manner, and staff uphold the young people's core human rights of fairness, respect, equality, dignity and autonomy. When the occasion arises when a young person is dissatisfied, they can raise the issue without fear of reprisal and the issue is dealt with in a professional and timely manner.

Policies and procedures are consistent with relevant legislation, professional guidance and international best practice.

What this means for the young person:

Young people placed in the campus receive an appropriate, well governed good quality service that meets their needs in a timely way. They are protected by evidence-based policies, procedures and guidance. They are confident that those who are caring for them and those who oversee the service know what they are doing. The young people feel secure knowing the campus Director has sufficient resources and allocates them appropriately to ensure that they receive a quality and safe service. Young people experience a consistent approach from staff and benefit from a service that learns from its successes and mistakes and uses these as opportunities to continually develop and improve.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- if the Director demonstrates in practice that they have the necessary skills and experience to control and supervise the campus
- the effectiveness of the governance, operational management and administration of the campus being inspected so that there are positive outcomes for all young people
- if there is a sufficient number of staff to meet the needs of young people and ensure the security and safety of the campus
- staff practices and interactions with young people to determine if there are enough suitable staff on duty, whether staff have the necessary skills to meet young people's needs, that these needs are being met and that young people are safe
- whether the atmosphere in the campus is rushed/busy, for example, if call bells/buzzers or other requests for support are responded to promptly
- if cover arrangements are in place for staff absences, where applicable
- the way in which staff are deployed and how the shifts are covered to meet young people's needs
- staff handovers to observe the level of knowledge of staff and how effectively they communicate
- how new staff are supported by mentoring and buddy systems
- staff's access to managers for supervision and support
- if the planned and actual staff rotas correspond
- any governance and management meetings
- any senior management meetings including quality assurance meetings, meetings regarding risk, etc.
- team meetings.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to determine if they know who the Director is and what his or her role is and to find out their views on the effectiveness of the Director
- to establish their view on and experience of staffing in the campus, for example, how staffing levels impact on their daily lives. This may also include talking to their relatives and friends, advocates and any visiting professionals.

Inspectors will communicate with **the Director:**

- to establish their level of oversight and engagement with the service
- to establish that the post is full-time, find out that she/he meets the requirements of the post and determine if they have a clear vision for the campus with a strong focus on a rights-based approach to care
- to confirm how they ensure that staffing is appropriate
- to assess the recruitment process

- to determine, in situations when staff are employed on a less than full-time basis, how the Director ensures that this does not cause a negative impact on young people and that continuity of care is maintained.

Inspectors will communicate with **staff and managers:**

- to learn about the quality of induction provided
- to determine their understanding of the role of Director and the governance and reporting structures within the campus, including arrangements when the Director or senior management is absent
- to establish their views on the effectiveness of the Director. For example, how does the Director ensure that staff receive appropriate induction, professional development and supervision?
- to explore the quality of supervision, mentoring and support available to them.
- to explore staffing arrangements and how shifts are managed, especially at weekends and night time; if staffing levels are maintained or increased at busy times; and if staff are employed to meet the different needs of young people.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- the Children's Rights Policy Framework
- minutes of Board of Management meetings
- minutes of senior management meetings
- minutes of team meetings
- the Board of Management's Annual Report to the Minister
- relevant audits
- workforce plan
- risk register
- personnel records, including any arrangements for staff support and supervision, development and performance management
- staff rotas — planned and actual
- the recruitment, selection and Garda vetting policies
- the staff induction programme
- staff training records
- staff supervision records
- staff training and development policy
- the continuing professional development programme/training matrix
- performance appraisals
- the relevant current registration status with professional bodies for health and social care professionals that work in the campus
- contract agreements for agency staff, if applicable.

Additional documents that may be reviewed include:

- young people's questionnaires
- Model of care
- young people's placement plans, including risk assessments
- minutes of young people's meetings
- minutes of staff meetings
- records of complaints
- call bell/alarm logs
- audits relating to staffing
- any surveys undertaken.

Compliance Indicators

Indicators of compliance include:

- there is an appointed Board of Management who carries out its functions in line with legislative requirements, and criteria laid down by the Minister
- the Board of Management submits an Annual Report to the to the Minister for Children, Equality, Disability, Integration and Youth in line with legislative requirements
- there are good governance arrangements in place which include lines of reporting to and by the Board, Director and managers in the service
- there is a full-time post of Director in the campus
- the campus is managed by a suitably skilled, qualified and experienced Director
- the Director is engaged in the governance, operational management and administration of the campus on a regular and consistent basis
- the Director ensures the effective governance, operational management and administration of all of the units on campus
- there are effective recruitment procedures in place that includes checking and recording all required information
- there is sufficient staff on duty with the right skills, qualifications and experience to meet the needs of young people at all times and ensure the safety and security of the campus
- care is provided in line with Oberstown's Children's Rights Policy Framework and the needs of the young people
- staffing levels take into account the purpose and size and layout of the campus and individual units
- there is an actual and planned staff rota
- staff understand their roles and responsibilities, have clear accountability and reporting lines and are aware of the policies and procedures to be followed at all times
- staff receive regular supervision and support by appropriately qualified and experienced line managers
- quality supervision is in place that informs practice and accountability

- the training available to staff enables them to provide care that reflects up-to-date, evidence-based practice
- education and training provided reflects the detention campus purpose
- staff receive ongoing training as part of the continuing professional development that is relevant to the needs of the young people
- staff are able to deliver care and support to young people because their learning and development needs have been met
- the needs of young people are met in a respectful, timely and safe manner and there is continuity of care
- all relevant members of staff have an up-to-date registration with the relevant professional body where applicable.

Indicators of substantial compliance include:

- while there is an appointed Board of Management, some of its functions have not been carried out in line with legislative requirements, and criteria laid down by the Minister
- while the Director has the required skills and experience to manage the campus, there are some gaps in the required documentation
- there are enough staff on duty to meet the needs of young people but the planned rota does not fully match the staff on duty
- staff are informed of the relevant rules, regulations and relevant legislation but copies are not available to them
- staff have received relevant training, demonstrate knowledge and competence and have implemented this training into practice, however, some staff have not completed refresher training.

Indicators of non-compliance include:

- there is no Board of Management in place or the Board does not carry out their functions in line with legislative requirements, and criteria laid down by the Minister
- the Board of Management does not submit an Annual Report to the to the Minister for Children, Equality, Disability, Integration and Youth in line with legislative requirements
- the Director does not have the required qualifications, skills or experience necessary
- the role of the Director is not full-time
- the Director manages more than one designated centre and cannot ensure the effective governance,
- the number, qualifications, experience, suitability, skill-mix and availability of staff is inappropriate having regard to the campus purpose and the number and needs of young people detained there
- the staffing levels and skill mix are not sufficient to meet the needs of young people and ensure the security and safety of the campus
- there is evidence of negative outcomes for young people due to staff shortages
- young people's needs could not be met as staff members lacked the required skills or qualifications to support and care for them

- young people are not adequately supervised in line with their placement plan
- there is no planned and or actual staff rota in place
- no contingencies are in place to cover staff on annual leave or sick leave
- staff are slow to respond to young people at certain times
- gaps identified in the documentation resulted in potential or actual risk to young people detained on the campus, for example, no Garda vetting available for staff
- the policy on training is not implemented
- staff have very limited or no access to appropriate training
- a training programme is in place for staff but staff have not received mandatory training
- staff have received training but there is evidence that training is not always put into practice
- staff have no or limited awareness of the rules, statutory requirements, relevant legislation and national policy
- staff have no access to the rules, statutory requirements, relevant legislation and national policy.

Dimension: Capacity and Capability

Rule 12 - Authority to Suspend the Rules:

In exceptional, emergency circumstances¹, the Director may limit the effect of these Rules to the extent that it is necessary to deal with that emergency.

What a service striving for quality improvement looks like:

The service ensures that young people are safe at all times and the security of the Campus is always maintained. Where an exceptional circumstance arises which poses a serious threat to the safety of young people and or the security of the Campus, the Director responds immediately by taking the required action to return the Campus to a state of safe operation. The Director suspends the rule(s) and policies of the Campus if reasonably necessary which may limit their effectiveness, and only when the threshold for an exceptional, emergency circumstance has been reached.

Where the rule(s) and policies have been suspended, the Director, managers and staff adhere to all relevant legislation relating to the operation of the Campus, and every care is taken to safeguard the rights and interests of young people to the fullest extent. Suspension of the rule(s) and policies is only applied as a last resort, for the shortest length of time and to the extent reasonably necessary to respond to the exceptional, emergency situation.

There is good governance of the suspension or limits placed on of the rule(s). There are plans and a risk register in place which set out the procedure and escalation process to be followed in the event of an emergency. These procedures are followed and ensure the suspension is ended as quickly as possible. There are systems in place to promptly notify the Board and other relevant parties of any suspension of the rule(s). The Director is held to account by the Board for the suspension of the rule(s) and there are strong monitoring and oversight systems in place by the Board.

Full, complete and accurate records of the suspension of the rule(s) are kept, which include the rationale for the suspension, authorisations sought and provided, review(s) of the suspension, and decisions made during this period.

There is a risk register system in place which reflects risks in the service and how they are managed, and a plan for circumstances which constitute an emergency. Both are reviewed regularly or as required.

¹ "Exceptional, emergency circumstances", are defined in the Children's Rights Policy Framework 2020, as an incident or situation which poses a serious threat to the safety of young people or staff, or to the security of the Campus as a whole, which requires an immediate response, and which is not covered by normal policies and or procedures on Campus.

What does this mean for the young person:

Throughout their detainment, young people experience care and treatment which promotes safety, dignity, positive reinforcement and structure. They receive information on admission about the use of restrictive practices, the expectations of them and how certain risks are managed there. They are aware of what constitutes an emergency situation and within reason, how these circumstances will be responded to.

Restrictive practices interfere as little as possible with the rights of the young person and are used proportionately to the risk identified and for the shortest duration of time necessary.

Young people are afforded the opportunity to express their views and have them taken into account in the implementation and review of restrictive practices. Their safety, welfare and dignity is paramount in exceptional, emergency circumstances that require restrictive practice.

Examples of information/evidence that will be reviewed and how this will be done:**Through observation:**

Inspectors will observe:

- if practice reflects the rules and procedures in place for the suspension of the rule(s) and policies
- if governance arrangements are strong and effective
- if decisions about serious risk are transparent and recorded.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to determine their understanding of an emergency circumstance and explore their experience of such a circumstance
- to determine their understanding of how emergency situations are responded to
- to determine if they have been subjected to restrictive procedures
- to determine what they know about restrictive procedures and how/when they are applied
- to determine the extent to which their rights have been promoted during an exceptional, emergency situation
- to determine if they have made complaints following the use of any restrictive procedures and the outcome of that complaint.

Inspectors will speak with **staff and managers:**

- to establish if there is a system in place to inform staff of rules, policies and procedures on the identification and management of exceptional, emergency circumstances

- to determine if they can demonstrate sufficient knowledge of the legislation and regulations which inform their work
- to determine if there are opportunities for staff to discuss the content of the policies and procedures and their effectiveness with the Director.

Inspectors will communicate with **the Director:**

- to determine how they have ensured that staff understand and consistently implement the policies and procedures
- to explore their understanding of an exceptional, emergency circumstance and how it is responded to and managed
- to determine their understanding of the lines of accountability when the rule(s) are suspended.

Through a review of documents :

Inspectors will review the provider's documentation such as:

- the risk register
- written emergency plans
- written policies and procedures
- records of exceptional, emergency circumstances where the rule(s) and policies have been suspended
- young people's records.

Additional documents that may be reviewed include:

- supplementary policies, procedures and guidelines to support decision making when the rule(s) are suspended
- the annual report
- reports to and by the Board
- Notifications to the Board
- Assurance reports to the Board from the Director
- written notifications.

Compliance Indicators

Indicators of compliance include:

- the Director has responded to an exceptional, emergency situation as defined by the framework
- there is good governance of the suspension of the rule(s) and policies and clear lines of accountability
- suspension of the rule(s) is as a last resort, for the shortest time possible and to the extent reasonably necessary
- there is learning from the suspension of the rule(s) and policies
- there are procedures in place for emergency situations which are implemented
- records are accurate, up to date and complete

- children's rights, safety and welfare are promoted.

Indicators of substantial compliance include:

- while written policies and procedures are adopted and implemented, some gaps are evident in the maintenance of the documentation
- policies and procedures have been implemented into practice but some are not readily available to staff
- a procedure requires review. For example, the Director has taken adequate measures to respond to an emergency, however, some improvement is required to the evacuation plan.

Indicators of non-compliance include:

- the rule(s) and policies were suspended with no clear rationale or authorization
- the Director did not respond immediately or proportionately to an exceptional, emergency circumstance
- young people were subjected to unnecessary restrictive practices
- young people were unsafe
- the security of the Campus was significantly compromised.

Section 4 - Guidance on Rules related to Quality and Safety

This section discusses rules related to the care and support young people receive and if they are of a good quality and ensure young people are safe. It includes information about the care and supports that should be available for young people and on the environment in which they live.

Dimension: Quality and Safety

Rule 1 – Care:

Young people shall receive the best possible care so that their full potential can be realised. Their needs shall be individually assessed, and personalised placement plans developed to ensure their needs are met. They shall be supported to maintain contact with family as appropriate.

What a service striving for quality improvement looks like:

Excellence in achieving individualised assessment and personal planning is evidenced by a strong and visible person-centred culture within the campus organisation and young people receive the care they actually need.

Individual assessment and personal planning is used to find out about the young person, their abilities and needs in order to ensure their views are respected and the support they require is planned for in an individualised way. This is a dynamic and fluid process that is constantly evaluated and updated. It is important that this process is documented in a clear and concise way that can inform continuity of care but also is seen as being owned by the young people themselves as a record of the care and supports they say they need.

All interventions in detention will be underpinned by a defined approach. This approach includes the assessment of young people's needs relating to their care, education, health, offending behavior and preparation for leaving. The plan for young people's care will be set out using a standardised framework. This will be shared with the young person, their parents/guardians and other representatives. Relevant information from this plan will also be shared with relevant professionals in line with legislative requirements and procedure, and in a manner that protects the young person's privacy.

Planning for a young person's care evolves throughout the young person's period of detention and specifies when each agreed action is to be carried out and by whom. The young person, their parents/guardians and other representatives/professionals will be given an opportunity to play a meaningful role in placement planning. An effective review of placement plans considers the welfare of the young person and progress achieved within defined timeframes.

Non-implementation of any part of the plan is discussed at the review and subsequent actions taken.

Planning for young people considers regular periods of leave, to support them to maintain a positive family life, and to help prepare them for return to their communities.

There is an open and welcoming atmosphere which is child-centred. Family and friends are welcomed by the service, and they participate in and are regularly involved in the young person's life, in accordance with their wishes and any direction issued by the court. Visits are facilitated and do not impact negatively on the other young people living on campus. Young people have access to a private space to receive their visitors where appropriate and safe to do so. A record of all contact and visits to the young person is maintained in their care record.

Restrictions are not placed on visits unless requested by the young person or for specific reasons, such as in the interests of safety, in adherence with a court order or where the family/guardian or relevant professional has requested the restriction.

The service is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of effectiveness of the planning for the care of young people, including visitation, forms part of the continuous quality improvement cycle, and policies, procedures and practices are updated based on the finding of any review.

What this means for the young person:

Young people are cared for in a planned and personalised way based on their assessed needs. This includes the assessment of their educational, medical, mental health and care needs, as well as any special needs. They are supported to participate in all decisions taken about their care. Young people experience care and support which promotes consistency, dignity, positive reinforcement and structure.

Young people are supported to maintain regular and meaningful contact with family, community and friends, and to be prepared to return to their communities. They are entitled to receive visits from family members on a regular basis. Following an appropriate risk assessment, visits with family members can be subject to restrictions or monitoring to ensure the safety, well-being and security of the young people and staff on the campus. These restrictions will never be used as a punishment.

Young people's individual care records are accurate, up-to-date and ensure confidentiality and respect for privacy. Young people and/or their parents/guardians can access the care records, in line with procedure, and are supported to do so.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- care practices to determine whether they reflect the plan in place for each young person
- meetings and conferences regarding young people's care and placement planning and reviews
- communication between relevant professionals and the staff and management team
- the young person's participation in planning for their care
- management of risk to determine if risks associated with care and support is managed positively and appropriately
- if young people are enabled to make choices about their care and possible risks associated with such choices.
- visiting arrangements, including any restrictions, for example, the way in which visits are facilitated, whether visitors are welcomed to the campus and if the visiting arrangements are flexible
- if there is any signage displayed restricting visits and the rationale for the restriction
- where visitors meet young people and where inspectors are directed to communicate with young people and or their representatives
- if there is suitable communal facilities and private areas available for young people to receive visitors
- that family visits are supervised if required
- if direct contact is not possible, arrangements for telephone or alternative forms of contact are encouraged and facilitated.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to elicit their views on and experience of their level of involvement and support in the development, implementation and review of the their placement plan
- to verify how their placement plan has been made available to them
- to establish what their wishes are on receiving visits and if these wishes are being met. For instance, can they receive visitors within the campus and what are the arrangements for visits outside the campus?
- to ask if there are restrictions to visitors and explore the rationale for this
- to establish if they have maintained links with the community.

Inspectors will communicate with **managers and staff:**

- to confirm how the placement plan is developed, implemented and reviewed

- to ascertain how the young people’s placement plans inform day–to–day care
- to verify how the young person’s placement plan has been made available to them
- to explore the progress being made in implementing each young person’s placement plan
- to explore their understanding and responsibilities to ensure young people maintain personal relationships and links with the community
- to explore the level of contact young people have with their families, significant others and the community
- to ask about visiting arrangements
- to establish what governance arrangements are in place to ensure the plans are fully implemented and reviewed when required.

Through a review of documents during or after onsite activity:

Inspectors will review the provider’s documentation such as:

- a sample of young people’s placement plans
- relevant records that reflect the implementation of the placement plan, for example daily logs, young person’s care record
- records of reviews of placement planning
- records of key working sessions
- records of therapeutic supports
- minutes of meetings relating to planning and reviews for young people
- supervision records
- reports from relevant professionals
- team meeting minutes
- records documenting that placement plans or relevant information from plans was shared with appropriate persons.
- the policy on visitors
- the visitors’ sign in book
- young people’s court orders, placement planning records and any associated documentation in relation to any restrictions in place.
- young people’s care records related to visits and contact by family members
- records of young people’s access to the community.

Additional documents that may be reviewed include:

- young people’s questionnaires

Compliance Indicators

Indicators of compliance include:

- the Director oversees the implementation of a placement planning process for each young person detained

- the required professionals contribute to the development of the placement plan
- the placement plan contains all of the required information in relation to the young person, as set out in the rules and campus policy
- the placement plan, or relevant sections, are shared with the relevant contributors and recipients
- the placement plan is consistently reviewed when the level of risk to the young person changes or there is a lack of progress and appropriate actions are taken
- the placement plan has agreed actions and timelines
- the placement plan considers the welfare of the young person and progress achieved
- the young person, parents/guardian and other representatives have opportunities to consider and contribute, if appropriate, to all aspects of the placement plan
- non-implementation of any part of the placement plan is discussed at the review and subsequent actions are taken
- young people meet with their visitors in private without any restrictions
- young people can receive visitors unless there is a risk posed, the young person has requested the restriction, a court order requires it, or where family/guardian or other representative has requested the restriction
- young people can receive visitors in suitable communal facilities
- if required, young people can receive visitors in a suitable private area
- young people have access to the community, if appropriate.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to young people placed in the detention centre
- young people are facilitated to receive visitors but there is not enough private space for them to use.

Indicators of non-compliance include:

- the placement plan does not contain all of the required information in relation to the young person, as set out in rules and campus policy
- the placement plan is not shared with the relevant contributors and recipients
- the placement plan is not consistently reviewed when the level of risk to the young person changes or there is a lack of progress and appropriate actions are not taken to help the young person
- the placement plan does not have agreed actions and timelines
- the placement plan does not consider the welfare of the young person and progress achieved
- the young person , parents/guardians and other representatives are not given an opportunity to consider and contribute, if appropriate, to all aspects of planning for their care

- Non-implementation of any part of the programme is not discussed at the review and subsequent actions are not taken.
- appropriate arrangements are not in place to facilitate visiting and contact with the young people
- there is no appropriate space for young people to receive visitors in private if they so wish
- systematic restriction of visiting takes place
- visiting is restricted with no apparent rationale or risk assessment
- a record of visitors and contact with family and significant others is not maintained
- the rationale or risk relating to restricting a young person's access to the community is not evident.

Dimension: 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.

What a service striving for quality improvement looks like:

The service provides appropriate educational, vocational and recreational programmes to all young people in a way that meets their individual needs and interests, promotes their well-being and strengthens their talents and capabilities. The Director ensures that practices and initiatives to promote educational, vocational and recreational programmes, are developed and implemented across the campus, in line with the service's objectives and in consultation with young people and their families. There are adequate arrangements in place for young people to access educational facilities, supports and services appropriate to meet their assessed needs. The programmes and plans in place prepare young people to live independently where appropriate, on their release from the campus.

The service promotes and encourages the educational welfare of young people whilst detained. Their educational needs are assessed and inform the placement planning process, which includes an individual education plan. Up-to-date records of educational progress are maintained for each young person. Young people are encouraged and supported to complete state examinations and participate in further education/vocational training.

Young people's educational progress is monitored and reviewed through their placement planning process, including their attendance at school in line with legislative requirements. There is good communication and engagement between the placement planning contributors, and relevant professionals.

Young people have access to a range of recreation and leisure activities, as far as practicable, and in line with their assessed needs and interests. Where possible, exercise and leisure activities should be in the open air. Any restrictions on a young person's involvement in recreational activity is in line with procedure. A sensible balance is made between the reasonable risks young people want to take and their safety. Each young person is encouraged to work out a structure to their daily lives that best reflects their goals, activities and needs and are assisted in doing so, if required.

The Director has clear procedures in place to implement the policy and to identify persons responsible for delivering education, training and recreation to young people. There is appropriate liaison with any external agencies to provide opportunities for education, training and recreation. Protocols and/or service level agreements are in place to facilitate this.

The Director is proactive in continuous quality improvement. Oversight and monitoring is carried out on a regular basis.

What this means for the young person:

Young people have the opportunity to benefit from formal and informal learning and development while on campus. They are supported to participate in the development and ongoing review of their individual education plan. They have access to programmes which allow them to gain accreditation in line with national education and training standards. They enjoy meaningful activities that encompass education and training programmes, and a range of leisure activities. They have opportunities to socialise with their peers on campus. They gain appropriate life skills through the programmes and plans in place to prepare them to live independently where required.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- if young people's placement plans are implemented in practice in relation to their assessed needs in areas such as activities and education requirements and wishes
- if there is access to facilities for occupation and recreation both within the campus and externally
- if young people can participate in activities that suit their interests, capacities and developmental needs
- if young people have appropriate access to a telephone, television, newspapers and the Internet
- the placement planning and review meetings
- daily routines in the unit for school attendance, homework and recreational opportunities
- communication between school and unit staff.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to determine if they get to enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences. For example, can they make choices about the services and supports they use and how they use them, their knowledge of rights, policies and procedures, and if these have been implemented consistently and how they exercise choice
- to determine if they are supported to take part in activities that they enjoy and are meaningful to them. Are there opportunities for new experiences and social participation?
- to establish if they have opportunities for leisure and age-appropriate opportunities to be alone
- to determine if they attend an education/vocational training programme
- to determine if they have an education plan and if they are consulted about it
- to determine if their educational needs are being met
- to determine if they are encouraged to pursue third-level education or vocational programmes as appropriate to their abilities, interests and aspirations
- to determine daily routines for school attendance, homework and recreational opportunities
- to determine if the programmes in place provide young people with opportunities to develop practical life skills as part of their preparation for independent living.

Inspectors will communicate with **staff and managers:**

- to determine if young people attend an education/vocational training programme
- to determine if young people have an education plan and how they are consulted about it
- to determine if young people's educational needs are being met
- to determine if young people are encouraged to pursue third-level education or vocational programmes as appropriate to their abilities, interests and aspirations
- to determine daily routines for school attendance, homework and recreational opportunities
- to determine how young people can access opportunities for education, training and employment. Are there examples of where young people have attained educational goals?
- to determine how are young people's preferred interests determined
- to determine how they support young people to engage in activities.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- placement plans and individual education plans
- school reports
- daily records.

Compliance Indicators

Indicators of compliance include:

- the Director addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured

Young People:

- have opportunities similar to their peers, consistent with the provision of safety and security
- are consulted with and participate in activities that are meaningful to them
- have their needs assessed on admission to the campus
- approaching school-leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests
- are provided with opportunities for leisure
- are provided with age-appropriate opportunities to be alone
- are provided with opportunities to develop life skills and help to prepare for adulthood
- are provided with appropriate access to facilities for occupation and recreation
- have had their educational needs assessed and this informs placement planning
- have an individual education plan in place
- have access to appropriate educational facilities, supports and services to meet their assessed needs
- are supported to access opportunities for education, training and employment
- participate in state examinations and further education/vocational training where applicable
- have their educational progress monitored and reviewed through the placement planning process.

Indicators of substantial compliance include:

- there are some gaps in documentation but care is delivered to a high standard and did not result in a medium to high risk to young people.

Indicators of non-compliance include:

Young People:

- have no access to recreation facilities
- have no opportunities to participate in activities
- have opportunities to participate in activities but not in accordance with their interests, capacities and developmental needs

- their educational welfare is not promoted
- their educational needs do not inform the placement planning
- do not have a comprehensive individual education plan in place
- do not have access to appropriate educational facilities, supports and services to meet their assessed needs
- are not encouraged or facilitated to participate in state examinations where applicable
- are not supported to participate in third-level education or relevant training programmes approaching school-leaving age
- their educational progress is not monitored and reviewed through the placement planning process.

Campus routines, practices and facilities:

- activities are task led by the routine and resources of the service rather than the young person and their support needs and wishes
- some young people have opportunities similar to their peers within services but some do not, and there is no clear reason for this difference
- there is poor or no communication and engagement between the placement planning contributors, young people and their families.

Dimension: Quality and Safety

Rule 3 – Health:

Young people shall have access to health, medical and therapeutic care in line with their assessed needs

What a service striving for quality improvement looks like:

The principles of quality healthcare such as health promotion, prevention, independence and meaningful activity are actively promoted. Young people are supported to achieve these principles and, therefore, their optimal health.

A rights-based approach is adopted so young people are involved in the decisions that affect them. In a practical sense, this involves the young people making informed decisions about the care, support or treatment that they receive. The young person’s ability to be autonomous and make decisions is supported to develop.

Young people are supported to live healthily and take responsibility for their health and have their rights respected. They receive appropriate support and education on health and well-being. This includes diet, nutrition, mental health, recreation, exercise, physical activities, sexual health and substance misuse. Young people are supported to address substance misuse issues as part of the overall approach to care. They articulate that appropriate information has been given to them. Initiatives to promote young people’s health and well-

being development are produced and delivered in accordance with the campus objectives and in consultation with them and their families/representatives, where applicable.

Young people have timely access to medical and healthcare services based on their assessed needs. This includes access to health and well-being services on campus, and, where required, external services. Attention is given to young people with special needs and young people who are particularly vulnerable. Where appropriate, there is continuity of medical and healthcare. Their health needs are reviewed on an ongoing basis as part of their care planning. Staff demonstrate their knowledge and understanding of young people's health and well-being needs. They actively promote each young person's understanding of their medicines and health needs. Each young person receives accessible information in relation to their health and well-being needs and any required medications.

Young people actively make choices in relation to their health and well-being, where possible, and this is respected. Information in an accessible and age appropriate format is provided to young people to enable them to participate in health education programmes and to assist them in making informed decisions. In addition, young people have appropriate access to other specialist services, alternative therapies and assistive equipment according to their needs, where required. There is effective communication and liaison between all professionals and external agencies involved in the young person's care and treatment, with due regard for the young person's wishes about the sharing of their information. Appropriate agreements, protocols or service level agreements are in place to facilitate the delivery of safe and effective health and well-being services.

The young person's individual health care record contains details of all assessed health and well-being needs, and all services provided to the young person while in the detention campus. These records are complete, accurate, up-to-date and maintained in a secure manner. Any service provided by a health professional creates the least disruption to the young person's life, maximises the opportunities for continuity of treatment and has taken into consideration their wishes.

On admission to the detention campus, the Director seeks and records the written consent of a parent/guardian/young person where appropriate to any medical treatment necessary to safeguard the young person's life and health. The young person's right to give consent along with those lawfully acting on their behalf has underpinned the care and treatment that is provided. The Director ensures that consent is obtained lawfully and that the person who obtains the consent has the necessary knowledge and understanding of the care and or treatment that they are asking consent for.

The administration of medications is carried out to the highest safety standards and ensures full traceability and accountability, in line with campus policy and procedures. Prescribed medicines and medical products are only administered to the young person for whom they are

prescribed, labelled and supplied, and are only used for the purpose for which they are prescribed. All medicines are stored appropriately, safely and securely.

Should young people receive medicines as a form of restraint, this is clearly documented and the effectiveness of using such medicines is closely monitored. There is a clear distinction between therapeutic medicines and those used as a form of restraint. Where chemicals are used as a form of restraint, staff are very clear why such medicines are prescribed and administered.

Where appropriately assessed, young people may retain control of their own medication management. Staff support self-administration programmes for young people which contribute to their independence and self-esteem. The young person receives effective and safe support to manage their medicines when such assistance is required. Staff are competent to administer medicines. Policies and procedures outlining the parameters of the assistance that can be provided are in place to support this.

There are appropriate systems in place to support out-of-hours access to the GP and pharmacist, where required. There are safeguards to ensure robust measures relating to young people's medications are in place when young people are transferred in to or within the campus, or released from the detention campus to other residential services or to their home.

Evaluation of the effectiveness of health and well-being programmes provided for each young person form part of the continuous quality improvement cycle. Systems are in place to ensure effective management, monitoring and review of the services provided to ensure young people's health and well-being needs are being met in a safe and effective manner.

What this means for the young person:

Young people are treated with respect for the dignity and privacy in the provision of health and well-being services. They are supported to participate in all decisions taken about the provision of these services. Young people have their health and well-being needs assessed as soon as possible after admission to the detention campus. They receive appropriate information, support and education on all aspects of their health and well-being needs. Each young person will have a health care record that is accurate, up-to-date and maintained in a secure manner. Young people can seek access to their medical and healthcare records and will be supported to do this.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- practice to see if the young person's healthcare meets their individual needs and has regard to their placement planning

- if staff implement recommendations of allied health professionals and where this does not happen establish why
- how staff support young people throughout the day and how they deliver care whilst having cognisance of their privacy and dignity. For example, listening to the decision making process to determine if young people are actively involved and given choice and independence
- if managers supported access to allied health professionals when required by observing how effectively young people use the service, for instance, are they attending appointments with the Assessment Consultation Therapy Service (ACTS) team
- how staff support young people to access relevant information and education in areas such as nutrition, mental health, exercise and physical activity, sexual relationships and sexual health
- who can access medicines and whether they are secure and safe from unauthorised access
- that medicines are appropriately stored, including current medicines, medicines that need refrigeration, out-of-date/discontinued medicines and controlled drugs.
- to determine if the campus policy is implemented and there is full compliance with the policy
- the internal monitoring systems on the delivery of the policy and procedure
- to establish if the 10 rights of medicines administration are followed and whether young people receive their medicines safely and at the correct time.

Through communication:

Inspectors will communicate **with young people (and where appropriate with families):**

- to find out their views on and experience of the healthcare received
- to find out the level of their involvement and support in making decisions about their care and treatment. How do young people access allied health professionals and specialist support?
- to establish if they have exercised their right to refuse medical treatment and determine how this matter was managed
- to find out if they are satisfied that their medicines are managed appropriately
- to determine if they are supported to self-medicate and how this is managed.

Inspectors will communicate **with staff and managers:**

- to find out the level of the young person's involvement and support in making decisions about their care and treatment. How do young people access allied health professionals and specialist support?
- to ascertain what they understand about the healthcare and support that young people need, how they ensure young people receive the best possible health and

well-being care, any training they may have received and how this is put into practice

- to check how young people's health and well-being needs are reviewed
- to determine if young people are supported to self-medicate and how this is managed
- to determine what they understand to be safe medicines management and to determine their training/competencies and their knowledge of young people's individual needs
- to determine their understanding of medicines that are used, including possible side effects.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- appropriate policies in relation to health and well-being
- key worker or direct work records on health and well-being education programmes
- a sample of young people's placement planning records regarding healthcare needs
- a sample of young people's admission records detailing the health screening assessments and medical needs, where appropriate
- a sample of young people's individual healthcare records
- records of a young person's refusal of medical treatment
- records of referrals and follow-up appointments
- any specialist reviews and reports
- associated policies and procedures on health and well-being
- medication ordering, delivery and receipt process records
- prescriptions and medication administration records
- risk assessments and arrangements on self-administration
- temperature records for medicines that require refrigeration
- records for the disposal of medicines
- any special arrangements in place for high alert medicines such as insulin,
- medicine audits and reviews
- staff training records and competency assessments.

Additional documents that may be reviewed include:

- young people's questionnaires
- any internal policies, procedures or guidelines relating to health and well-being
- the accidents and incidents register
- audits and surveys relating to healthcare and medication management.

Compliance Indicators

Indicators of compliance include:

- appropriate health and well-being services are made available for each young person, having regard to their placement plan
- where medical treatment is recommended and agreed by the young person and or their family/representative, such treatment is facilitated
- the young person's right to refuse medical treatment is respected and such refusal is documented and the Director seeks legal advice in consultation with healthcare professionals, on the need to seek any court authorization of such treatment or assessment
- when a young person requires services provided by allied health professionals, access to such services is provided
- young people are supported to access appropriate health and well-being information
- young people receive support at times of illness which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes
- the Director has adequate arrangements in place for the young person to access any health and well-being services external to the campus, where required
- records of medicine-related interventions by the pharmacist are kept in a safe and accessible place
- practice relating to the ordering; receipt; prescribing; storing, including medicinal refrigeration; disposal; and administration of medicines is appropriate
- the processes in place for the handling of medicines, including controlled drugs, are safe and in accordance with current legislation and guidelines
- medicines are administered as prescribed
- medicines are administered to the young person for whom they are prescribed
- there are appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs
- young people have responsibility for their own medicines following appropriate assessments
- health and well-being services are reviewed and monitored.

Indicators of substantial compliance include:

- while concerted efforts have been made, not all young people have health and well-being services available to them
- when a young person requires services provided by allied health professionals, access to such services is not arranged in a timely manner by staff
- most young people have access to appropriate health and well-being information but occasionally some information relevant to specific young people is not made available
- there were some gaps evident in the maintenance of documentation but care was delivered to a high standard and did not result in a medium to high risk to young people.

Indicators of non-compliance include:

- appropriate health and well-being services are not made available for each young person, having regard to their placement plan
- consent is not obtained in decision-making where necessary
- medical treatment is recommended and agreed by the young person and their family/representative but not facilitated
- some or all of young people's health and well-being needs were not met
- young people's placement plans were not implemented into practice
- the part of the placement plan that relates to health and well-being does not reflect the actual and or assessed needs of the young person
- there is insufficient or no evidence that the Director explored opportunities to facilitate young people's access to allied health services
- there is no record of young people being referred to allied health services, where required
- young people's right to refuse medical treatment is not respected
- where young people have refused medical treatment, the Director does not seek legal advice in consultation with healthcare professionals, on the need to seek any court authorization of such treatment or assessment
- generally, young people's health and well-being needs are met; however, there are significant deficiencies in documentation
- records of medicines related interventions provided by a pharmacist were not kept in a safe and accessible place
- practice relating to the ordering; receipt; prescribing; storing, including medicinal refrigeration; disposal; and administration of medicines is not appropriate
- medicines are not administered as prescribed to the young person for whom they are prescribed
- medicines are not administered in accordance with advice provided by the pharmacist
- medicines are crushed without individual authorisation from the prescriber
- medicines being used as part of the therapeutic response to behaviour that challenges are not reviewed regularly to ensure that it continues to meet the needs of the young person
- out-of-date medicines or medicines for return are not appropriately managed in line with relevant national legislation or guidance
- the storage and disposal of out-of-date or unused controlled drugs is not in line with relevant regulations
- where young people self-medicate, there is no evidence that appropriate assessments have been carried out in relation to their capacity
- young people are not supported to manage their own medicines in line with their wishes and or preferences
- young people who self-medicate are not provided with secure storage for their medicines.

Dimension: Quality and Safety

Rule 4 - Offending Behaviour:

Young people shall have access to a range of services, supports and programmes that address their offending behaviour and prevent further offending on release.

What a service striving for quality improvement looks like:

The Campus adopts a holistic, child-centred approach to addressing young people's offending behaviour, in line with an approved model. This model of care involves the use of internal and external services to provide programmes which aim to address offending behaviour, as well as supports following a young person's release. Through the planning process, young people can access individualised, evidence-based supports and programmes to assist them in understanding and taking responsibility for their offending behaviour, including the impact of this behaviour on others. The service aims to prevent further offending in the future by strengthening the young people's capacity to assume positive and constructive roles in their communities upon release.

Each young person is assessed to determine their needs and identify appropriate supports in relation to their care. An offending behaviour plan is developed, which incorporates relevant interventions and programmes to support them in taking responsibility for, and addressing the causes of their offending behaviour. It also aims to develop the young person's respect for the rights of others. The plan is developed in consultation with the young person and their parents/guardians where appropriate. The plan is reviewed as needed.

Young people can access the supports and programmes as outlined in their offending behaviour plan, to assist them in understanding the impact of their behaviour. Restorative approaches are utilised by staff, where appropriate. As part of the holistic approach by the service, young people's engagement in education and training that is appropriate to their needs is actively promoted, as well as participation in leisure activities. It is important that ongoing supports and programmes are also included in any release plan developed in advance of a young person leaving the service.

Staff are trained in the use of restorative approaches with young people. A person-centred approach is taken when supporting the development of young people's positive behaviour. Staff engage with young people effectively, in order to encourage their participation in programmes regarding offending behaviour.

The operational policies and procedures relating to offending behaviour and positive behavioural support are implemented in practice. These policies and procedures are revised and updated regularly and in accordance with best practice.

The Director is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of how the service meets each young person's need regarding offending behaviour consists of an element of the continuous quality improvement cycle.

What this means for the young person:

Young people are supported to understand and take responsibility for their offending behavior and are provided with skills, supports and knowledge of services that prepare them for lives free of further involvement with offending behaviour. Each young person has an offending behaviour plan which identifies relevant programmes, interventions and supports, that address the reasons for their detention and is suited to their needs. Young people are encouraged and supported to engage in education, training and leisure activities that will assist them on their return to their communities, cease offending behaviour and to transition positively and safely to adulthood.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- meetings and conferences regarding young people's care, placement planning and reviews around offending behaviour and positive behavioural support
- communication between relevant professionals and the staff and management team the young person's participation in planning for their care
- management of risk to determine if risks associated with care and support is managed positively and appropriately
- care practices to determine whether they reflect the plan in place for each young person's assessed needs
- if staff actions demonstrate up-to-date knowledge and skills, appropriate to their role, in the areas of restorative approaches and positive behavioural support
- that policies and procedures on offending behaviour are reflected in practice
- whether young people are enabled to make choices about their care and possible risks associated with such choices

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to determine their views on and experience of their level of involvement and support in the development, implementation and review of the their placement plan, in relation to offending behaviour
- to determine whether they are enabled to access programmes and supports that may help them address their offending behaviour, both while in the centre and upon their release
- to determine if they are encouraged to participate in education or vocational programmes as appropriate to their abilities, interests and aspirations
- to determine that staff implement restorative approaches and positive behavioural support practices.

Inspectors will communicate with **staff and managers:**

- to determine how the placement plan is developed, implemented and reviewed
- to determine that staff are knowledgeable of each young person's individual assessed needs
- to determine whether staff have up-to-date training, knowledge and skills in relation to restorative approaches and positive behavioural support
- to determine staff's knowledge of policies and procedures relating to offending behavior.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- the Children's Rights Policy Framework
- the model of care
- service level agreements with external services
- young people's placement plans, including risk assessments
- records relating to young people's participation in programmes and interventions
- reports from relevant professionals
- staff training records
- relevant audits.

Additional documents that may be reviewed include:

- young people's questionnaires

Compliance Indicators

Indicators of compliance include:

- there are written, adopted and implemented up-to-date policies and procedures relating to offending behaviour and positive behavioural support
- staff are aware of, and can implement, these policies and procedures in practice
- the placement planning process assesses and identifies the individual needs of each young person
- all assessed needs and corresponding interventions are reviewed as part of the placement planning process
- appropriate supports are available to young people with regard to their offending behaviour, in line with their assessed needs
- young people are encouraged to access these supports and programmes to support them in relation to their offending behaviour, as well as education and training
- staff have up-to-date training, knowledge and skills, appropriate to their role, in supporting young people in acknowledging and addressing their offending behaviour
- protocols and service level agreements are in place with internal and external services that provide these programmes
- audits are carried out to ensure practices are appropriately implemented.

Indicators of substantial compliance include:

- policies and procedures relating to offending behaviour and positive behavioural support are not subject to regular review
- policies and procedures relating to offending behaviour and positive behavioural support are partially implemented in practice by staff
- there are some gaps in documentation but care is delivered to a high standard
- young people are not consistently facilitated to access supports and programmes that may help them address their offending behaviour, appropriate to their assessed needs
- some staff do not have up-to-date knowledge and skills, appropriate to their role
- some staff have not received appropriate training in restorative approaches or positive behavioural support.

Indicators of non-compliance include:

- policies and procedures relating to offending behaviour and positive behavioural support are not implemented in practice
- young people are not provided with access to supports and programmes that may help them address their offending behaviour, appropriate to their assessed needs
- interventions used in the management of offending behaviour and positive behavioural support are not subject to monitoring, oversight and review
- staff have not demonstrated up-to-date knowledge and skills, appropriate to their role
- staff have not received appropriate training in restorative approaches or positive behavioural support

- protocols and service level agreements are not in place for internal and external services that provide these programmes
- audits are not conducted to ensure policies and procedures are implemented in full.

Dimension: Quality and Safety

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.

What a service striving for quality improvement looks like:

Young people are consulted about and prepared for returning to their families, communities or their transition to prison, to the greatest possible extent. Planning for leaving the campus is considered as part of each young person’s placement planning process. All transitions occur in a timely manner with planned supports in place. The young person’s parent or guardian is supported to participate in planning for leaving, where this is in the best interests of young people. Mechanisms including mobility trips, temporary leave, permitted absence and supervision in the community are used, where suitable, to support the young person’s successful transition. Planning for a young person’s transition to prison includes consideration of the continuity of education and training, employment, health care, preparing the young person for a different regime, and other supports that may be necessary.

Where possible, young people are supported to prepare for adulthood and have opportunities to learn life skills, to take developmentally appropriate risks and assume increasing levels of responsibility as they grow older, in line with their age, ability and stage of development.

The Director and staff are proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of effectiveness of the placement planning and discharge processes form part of the continuous quality improvement cycle, and policies, procedures and practices are updated based on the finding of any review.

What this means for the young person:

Young people are aware of plans for them to leave the campus. Young people receive information in an accessible way about planned moves. Young people are consulted about plans to leave detention and are supported to prepare for and manage the transition, as part of their placement planning process.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- care practices to determine whether they reflect the placement plan for each young person
- meetings and conferences regarding young people's care, placement planning and reviews
- communication between the staff, management team and other professionals in the young person's life
- the young person's participation in their placement plan
- management of risk to determine if risks associated with care and support is managed positively and appropriately
- if young people are enabled to make choices about their care and possible risks associated with such choices
- the use of mobility trips, temporary leave, permitted absence and supervision in the community
- how young people are prepared for adulthood
- the discharge of a young person, where possible.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to elicit their views on and experience of their level of involvement and support in the development, implementation and review of the placement planning and discharge processes
- about how they are being prepared for adulthood.

Inspectors will communicate with **staff and managers:**

- to determine how they plan and manage discharges and young people's preparation for adulthood.

Inspectors will communicate with **external professionals including social workers:**

- to determine how the young person was prepared for young adulthood and their discharge was planned and managed.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- young people's placement plans
- the policy on discharges from campus
- records of young people's training in life-skills, preparation for adulthood and independent living on discharge from the centre
- records on services and supports available for young people leaving campus.

<p>Additional documents that may be reviewed include:</p> <ul style="list-style-type: none"> ▪ young people’s questionnaires.
<p>Compliance Indicators</p>
<p>Indicators of compliance include:</p> <ul style="list-style-type: none"> ▪ discharges are discussed, planned for and agreed with the young person, their parents or guardian(s) and other relevant professionals ▪ discharges take place in a planned and safe manner ▪ where appropriate, training in the life-skills required in preparation for adulthood and independent living is provided prior to discharge from campus.
<p>Indicators of substantial compliance include:</p> <ul style="list-style-type: none"> ▪ young people are safely discharged from campus in line with campus policy and procedure. This was discussed with the young person but was not fully in accordance with the placement plan ▪ while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to young people using the service ▪ training in the life-skills that are required in preparation for adulthood and independent living is provided but some young people require additional supports.
<p>Indicators of non-compliance include:</p> <ul style="list-style-type: none"> ▪ young people are discharged without proper authorisation ▪ discharges take place in an unsafe manner ▪ discharges are not in accordance with the young person’s placement plan ▪ young people are in no way prepared for return to their community and as a young adult.

<p>Dimension: Quality and Safety</p>
<p>Rule 6 – Safeguarding: Young people shall be protected from all forms of harm and abuse and their welfare promoted.</p>
<p>What a service striving for quality improvement looks like:</p> <p>All young people have the right to feel protected and safe from all forms of abuse (physical, sexual, emotional, financial, institutional, neglect and discriminatory). Safeguarding is, first and foremost, about proactively protecting people and the culture espoused on campus is one of openness and transparency, where young people can raise and discuss any issues without prejudice.</p>

The service is centred on the individual young person and their care and support needs. The service promotes a child-centred approach and considers the young person's need for protection and support, the safety and security requirements of secure accommodation in detention, and any specific directions from the courts in relation to the young person's care.

Care practices, policies and procedures should promote and protect the safety and welfare of young people detained. The safeguarding policy and procedures adhere to international human rights instruments, legislation, national policy, professional guidance and evidence-based guidelines. The service's approach to risk management safeguards young people and supports responsible risk taking appropriate to their age, capacity and the presenting risks. The relevant policies and procedures have been implemented, and staff are knowledgeable regarding their content.

Young people are protected by practices that promote their safety in relation to:

- appropriate recruitment processes and checks
- the duty of each staff member:
- to report and record any concerns for the safety of the young person
- to communicate with the young person and their parent, or guardian and ensure their participation in these processes
- to liaise with the relevant external agencies
- the limited use of restrictive procedures
- access to an advocate or advocacy services
- access to appropriate supports, medical treatment, and services
- strong reporting systems.

Young people feel safe and are supported to develop the knowledge, self-awareness, understanding and skills for self-care and protection cognisant of their age, personal history and stage of development. Staff work in partnership with young people, families and relevant professionals to promote the young person's safety and wellbeing. Vulnerable young people or those who have experienced harm, abuse or neglect, are protected and have access to appropriate supports. Individual safeguards are put in place to prevent secondary victimisation and are recorded in each young person's care record. Staff have an awareness of mental health issues, bullying, and harassment.

Staff receive appropriate training and are knowledgeable about their statutory requirements as mandated persons (as applicable). They have an awareness of mental health issues, bullying, harassment, neglect, ill-treatment and abuse, how to recognise and respond to the possibility and impact of these, to ensure effective steps are taken to protect a young person and to contribute to their ongoing safety.

Where an allegation or concern has been made by or about a young person within the campus, it is reported, and managed in line with relevant legislation, national guidance and policies. The Director takes all reasonable and proportionate interim measures to protect the

young person, pending the outcome of any assessment or investigation. Parents and guardians are informed and updated in relation to any incident, allegation, suspicion or investigation of abuse or neglect.

A designated liaison person, knowledgeable about child protection, is appointed to act as a liaison with outside agencies and as a resource person for young people, staff members, or carers who have child protection concerns. This person is known to all staff. The designated liaison person also ensures that reporting procedures within the campus are followed, so that child protection and welfare concerns are referred promptly to the relevant social work department within the Child and Family Agency (Tusla).

The Director and staff are proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the protection of young people consists of an element of the continuous quality improvement cycle.

What does this mean for the young person:

Young people are protected from all forms of harm, abuse and ill-treatment while detained. They are treated with dignity and respect and are encouraged and supported to make their voices heard in all matters affecting them. Young people are informed of and supported to understand the procedures in place to allow them to report incidences of harm, abuse or ill-treatment. They have access to support from staff, internal and external advocacy services in a timely manner, and where necessary have access to appropriate supports and services.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- how policy and procedure on the prevention, detection and response to abuse is implemented in practice
- staff interaction with young people detained, and with colleagues, social workers and external professionals
- staff response to queries or concerns of young people
- meetings and conferences regarding young people's care and placement planning and reviews
- communication between the relevant professionals and the staff and management team
- interactions between young people and staff members
- if staff speak in a respectful and caring way about the young people.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to determine whether they feel safe on campus and how they have been supported to develop their knowledge, self-awareness, understanding and skills required for self-care and protection
- to determine what they would do if they had concerns for their safety
- to determine whether they have raised any safeguarding concerns whilst detained and how this was responded to.

Inspectors will communicate with **managers and staff:**

- to determine the key components of safeguarding on campus
- to determine their knowledge of their statutory obligations as mandated persons
- to determine if they have received appropriate training and know how to put this training into practice in order to safeguard young people
- to determine if they are aware of the policy and procedures for reporting abuse
- to determine how safeguarding practices and procedures are monitored.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- written policies and procedures on safeguarding and child protection
- staff training records on safeguarding young people
- records documenting any incident, allegation or suspicion of abuse or neglect, and their investigation
- minutes of meetings relating to allegations or suspicions of abuse or neglect
- reports from relevant professionals
- young people's care records.
- Additional documents that may be reviewed include:
 - young people's questionnaires
 - risk register
 - campus logs.

Compliance Indicators

Indicators of compliance include:

- there is a written, adopted and implemented safeguarding policy and procedures
- written policy and procedures are available to staff
- practices are in place to ensure that young people are protected and safe from all forms of abuse
- staff have up-to-date knowledge and skills, appropriate to their roles, regarding protection and safeguarding young people

- where there has been an incident, allegation or suspicion of abuse or neglect in relation to a young person, the requirements of national guidance for the protection and welfare of young people and any relevant statutory requirements are complied with.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to young people detained on the campus.

Indicators of non-compliance include:

- *Children First: National Guidance for the Protection and Welfare of Children* (2017) is not implemented
- the relevant policies and procedures are not prepared in writing, not adopted and or not implemented
- care practices do not demonstrate the adoption and implementation of policies and procedures that reflect best practice
- written policies and procedures are not available to staff or staff have poor awareness of their content
- staff do not know what to do in the event of an allegation or suspicion of abuse
- young people do not know what to do in the event they experience abuse
- incidents, allegations, suspicions of abuse at the campus/unit were not appropriately investigated in accordance with the campus policy and *Children First: National Guidance for the Protection and Welfare of Children* (2017)
- policies and procedures are not reviewed and updated in accordance with legislation and best practice
- relevant staff are not aware of their statutory obligations as mandated persons
- there is no designated liaison person
- staff have poor knowledge of institutional abuse and young people are not safe or protected from institutional abuse.

Dimension: Quality and Safety

Rule 7 – Participation:

Young people shall be supported to access information and effective complaints mechanisms, and have their voices heard and participate in decisions made about them.

What a service striving for quality improvement looks like:

The culture of the campus is one that ensures the rights of young people as enshrined in the UN Convention on the Rights of the Child and in Irish law are promoted and protected. This culture is based on a shared value system that respects all aspects of young people's uniqueness, recognises their individuality and treats young people as valued human beings. Young people detained in the campus will be treated as equals and as individuals in their own right. Young people's opinions are sought and valued and their input helps define the service.

The service promotes a child-centred approach through recognising young people's rights, including their right to be listened to and to participate in decisions made about their lives, while taking into account young people's age, ability and maturity. Policies and procedures adhere to international human rights instruments, legislation, regulation, national policy, professional guidance and evidence-based guidelines. Care practices in the campus respect and promote the rights of young people.

Young people know their rights, Staff understand these rights and they support young people to exercise their rights. Managers and staff are cognisant that it is the young person's living environment and, therefore, support the young person to make requests as part of the normal running of the service.

Young people are supported to make choices and decisions about their lives. They have opportunities to participate in meaningful activities, in accordance with their interests and abilities, which promote their physical and mental health, wellbeing and socialisation. They are facilitated to exercise their civil, political and religious rights in accordance with their wishes, in so far as is reasonably practical.

Supports are in place to ensure that young people can participate in their legal proceedings and communicate freely with their legal representative. Young people required to attend court are managed safely by staff (where applicable) and treated with dignity and respect at all stages.

Young people's privacy and dignity is respected at all times, particularly in relation to personal communications. This is evident in the respectful way in which staff communicate with the young people. Each young person is listened to with care and respect by staff.

Young people receive clear information in a way they can understand when any proposed action is being considered in order to help them make informed choices and decisions. Parents or guardians are also kept informed of all important matters, in line with the best interests of the young person and public safety. Young people's views are taken into account in all

decisions, and they have choice in how to spend their day. Young people are facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. They are encouraged and supported to direct how he or she lives on a day-to-day basis according to personal values, beliefs and preferences.

Young people can access citizens' information and an advocate of their choice when making decisions, in accordance with their wishes. Information about independent advocacy services is freely available to children. This helps guarantee that consultation, with the option of support from an advocate, is the foundation for all decisions related to service provision and development. The assistance, support and representation available to young people focuses on their specific needs and rights and provides an environment in which they can assert their rights to challenge the decisions and actions which restrict their opportunities and to obtain justice and equality in their daily lives.

There is an established, implemented effective system in place to address and resolve issues raised by young people, their families and other representatives. A good complaints procedure is one which demonstrates that young people using the service have a right to raise issues and have those issues addressed in a timely and respectful manner. There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. These are seen as a valuable source of information and, where necessary, are used to make improvements in the service provided.

Young people are aware of their rights to raise issues without retribution, know how to raise issues and to whom they may report their concerns. Young people are supported through this process and, where necessary, they have access to advocacy services. The complaints mechanism is in an accessible format for all, and information about complaints is displayed in prominent positions in the campus. There is a policy and procedure on the handling and investigation of complaints from any person about any aspects of the care and treatment provided in or on behalf of the campus. The policy clearly outlines the appeals process if a young person is not satisfied with the management of their complaint. This has been adopted and implemented and is reflected in practice. It is reviewed and updated where necessary and in accordance with best practice.

The Director ensures young people are consulted with and have opportunities to participate in decisions that affect them and in the running of the campus. The complaints procedure is monitored for effectiveness, including outcomes for young people. Management ensures that the complaints procedure is in line with best practice guidelines where confidentiality and anonymity (when required) are maintained. Information regarding young people's participation, and complaints, forms part of the quality improvement strategy of the service and is used to identify improvement opportunities.

What does this mean for the young person:

Young people are consulted in all decisions made about their care. Their views are considered and influence the decisions made. Where decisions do not fully align with the young person's wishes, staff explain the reasons for this to the young person.

Young people are encouraged to give feedback about their experiences. They are informed about the complaints procedure and are given a copy in an age appropriate format. They know who to talk to if they are feeling unsafe and understand what will happen. They receive timely feedback when they raise a concern or complaint.

Young people with particular needs are provided with access to support if they need it, such as access to translation, interpretation and communication services.

Staff are accessible to young people when they have a concern or complaint. Young people can be assured that staff have a good knowledge of the different ways in which they express concerns or distress and disclose harm.

Young people will have access to legal representation and will be supported to engage in the legal process.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- how staff and young people interact, for example, staff response to queries or concerns of young people who are detained
- whether language used is appropriate to the young person
- the decision-making process to see if young people are supported and actively involved and given the freedom to exercise autonomy, choice and independence. For example, day-to-day decisions that form part of their daily routine, including campus tasks or activities
- whether there is a sensible balance between the choices young people make, the risks involved and their safety
- whether young people are consulted with and participated in how the campus is run
- if young people have access to advocacy and information about their rights in a way they can understand
- whether their rights are promoted by staff, social workers and other relevant personnel
- young people's meetings
- if staff speak in a respectful and caring way about young people
- any interpretative services used by young people and their families
- the placement planning and review meetings
- whether there is a culture of openness that welcomes feedback and raising of concerns
- if complaints have been used to inform and improve service delivery, where applicable
- whether the complaints procedure is displayed in a prominent place in the centre
- the information made available to young people on advocacy services
- whether the complaints procedure is in an accessible and age-appropriate format
- if any complaints have been appealed.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to determine if they get to enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences. For example, can they make choices about the services and supports they use and how they use them
- to determine ways in which they are consulted and their experience of participation in decisions made about them
- to determine if they require any interpretative services
- to determine their knowledge of rights, policies and procedures and if these have been implemented consistently and how they exercise choice
- to determine if they can access advocacy services and information on their rights
- to determine whether they are given explanations when they need them and in a way that they understand
- to determine how consent is sought and how they are involved in decision making
- to explore if they know how to raise a complaint; if they feel comfortable raising a complaint; if they feel listened to; if they were satisfied that complaints were responded to appropriately and in a timely manner; and if anything changed as a result
- if they have made an appeal in relation to the outcome of their complaint
- to check if they know how to access advocacy support and advice when providing feedback or making a complaint

Inspectors will communicate with **staff and managers:**

- to determine how appropriate care and support is provided in line with evidenced-based practice. How are young people's preferred interests determined?
- to determine how they promote and respect young people's rights and to exercise choice
- to determine what interpretative services are available if they are required and how are they accessed
- to determine how young people are facilitated in their religious practices
- to determine their knowledge of rights, policies and procedures and if these have been implemented consistently
- to determine how they support young people to make decisions and participate in decision-making forums. For example, do they respect the choices that young people make, treat them with kindness and listen to them?
- to determine how consent is sought and how young people are involved in decision making
- to determine to ascertain what they understand their role and responsibilities are regarding complaints, how complaints are managed and to establish if any complaints have led to service improvement.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- information for young people on their rights and advocacy services
- the policy on recreational programmes for young people
- records of young people's meetings
- records of advocacy arrangements/visits
- daily records
- young people's individual plans
- records relating to diversity
- satisfaction surveys and quality assurance feedback results.
- the complaints policy and procedure
- complaints logs and complaints management records
- records of any investigations or staff disciplinary actions.
- audits relating to complaints
- the young person's guide
- minutes of young people's and staff meetings.

Additional documents that may be reviewed include:

- young people's questionnaires
- the annual report

Compliance Indicators

Indicators of compliance include:

- the Director addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured
- the campus is managed in a way that maximizes young people's capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting their preferences
- young people are consulted with and supported and facilitated to express their views and participate in decisions about their lives.

Young People

- are facilitated to exercise their civil, legal, and religious rights and can make informed decisions about the management of their care as they are provided with appropriate information
- are consulted and participate in how the campus is planned and run

- are informed of the daily arrangements in the campus
- are informed about how their personal information is managed
- have access to advocacy services and information about their rights
- the privacy of personal meetings and personal information in respect of each young person is respected and, therefore, kept confidential, with information given to staff and others on a need to know basis
- their right to participation is promoted and respected by care practices.

Complaints

- the complaints process is user-friendly, accessible to all young people and displayed prominently
- there is an appeals process that is fair and objective
- young people and their families are made aware of the complaints process
- there is a suitable nominated person to deal with all complaints and ensure that all complaints are recorded and promptly investigated
- records related to complaints are maintained as required
- complaints are resolved in a proactive and timely manner
- young people are made aware promptly of the outcome of any complaint
- complaints are well-managed and bring about changes when required
- young people can make complaints without fear of adverse consequences
- there is a culture of continuous improvement where complaints are used to plan, deliver and review services.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to young people using the service.
- young people are not provided with enough information about choices
- young people's rights are promoted in practice but appropriate information is not made available to them about their rights.

Indicators of non-compliance include:

Young People

- do not participate in and or consent to decisions about their care and support
- do not receive assistance where necessary to make decisions about their care and support
- are not supported to exercise their rights
- individual choices are not always promoted
- are not consulted
- have no opportunity to participate in the running of the campus
- their views are sought but there is no evidence that they are acted upon
- are not enabled to make informed decisions about their lives

- their personal information is not communicated privately by staff
- their individual preferences are not known by staff
- are not supported to understand their rights and their rights are not promoted
- are not consulted about decisions affecting their lives or the running of the centre
- are discriminated against
- are not facilitated to exercise their right to make a complaint
- have no access to advocacy services to assist in making a complaint
- do not know who to complain to as they have not been supported to understand the complaints procedure
- have made complaints but have not received a response
- who have made a complaint are adversely affected as a result.

Campus routines, practices and facilities

- do not promote young people's autonomy, independence and choice, and do not promote young people's participation or consultation
- campus information governance procedures do not protect young people's privacy
- some young people have opportunities similar to their peers within services but some do not, and there is no clear reason for this difference
- there is poor or no communication and engagement between the placement planning contributors, young people and their families.

Complaints

- there is no appeals process
- the complaints procedure is not accessible and or in an age-appropriate format
- a copy of the complaints procedure is not displayed in a prominent position in the centre
- complaints are not investigated in a prompt or timely manner
- staff do not know what to do in the event of a complaint being made to them
- measures required for improvement in response to a complaint are not implemented
- practice related to the management of complaints is inconsistent.

Dimension: Quality and Safety

Rule 8 - Positive Behaviour:

Young people shall be supported to understand and demonstrate norms of good behaviour that ensure long-term positive outcomes.

What a service striving for quality improvement looks like:

Young people experience care that promotes consistency, dignity, positive reinforcement and structure. The service adopts a consistent approach to behaviour supports that is evidence based and promotes positive outcomes for young people placed detained. These are based on staff knowing and understanding the young person's behaviours, responses and means of communication, and having an awareness of and ability to adapt the environment in response to such behaviours. There is effective consultation with young people, their families and relevant professionals on how best to support young people's emotional wellbeing and behaviour that challenges. This is reviewed as part of their placement planning process.

The service recognises that behaviour is a form of communication and strives to understand and respond appropriately to the young person. Managers promote a positive approach in responding to behaviours that challenge and ensure evidence-based specialist and therapeutic interventions are implemented.

The care practices, operational policies and procedures promote a positive approach to the management of behaviour and prohibit corporal punishment, deprivation of food or drink, any treatment that would be detrimental to the physical, psychological and emotional wellbeing of a young person, and any treatment that is cruel, inhumane or degrading.

Each young person is supported to develop their understanding of behaviour that challenges and behaviour that is respectful of the rights of others. Where a young person's behaviour does not meet the expected norms, all responses will be reasonable, fair, proportionate, and take the least restrictive form possible in the circumstances, in line with procedure. Restrictive practices, can include restraint, single separation and de-escalation techniques. These are used only in approved circumstances and as a last resort, where other measures are inadequate, and in line with the restrictive practices policy. All instances of the use of restrictive procedures, including the reasons for, the nature and duration of any action taken and sanctions imposed on a young person, are recorded in their care record.

Staff have all relevant information required to assist them in supporting young people with behaviour that is challenging and have access to specialist advice and appropriate support, including interventions designed to promote effective communication. They have the necessary knowledge and skills to identify underlying causes of behaviour to assist and support a young person to manage their behaviour. Staff can anticipate certain behaviours and initiate pre-emptive actions to identify and alleviate the cause of the young person's

behaviour before the behaviours escalate. They are trained in methods and approaches that support the development of positive behaviour, and in the agreed approaches to be taken where young people do not comply with the agreed norms.

The Director ensures the provision of positive behavioural support and is proactive in continuous quality improvement. Oversight and monitoring of the campus approach to managing behaviour that challenges is carried out on a regular basis.

What does this mean for the young person:

Young people are provided with information on the approach taken if they do not adhere to the agreed acceptable behavioural norms. Young people are provided with appropriate support to ensure they understand the rules, expectations and approaches to support the development of positive behaviours and long-term positive outcomes.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- if staff actions demonstrate up-to-date knowledge and skills, appropriate to their role, in the area of behaviours that challenge
- interventions used for behavioural supports
- how staff positively support young people in the management of their behaviour
- staff adherence to the requirements of policy and the national guidance.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to determine if they are supported to recognise and manage their behaviour and the form that support takes
- to determine if they were given clear information on the expectations around acceptable and positive behaviour
- to determine if they have been subjected to restrictive procedures
- to determine what they know about restrictive procedures and how and when they are applied
- to determine if they have made complaints following the use of any restrictive procedures and the outcome of that complaint
- to determine if they are on any medication as a result of their behaviours.

Inspectors will speak with **staff and managers:**

- to determine their knowledge and understanding of behavioural supports, positive responses and restrictive practices
- to determine if staff have up-to-date training on behavioural support

- to determine how staff access advice and support in relation to therapeutic interventions
- to determine how behaviours that challenge are monitored and reviewed
- to determine how they monitor and review positive behavioural supports implemented across the campus.

Inspectors will speak with **parents and other relevant professionals:**

- to determine if they are aware of the behavioural supports and restrictive practices within the detention centre
- to determine if they have any concerns about the use of restrictive practices
- to determine if they are satisfied that they are kept appropriately informed.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- the policy on the provision of positive behavioural support
- the policy on the use of restrictive practices
- records pertaining to the management of behaviours that challenge, including young people's placement plans, records of the use of restrictive practices and relevant audits
- staff training records on positive behavioural support
- medicine records
- minutes of serious incident review group meetings and or reports following review
- minutes of multidisciplinary meetings
- the accident/injury log.

Additional documents that may be reviewed include:

- young people's questionnaires

Compliance Indicators

Indicators of compliance include:

- appropriate supports are in place for young people with behaviours that challenge or who are at risk from their own behaviour
- where required, therapeutic interventions are implemented with the informed consent of each young person and their representative and are reviewed as part of the placement planning process
- where restrictive procedures are used, such procedures are applied in accordance with national policy and evidence-based practice
- staff have up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support young people to manage their behaviour

<ul style="list-style-type: none"> ▪ staff receive training in the management of behavior that is challenging, including de-escalation and intervention techniques ▪ every effort is made to identify and alleviate the cause of a young person’s behaviour that is challenging, all alternative measures are considered before a restrictive procedure is used and the least restrictive procedure, for the shortest duration necessary, is used.
<p>Indicators of substantial compliance include:</p> <ul style="list-style-type: none"> ▪ while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to young people detained on the campus.
<p>Indicators of non-compliance include:</p> <ul style="list-style-type: none"> ▪ appropriate supports are not in place for young people with behaviours that challenge or who are at risk from their own behaviour ▪ restrictive procedures have not been applied in line with the national policy on restraint and evidence-based practice ▪ interventions used in the management of challenging behavior are not subject to monitoring, oversight and review ▪ staff have not demonstrated up-to-date knowledge and skills, appropriate to their role ▪ staff have not been trained in managing behaviour that is challenging ▪ restrictive procedures are the sole means of managing behaviour ▪ management of behavior that challenges is not informed by the young person’s placement plan ▪ records are not sufficient to provide accountability, monitoring and oversight.

Dimension: Quality and Safety
<p>Rule 9 - Restrictive Practice: Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.</p>
<p>What a service striving for quality improvement looks like:</p> <p>The service promotes a positive approach in responding to behaviours that challenge and is committed to promoting a safe culture and environment to young people and to minimise incidence of violence.</p> <p>The service adopts a consistent approach to behaviour that promotes positive outcomes for young people detained there. These are based on staff knowing and understanding the young person’s behaviours and responses and means of communication and having an awareness of</p>

and ability to respond appropriately and proportionally in response to such behaviours. An individualised approach is taken to responding to young people in line with the overall approach to positive behaviour on campus and in line with each young person's individual plan. There is effective consultation with young people, their families, carers and professionals where relevant, on how best to support their emotional wellbeing and behaviour that challenges.

The care practices, operational policies and procedures relating to the use of restrictive practices prohibit corporal punishment, deprivation of food or drink, any treatment that would be detrimental to the physical, psychological and emotional wellbeing of a young person, and any treatment that is cruel, inhumane or degrading. Written policies and procedures detail the use of all restrictive practices and approaches taken. These policies are adopted and implemented and they are reflected in practice; they are kept under review and where necessary updated in accordance with best practice.

Restrictive practices may include single separation, physical intervention, the use of handcuffs and searches conducted in young people's rooms or on their person. A restrictive practice is subject to thorough risk assessment and must be a proportionate response to the level of risk posed coupled with the aim of the restraint or restriction. It is only used when there is evidence of risk of harm to young people and or staff or risk to the security of the campus that cannot be addressed by alternative means. Young people's safety, welfare and dignity is paramount in circumstances that require restrictive practice.

If a restrictive procedure is used, it is the least restrictive procedure for the shortest duration of time and this is managed in a dignified manner, in line with campus policy and procedure and national policy.

All instances of the use of restrictive practices, including the reasons for, the nature and duration of any action taken and sanctions imposed on a young person, are recorded in their individual care record. Authorisation for the use, continuation or repeated use of restrictive practices is secured by staff and details of authorisation is clearly documented. Information is recorded in proportionate detail to enable the lawfulness of the restraint to be assessed.

Staff are trained on induction and on a periodic basis in the use of restrictive practices, alternative approaches and in the procedures that apply to their implementation. Approved interventions used in the detention campus are carried out with respect for the rights of the young person concerned. They have the necessary knowledge and skills to identify underlying causes of behaviour to assist and support a young person to manage their behaviour, so as to avoid the use of restrictive practices. Staff can anticipate certain behaviours and initiate pre-emptive actions to identify and alleviate the cause of the young person's behaviour before the behaviours escalate. Alternative approaches are considered before any use of restrictive procedures.

Staff are given all relevant information required to assist them in supporting young people with behaviour that is challenging and have access to specialist advice and appropriate support, including interventions designed to promote effective communication.

The Director is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the restrictive practice policy is part of continuous quality improvement cycle.

What does this mean for the young person:

Throughout their detainment, young people experience care and treatment which promotes consistency, dignity, positive reinforcement and structure. They receive information on admission about the use of restrictive practices, and about the expectations about how certain risks are managed there.

Restrictive practices interfere as little as possible with the rights of the young person and be used proportionately to the risk identified and for the shortest duration of time necessary.

Young people are afforded the opportunity to express their views and have them taken into account in the implementation and review of restrictive practices. Their safety, welfare and dignity is paramount in circumstances that require restrictive practice.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- if staff actions demonstrate up-to-date knowledge and skills in the use of restrictive practices and the procedures that apply to their implementation, appropriate to their role
- alternative approaches used to address
- how staff positively support young people in the management of their behaviour
- staff adherence to the requirements of the campus policy and national guidance.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to determine if they are supported to recognise and manage their behaviour and the form that support takes
- to determine if they have been subjected to restrictive procedures
- to determine what they know about restrictive procedures and how/when they are applied
- to determine if they have made complaints following the use of any restrictive procedures and the outcome of that complaint
- to determine if they are on any medication as a result of their behaviours.

Inspectors will speak with **managers and staff:**

- to determine their knowledge and understanding of restrictive practices, alternative approaches, policy and procedure
- to determine if they have up-to-date training on restrictive practices and alternative approaches
- to determine how they access advice and support in relation to the use of restrictive practices and alternative approaches
- to determine how behaviours that challenge are monitored and reviewed
- to determine how they monitor and review the restrictive practices and alternative approaches implemented on campus.

Inspectors will speak with **parents and relevant professionals:**

- to determine if they are aware of the behavioural supports and restrictive practices used on campus.
- to determine if they have any concerns about the use of restrictive practices
- to determine if they are satisfied that they are kept appropriately informed.

Through a review of documents during or after onsite activity:

Inspectors will review campus documentation such as:

- young people's care records
- the policy on the use of restrictive practices
- relevant audits
- staff training records on restrictive practice interventions
- medicine records
- serious incident review meeting minutes and or reports
- minutes of management, unit and multidisciplinary team meetings
- the accident/injury log
- complaints log
- child protection and welfare report log
- risk assessments
- health and safety assessments

Compliance Indicators

Indicators of compliance include:

- appropriate supports are in place for young people with behaviours that challenge or young people who are at risk from their own behaviour

- where required, restrictive practices and alternative approaches are implemented with the informed consent of each young person and their representative and are reviewed as part of the placement planning process
- where restrictive practices are used, such procedures are applied in accordance with policy and evidence-based practice
- staff have up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support young people to manage their behaviour
- staff receive training on induction and on a periodic basis in the use of restrictive practices, alternative approaches and in the procedures that apply to their implementation
- every effort is made to identify and alleviate the cause of a young person's behaviour that is challenging, all alternative approaches are considered before a restrictive procedure is used and the least restrictive procedure, for the shortest duration necessary, is used.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to young people using the service.

Indicators of non-compliance include:

- restrictive procedures have not been applied in line with the policy and evidence-based practice
- interventions used in the management of challenging behaviour are not subject to monitoring, oversight and review
- staff have not demonstrated up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support young people to manage their behaviour
- staff have not received training on induction and on a periodic basis in the use of restrictive practices, alternative approaches and in the procedures that apply to their implementation
- restrictive procedures are the sole means of managing behaviour
- records are not sufficient to allow for accountability, monitoring and oversight.

Dimension: Quality and Safety

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.

What a service striving for quality improvement looks like:

The young people live in a safe and secure environment that meets their needs. The security arrangements in place are only as restrictive as necessary, to keep young people safe and secure, prevent an escape and to protect them from harming themselves or others. Young people's right to privacy is respected and promoted. Where necessary to limit this right in order to ensure young people are safe and protected from harm or to maintain security and safety on the campus, young people's dignity is maintained at all times.

Young people can socialise and interact with their peers on a day-to-day basis. They have their own bedroom which affords them privacy and meets health and safety requirements. The living environment is stimulating and provides opportunities for rest and recreation. Appropriate and accessible indoor and outdoor recreational areas are provided in the service.

The environment supports young people to achieve their identified goals and to participate in their placement plans. Campus buildings are kept clean and comply with all required fire, health and safety standards and regulations.

The risk posed by fire on campus is subject to ongoing risk assessment and, as a result, fire precautions reflect current best practice as far as possible. The Director has ensured that all fire equipment and building services are provided and maintained in accordance with the associated standard and by competent service personnel. Fire safety checks take place regularly and are recorded. All staff have received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements are in place for making young people aware of the procedure to follow.

Arrangements for monitoring young people such as closed circuit television (CCTV) and staff supervision are appropriately balanced between safety, security and privacy.

Staff understand, are supported and trained, to maintain campus security and safety. Issues with the physical environment or maintenance needs are promptly identified and resolved and records are kept.

All vehicles used to transport young people are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed.

The Director and staff are proactive in continuous quality improvement. There are appropriate competent staff in place to oversee, monitor and address all health, safety and security issues promptly as they are identified. Evaluation of the effectiveness of how the premises meets young people's needs consists of an element of the continuous quality improvement cycle.

Fire safety procedures are monitored and evaluated as part of the continuous quality improvement cycle to ensure the safety of young people and staff on campus.

What this means for the young person:

Young people should live in an environment that meets their needs, and which takes account of their physical, emotional and psychological well-being while maintaining an appropriate balance between the need to care for young people, and the need to ensure that the Campus is secure and safe for all young people and staff.

Each young person should have their own bedroom which they have the opportunity to personalise. Young people live in small groups and have regular opportunities to mix with peers. Young people's right to privacy is respected. In circumstances where this right is subject to limitations, young people's dignity will be maintained at all times. The physical environment supports young people to make progress in achieving their individual goals. All young people have access to the facilities and services they need.

Examples of information/evidence that will be reviewed and how this will be done:

Through observation:

Inspectors will observe:

- by walking around the campus, how the design and layout impacts on the young person's quality of life and protects them from harm
- whether there are adequate services such as heating, lighting and ventilation
- if young people can move unimpeded around the campus, taking into account factors such as accessibility and whether any alterations have been made. Do these enhance young people's quality of life and safety?
- if the internal and external areas of the campus are secure and safe
- whether there is evidence of an ongoing maintenance programme
- if fire safety precautions and procedures are in place and adhered to.

Through communication:

Inspectors will communicate with **young people (and where appropriate with families):**

- to find out their views and experiences on how the campus meets their needs and impacts on their day-to-day life, as well as the level of involvement they have in decision-making about any possible changes
- to ask if they have their own bedroom and adequate secure storage space for their belongings
- to ask if they are aware of the CCTV in use on campus and in the units
- to ask if they have taken part in a fire drill.

Inspectors will communicate with **staff and managers:**

- to determine their views on whether the internal and external areas are suitable for the care, treatment and support of young people and whether there are any planned changes
- to ask if they are aware of the CCTV in use on campus and in the units
- to ask if they have taken part in a fire drill and are aware of what to do in the event of a fire.

Through a review of documents during or after onsite activity:

Inspectors will review the provider's documentation such as:

- maintenance and service records and contracts
- personal property and possessions of a young person detained in the campus policy
- fire records
- vehicle records
- health and safety assessments
- risk register.

Additional documents that may be reviewed:

- young people's questionnaires
- accidents and incidents register
- minutes of young people's meetings
- floor plans
- audits relating to the premises
- the annual report.

Compliance Indicators

Indicators of compliance include:

- there is adequate private and communal accommodation
- best practice is used to achieve and promote accessibility
- if needed, alterations are made to the campus to ensure it is accessible to all
- the physical environment is clean and kept in good structural and decorative repair
- the premises meets the needs of the service and all young people
- the design and layout of the premises promotes young people's safety, dignity, independence and wellbeing
- clear records of major repairs, capital works and maintenance works are kept
- campus equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced where necessary
- facilities are serviced and maintained regularly
- there is suitable heating, lighting and ventilation in the premises

- each young person has their own bedroom
- emergency call facilities are available in all bedrooms and all rooms used by young people
- there is communal space for young people suitable for social, cultural and religious activities
- adequate space and suitable storage facilities is available for the personal use of young people
- there are enough toilets, bathrooms, showers to meet the needs of young people
- there is a suitable indoor and outdoor recreational activities which are safe for use and appropriately maintained
- there are adequate fire safety precautions and equipment in place.

Indicators of substantial compliance include:

- an adequate number of baths, showers and toilets are available and do not pose a risk to young people; however, some of these facilities are in need of renovation but there is a plan in place for the necessary work
- some areas of the campus were not kept in a clean condition although there were cleaning systems in place. During the inspection, staff commenced cleaning these areas and most areas were cleaned before the end of the inspection.
- storage for young people's personal belongings is available but limited
- fire precautions were in place but records were not always up-to-date.

Indicators of non-compliance include:

- the design and layout of the campus does not meet the needs of the service in its delivery of secure care and does not meet young people's needs
- the campus is unclean and or not kept in a good state of repair
- schedule requirements are not met
- private and or communal accommodation does not meet young people's needs
- there is not enough suitable storage
- there are not enough toilet and washing facilities
- equipment is not maintained in good working order
- young people are restricted in accessing areas due to the poor design of the building
- there is no review of the campus accessibility
- required alterations to make the campus accessible to all are not carried out
- emergency call facilities are unavailable in all bedrooms and all rooms used by young people
- there is no suitable indoor or outdoor recreation facilities for young people
- there are inadequate fire safety measures in place.

Appendix 1 - Authority Monitoring Approach

The purpose of this guide

This guidance should be used in conjunction with the assessment judgment framework, which is one of the tools HIQA uses to assess compliance with regulations and standards. The assessment judgment framework supports inspectors when monitoring or assessing services and to make judgments on compliance. It sets out the lines of enquiry to be explored by inspectors in order to assess compliance with regulations and or standards. This should also be used by providers to self-assess their own service.

Inspectors use this guidance alongside the assessment judgment framework. The purpose of the guidance is to provide additional supporting information to inspectors on assessing compliance and offer guidance on reviewing each regulation or standard.

Therefore, the guidance gives greater detail on how to assess and what to review during fieldwork planning, gathering of relevant information and evidence onsite and the making of judgments about compliance.

Furthermore, this guidance facilitates a consistent approach to conducting inspections by:

- supporting inspectors in developing a clear understanding of the standards
- providing direction to providers and persons in charge on the type of findings that could demonstrate evidence of compliance.

This guidance also includes a section on what a service striving for improvement would look like. The intention of this section is that, where providers meet the requirements of regulations and or standards, they should seek to constantly strive for ongoing improvements in the quality of the service.

How HIQA will inspect services

The following section of this guidance outlines how HIQA will conduct the inspection and progress to the publication of the inspection report under this programme.

Inspection teams

Inspection teams comprise HIQA staff who have been appointed by HIQA as Authorised Persons under the Health Act 2007, and work within the powers described in the Act to monitor compliance with standards/rules. Inspectors are obliged to comply with HIQA's Code of Conduct for staff, which is available at www.hiqa.ie.

Inspection

HIQA will review key pieces of information relating to the way the Campus is organised and operated. Key pieces of information include:

- information from previous HIQA inspections of the Campus
- relevant unsolicited information received by HIQA in relation to the Campus.

The purpose of this inspection programme is to assess the service delivered to young people who are detained in Oberstown Children Detention Campus.

Inspections may be announced or unannounced. An announced inspection of the campus will be announced 20 working days in advance of the inspection.

Risk based inspections will monitor against specific rules, which will be referenced in the announcement letter. The Director will receive short notice of these inspections².

On-site fieldwork

At the beginning of the inspection, inspectors will introduce themselves, outline the purpose and duration of the inspection to the Campus Director. Information will be gathered by the inspection team onsite through:

- communicating with management, staff, young people and young people's families and other professionals,
- reviewing documents, data and records
- observing staff and young people, and meetings, where appropriate.

The Director will be asked to nominate a liaison person who will be responsible for engagement with HIQA during the course of the inspection.

Documentation, data and information request

HIQA will review documentation and data received prior to inspection and review documentation, data and information as part of the inspection while on site.

Confidentiality

In line with current data protection legislation, HIQA request that unless specifically requested to do so, the Director should not send personal identifiable information that could identify an individual young person to HIQA by email or by post.

Communication

The inspection team will arrange a time to meet with key personnel within the detention campus. Inspectors will communicate with, for example:

² A short notice announcement of an inspection will be issued ten days prior to the inspection fieldwork

- the campus Director
- other relevant managers
- chairperson of the Board of Management
- staff
- other relevant campus personnel.

The purpose of this communication is to gather information about:

- how the service is led and managed
- how risks are identified and managed
- how the management team is assured that the service provided is safe and effective.

Risk management and escalation

HIQA takes a risk-based approach to monitoring. This approach informs how frequently HIQA will inspect any individual service. It also informs the nature, intensity and the type of inspection carried out.

Risk identified by HIQA during inspections will be escalated to the Campus Director in line with HIQA's risk management process which is outlined in Appendix 3 of this document.

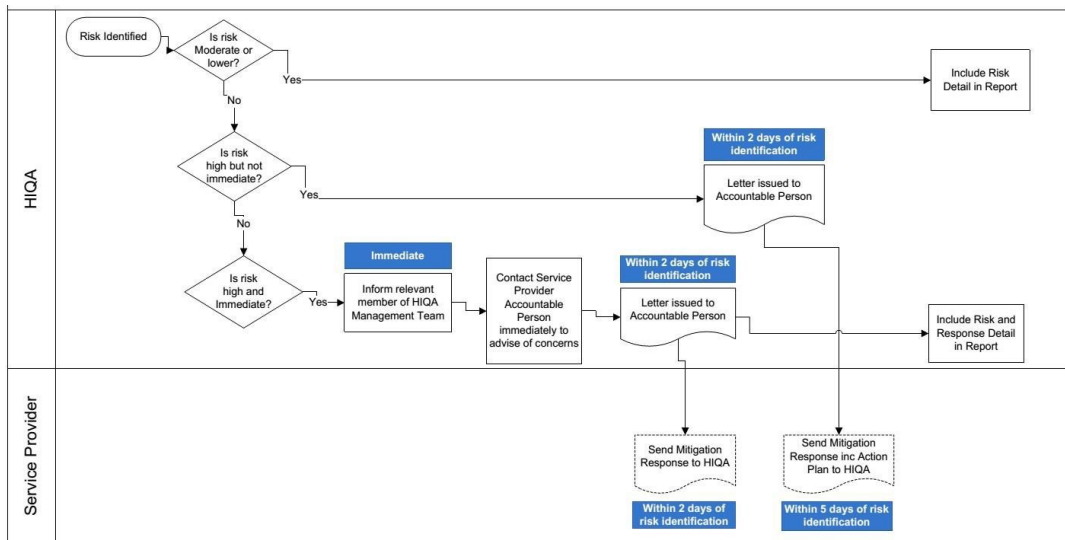
HIQA's inspection report

HIQA welcomes feedback from providers on a draft inspection report issued to providers. Following the review of any feedback the inspector may update the report and issue a final inspection report to the provider.

Freedom of Information

HIQA is subject to the Freedom of Information Acts and the statutory Code of Practice regarding Freedom of Information.

Appendix 2 – HIQA’s Risk Escalation Process



Note: Accountable Person: identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services.

Revision date	Summary of changes
October 2019	First approved
September 2021	Updated
March 2025	Version 3 – Amended to reflect changes to the feedback process on draft inspection reports



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