



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of a Designated Centre Special Care Unit

## Issued by the Chief Inspector

Name of designated centre:	Crannóg Nua
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	6 June 2024
Centre ID:	OSV-0004216
Fieldwork ID	MON-0043566

## About the centre

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

In Crannóg Nua Special Care Centre the young people are detained under a High Court order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Crannóg Nua Special Care Centre caters for both male and female, aged between 11 and 17 years and the group living units are mixed gender.

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

The objective is the provision of effective and safe services designed to address the underlying emotional disturbance, to reduce unsafe and risky behaviours by the young person and to help with successful reintegration into less secure settings in the community. This requires the design of an individual programme, which promotes inclusion of the multidisciplinary team while simultaneously creating a powerful therapeutic milieu within the programme.

The campus is described as a secure unit, meaning it is locked and the young people are not allowed to leave without permission. The young people that are provided with a service tend to have usually had a long history of challenging and risk-taking behaviour before entry into the special care programme. The young person must be deemed inappropriate to an intervention in a less secure setting due to the seriousness of the risk presented by their presentation.

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

<b>Number of children on the date of inspection</b>	5
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

## Compliance classifications

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

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

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

**Not compliant:** a judgment of not compliant means the service has not complied with a standard and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

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

Date	Times of inspection	Inspector name	Role
Thursday 6 June 2024	09:00 to 17:00	Rachel Kane	Lead Inspector
Thursday 6 June 2024	09:00 to 17:00	Frank Barrett	Support Inspector
Thursday 6 June 2024	10:30 to 18:30	Mary Lillis	Support Inspector
Friday 7 June 2024	08:00 to 18:15	Rachel Kane	Lead Inspector
Friday 7 June 2024	08:00 to 18:15	Mary Lillis	Support Inspector

## What children told us and what inspectors observed

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

This inspection found that children received good quality, nurturing and child-centred care and support which was personalised to their individual needs. There were five children living in the special care unit at the time of the inspection. Three children chose to speak with inspectors as part of this inspection. Inspectors also had the opportunity to observe children and staff while onsite at the centre over the two day period.

Inspectors visited all residential units on the campus, including three multi-occupancy and one single occupancy unit. There were children resident in two multi-occupancy units at the time of inspection while the other units were unoccupied. Inspectors were also shown the gymnasium building which had an exercise room, gym hall, woodwork room and an internet room known as 'my space'. Inspectors spoke with two parents, two social workers and four guardians' ad litem (GAL), as part of the inspection.

The accommodation provided to children was decorated appropriately and well maintained. The dining areas were bright with artwork on the walls and there were various other living areas within the units, which provided adequate space for the children. Some of the children had been involved in the decoration of living spaces and their personal touches added to a homely and inviting space. Each unit had a dining room and a kitchen where the children could prepare their own meals if they wished.

The children's art work and some of their woodwork projects were displayed in various spaces throughout the units showcasing their creative talents. One of the children also helped to decorate one of the beauty rooms and took great pride in showing inspectors this room. There were appropriate private spaces available for the children to meet with their families.

There was ample outdoor space which contained a basketball and football court and a separate garden. Inspectors observed some children using this space to play sports and go for walks.

Each of the children in the special care unit had their own bedroom with a connected toilet and shower. Children declined to show inspectors their bedrooms but they told inspectors that they could personalise their rooms if they wished. Inspectors observed personal items and photographs belonging to some of the children on display throughout the unit living areas.

Inspectors observed a warm and relaxed atmosphere in the units. Inspectors observed staff and children joking together while also engaging in supportive and thoughtful conversations. Inspectors observed an affectionate and encouraging approach from staff towards the children as they engaged in their daily routine.

The children who spoke with inspectors were very positive about their experience of the special care unit. The children spoke highly of the staff and the relationships they had built with them. Some of the comments that the children made about the staff include:

- "I have a good key team. I get on with them all, can talk to them about things, they listen if you're not happy with something"
- "Staff doing their best"
- "Staff are very calming".

Two of the children that inspectors spoke with expressed that they felt they were getting the right care and support that they needed in the special care unit. The children made the following comments:

- "Getting the right support"
- "I don't have anything negative to say, it's a good place for people who want help".

The children knew how to make a complaint and said that it had been explained to them by the staff, however, none of the young people who inspectors spoke with had made one.

- "I've never made one, but you can make a complaint".
- "never made a complaint, know you can, never needed to".

Attending school was a consistent part of the children's daily routine which they were effectively supported to engage in. Children had individualised education plans tailored to their needs. The children told inspectors about going to school, their favourite subjects and some of the other activities that they liked to do. Two children said that they liked woodwork and one child said they liked history and geography. Two of the children wrote a song together about their time in special care and what that experience has been like. One of the children enjoyed doing beauty treatments for themselves and staff. All of these personal preferences were accommodated and children were encouraged to develop their unique interests and talents in a child-centred environment.

Children were provided with opportunities to partake in a variety of activities to support their development including off-site activities. Some of the children described how they often went out on trips which they really enjoyed. The children made the following comments:

- "there's always someone around to take you out"
- "when you get to go on off-sites it's great"
- "never stopped from doing something because there's not enough staff"
- "like the gym and going on long drives".

Children's religious beliefs and preferences were recorded on their files and they were offered opportunities to attend religious services where appropriate. Inspectors also reviewed records showing that management had contacted a local priest asking that they visit the unit at the request of one of the children. Inspectors observed art work on display around the units created by children which celebrated their individual ethnicity and heritage.

Inspectors asked the children they spoke with about their experiences of physical restraints. All of the children said that they did not like being restrained. One child described feeling powerless and another child said it was the worst part of being in special care. The special care unit recently introduced the use of safety pods during physical restraints of children. A safety pod is a specially designed bean bag that is deep and firm and is intended to provide safe and therapeutic means of supporting children in a caring and dignified manner during times of distress and risk. When asked about their views of the safety pods, one of the children who spoke to inspectors said; "they're still restraining you, at least you're not on the floor" but that they still felt "powerless". Despite the children finding their experiences of restraint very difficult, the children who spoke with inspectors also understood the reasons for the use of this type of intervention. One child described how physical restraints are used "for your own safety".

Children's participation in decision-making was routinely encouraged by staff and managers in the special care unit. A child-in-care review is a meeting where the child, their parents, staff from the special care unit, their social worker and other professionals involved in the child's life or care, discuss and agree on key objectives to meet the needs of the child. These meetings were held monthly for each child in the special care unit. The children who spoke with inspectors said that they sometimes attended their child-in-care reviews but other times they chose not to attend. Regular children's meetings were also held in each of the units where the children were provided with the opportunity to voice their opinions and make decisions about routines, activities and rules in the unit.

Inspectors observed examples of children making choices about their evening activities, meals, weekend plans and changes to the physical environment. GALs and social workers told inspectors that they were satisfied that children's rights were supported and promoted, and that children were encouraged to participate in decisions about their care where appropriate.

The children who spoke with inspectors were happy with the food that was provided in the service and it was clear that they were routinely provided with opportunities to contribute to the menu and to give feedback about the food. For example, food was commonly discussed in the children's meetings and the menu was changed based on their preferences. If the children were not happy with any of the meals provided they were encouraged and supported to make themselves an alternative meal. Some of the comments the children made about the food included:

- "nice, can make your own food if you don't like the dinner, I like to make pasta"
- The food is "class"
- I "love chicken wings and ribs", I like to make pizza and burgers"
- "they feed you but I'm picky".

Although the majority of the feedback from the children was positive, they also identified some negative aspects of living in special care. The children made the following comments:

- "Can't go where you want"
- Worst thing about special care is "being locked in your bedroom every night"

Inspectors asked the children they spoke with if there was any advice they would give to other children coming into special care and they made the following comments:

- "listen to the staff, talk to them. They're here to help, let them help, it's not so bad when you settle in"
- "could be worse, worse places to be, but nobody wants to be here".

Children were supported by staff in preparation for leaving special care which formed part of children's care plans when this was appropriate. Despite this, some of the children who spoke with inspectors expressed some concern about moving on from special care as they were worried about whether they were ready to leave.

As part of the inspection, inspectors spoke with two parents. Similar to the feedback from the children, the feedback from the parents was also very positive. Both of the parents felt that their children were being kept safe while in the special care unit.



The parents understood that restrictive practices were a feature of special care and both of them were of the view that restraints were only used when necessary and in order to keep their children safe. Some of the comments made by the parents in relation to restrictive practices include:

- “no locking (child) up, physical restraints are at a minimum, Crannóg staff don’t restrain frequently, they have a safety pod, minimise risk”.
- “never restrained without needing it”.

Both of the parents expressed their opinion that their children were progressing well in the special care unit. One of the parents described how their child was “thriving”. One of the parents expressed some concern for their child’s safety when the time came for them to leave the special care unit. However, this parent also told inspectors that the staff were helping their child to prepare for when that time comes.

The parents who spoke to inspectors also spoke highly about the staff and the relationships that they have built with their children. Some of the comments that they made about staff include:

- “they comfort (child), hug (child)”
- “They are kind to (child)”
- “(Child) has good relationships with staff”.

Inspectors spoke with two social workers and four GALs as part of the inspection. Inspectors also spoke with the special care unit’s interim school principal and a clinical manager from Tusla’s Assessment Consultation Therapy Service (ACTS). The feedback from these professionals in relation to the care provided to the children was highly complementary. The professionals described how staff were skilled at caring for and supporting children with complex needs. All professionals believed that the children were being kept safe in the special care unit and were satisfied with practices and procedures in relation to the use of restrictive practices. Professionals described how the staff team used a trauma based approach to help children to de-escalate when they were in distress. One GAL said that staff “use their relationship so that the young person doesn’t go to escalation”.

All of the professionals commended the work and input of staff to support the needs of children in the special care unit. The professionals said that children had made good progress in the special care unit. One GAL described how a child “feels so safe, (they) can take the next steps”. A social worker described the progress one child had made in terms of their life skills, “takes the bus, goes to see sister, gotten into art, cooking and baking”. Another GAL said that a child’s “quality of life is now starkly better”.

The professionals described to inspectors how the children's rights were respected and also how the staff advocated for the children. One of the GALs described how the service listened to a child's views about their transition plan to a new placement and adjusted this plan to better suit the needs of the child.

During the inspection an advocacy service were present in the centre to engage with the children. An advocacy service supports children to know and understand their rights, to be a part of decisions that are made about their lives and to know how to make a complaint if they are unhappy about an aspect of their care. Managers and staff informed inspectors that this advocacy service visited the centre on a regular basis.

Similar to the concerns expressed by some of the children and parents, two of the GALs and one of the social workers expressed their worries about how the children would cope when they left the special care unit. One of the GALs expressed concern about how a child would manage when "the protective team was not there". Another GAL said that one child needed a placement now as they were in special care for too long.

## **Capacity and capability**

Overall, the special care unit demonstrated a good level of compliance with the regulations. However, the registered provider did not have sufficient staffing resources to ensure the effective delivery of special care in accordance with their statement of purpose, which stated a capacity for 12 children. Improvement was also required within the management systems in place to ensure that the fire safety policy was adhered to at all times as doors were observed as being wedged open during day one of the inspection. The registered provider commenced a review of the national set of policies and procedures in 2023, however, at the time of the inspection this had not been completed and the updated policies and procedures were not in place as required.

There were management systems in place to ensure that the care provided to children was safe, consistent and appropriate to their needs. Governance and management structures were effective and clearly set out the lines of authority and responsibility. Roles and delegated duties were well established amongst the management team. The management team were experienced and competent.

There were strong oversight arrangements in place in the special care unit. An annual review of 2023 was completed by the person in charge as required by regulations. The regulations require that the provider ensures the quality and safety of special care is monitored and reviewed. Tusla's national practice assurance and service monitoring (PASM) team had completed three visits to the

centre in 2023 and the most recent visit was in January 2024. Each of these visits found that the children were receiving good quality care. Two of the visits identified an area of improvement at a national level was for children to transition out of special care to a suitable move on placement in a timely manner.

There was an effective system of auditing in place in the centre for the purpose of assessing compliance with the regulations. Management used the findings and recommendations from both internal and external audits and inspections to support their decision-making and prioritise tasks for service improvements. The special care unit was making good progress with their service improvement strategy in place from 2023-2027.

The registered provider had effective arrangements in place to facilitate staff in the special care unit to raise concerns about the quality and safety of the special care unit as per the regulations. There was a protected disclosure policy and procedure in place which the staff team were familiar with.

The service was operating at 50% (six children resident) capacity at the time of inspection. Although there was sufficient staffing for the number and care needs of the children living in the special care unit, despite recruitment and retention strategies in place, the registered provider did not have sufficient staffing resources to ensure the effective delivery of special care in accordance with their statement of purpose, which stated a capacity for 12 children. The service provider's inability to increase capacity due to difficulties recruiting staff has been a challenge throughout their six years since 2018, as a registered designated centre for special care. It is of note that the average occupancy throughout this time has been 50%.

Improvement was required within the management systems in place to ensure that the fire safety policy was followed at all times. Doors were observed as being wedged open during day one of inspection. This practice was assessed as high risk by the provider, and so was contrary to the policy at the centre. Open doors can prevent effective containment of fire smoke and fumes in the event of a fire.

The registered provider had appropriate arrangements in place to ensure continuity of care and support to children. The registered provider had systems in place to maintain records relating to members of staff as specified in Part A and Part B of Schedule 3. In line with the regulations, the PIC maintained a written record of all delegated duties. The PIC ensured that new staff who were still in training and were on induction were on the rosters as extra staff and not included in the required staff-to-children ratios.

There was a written statement of purpose for the centre and overall it accurately reflected the service provided. However, during the inspection errors were noted in relation to the rooms listed in two of the units, management updated the

statement of purpose accordingly. The statement of purpose did not reflect that the service director was no longer working full-time in the service as his remit had expanded and hours working within this special care unit had reduced as a result. There was a child-friendly version of the statement of purpose provided to children who availed of the service. The statement of purpose was also provided to children's families.

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

The provider had a complaints procedure in place which also outlined the appeals process. The complaints procedure was explained to children both verbally and in written format. Complaints were investigated promptly. Parents, guardian's ad litem and social workers were informed when children made complaints.

Staff received regular and good-quality supervision. Regular audits of supervision were carried out by social care managers to assess the quality of them. Supervision registers were maintained to oversee the frequency of supervision.

There were good systems in place to ensure that the programme of training that was provided enabled the staff team to provide care in accordance with evidence based practice, the statement of purpose and policies and procedures. These systems also ensured staff maintained up-to-date training.

### **Regulation 5: Statement of purpose**

There was a written statement of purpose for the centre. The centre had reviewed the statement of purpose in May 2024 and overall it accurately reflected the service provided. However, during the inspection errors were noted in relation to the rooms listed in two of the units. Inspectors informed the management of these errors and the statement of purpose was updated accordingly.

The statement of purpose did not reflect that the service director was no longer working full-time in the service as his role had expanded to director of the two other special care units also. There was a child-friendly version of the statement of

purpose provided to children who availed of the service. The statement of purpose was also provided to children’s families, as required by the regulations.

**Judgment:** Substantially compliant

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

The provider had written policies, procedures and care practices in place which promoted and protected the life, health, safety, development and welfare of each child residing in the special care unit, as per the regulations. A national set of policies and procedures have been in place since April 2020. These policies and procedures include the matters set out as per Schedule 2 of the regulations. The regulations require that policies and procedures are reviewed and updated every three years at a minimum. The registered provider commenced a review of the national set of policies and procedures in 2023, however, at the time of the inspection this had not been completed and the updated policies and procedures were not in place as required.

The supervision policy had been updated and implemented in April 2024.

New staff received training on the policies and procedures as part of their induction and staff were updated when changes were made to policies. Inspectors spoke with a number of staff members across varying levels of responsibility working in the special care unit. Staff demonstrated good knowledge of the policies and procedures that underpin their work.

Children were told about care practices in the special care unit both verbally and in written format by means of a young person’s booklet.

**Judgment:** Substantially compliant

### **Regulation 13: Person in charge**

The PIC had the appropriate qualifications, skills and experience necessary to manage the special care unit. The PIC had robust systems and structures in place for the effective management and oversight of the service. The PIC was routinely present in the designated centre and accessible to children and staff. Information was held about the person in charge as stated in Schedule 3.

**Judgment:** Compliant

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

The registered provider had systems in place to maintain records relating to members of staff as specified in Part A and Part B of Schedule 3. In line with the regulations, the PIC maintained a written record of all delegated duties. The PIC ensured that new staff who were still in training and were on induction were on the rosters as extra staff and not included in the required staff-to-children ratios.

Where possible, management aimed to have a balance of experienced and newer staff members on shift together. In line with regulations, the registered provider had appropriate arrangements in place to ensure continuity of care and support to children. For example, the provider only used a core group of agency staff that were familiar with the service.

**Judgment:** Compliant

**Regulation 15: Training and staff development**

There were good systems in place to ensure that the programme of training that was provided, enabled the staff team to provide care in accordance with evidence based practice, the statement of purpose and policies and procedures. Staff in the special care unit were provided with an ongoing programme of training that included mandatory training such as fire safety, medication management and child safe-guarding training. Refresher training was scheduled on a regular basis to support staff to continue to provide appropriate care to children.

**Judgment:** Compliant

**Regulation 16: Staff supervision and support**

Staff received regular and good-quality supervision. A new supervision policy was implemented in April 2024. Formal supervision was required every 6-8 weeks and staff were required to complete reflective practice pieces of work in between formal supervisions which were also recorded and discussed with their supervisors. New staff members received fortnightly supervision provided by deputy social care managers. Regular audits of supervision were carried out by social care managers to check that they were being recorded appropriately and to assess the quality of them. Supervision registers were maintained to oversee the frequency of supervision. On occasions where supervision had to be rescheduled the reason for this was noted and the session was re-arranged.

**Judgment:** Compliant

**Regulation 19: Care record**

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

**Judgment:** Compliant

**Regulation 20: Maintenance of records**

The records set out in Schedule 6 were maintained in the designated centre.

**Judgment:** Compliant

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

The register of children was maintained with the required information for each child.

**Judgment:** Compliant

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

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

**Judgment:** Compliant

**Regulation 23: Insurance**

Insurance was in place in line with the regulations.

**Judgment:** Compliant

**Regulation 24: Governance and management**

Governance and management structures were well-embedded, clear and set out the lines of authority and responsibility. The person in charge (PIC) was

responsible for the day-to-day operational management of the centre. The PIC reported to the director of the service. At the time of the inspection the director also had responsibility for Tusla's two other special care units on an interim basis. This was a recent change and while initially intended to be a short term arrangement, at the time of the inspection the long term plan was yet to be formalised.

There was a written record of the delegated duties maintained. The PIC was supported by two social care managers. Each social care manager had responsibility for the day-to-day operations of a residential unit. In addition to social care managers, there were six deputy social care managers and 11 social care leaders in post.

Social care managers had good oversight of care practices within their units and were consistently present within the units and readily available to provide support to staff. There was an on-call system and policy in operation for times when management were not present in the service. Management meetings took place weekly where clear decision-making, review of children's progress and discussion of staffing issues were evident.

A practice register was in operation where any concerns about staff's practice were recorded. The PIC and service director had oversight of this register and when investigations were warranted, these happened in a timely manner and were dealt with under the organisation's disciplinary procedure if necessary. Trends in practice issues were monitored through management oversight of the practice register and management meetings.

The registered provider had effective arrangements in place to facilitate staff in the special care unit to raise concerns about the quality and safety of the special care unit as per the regulations which included the protected disclosures policy and procedure. Staff who spoke to inspectors had knowledge of the protected disclosures procedure and said that they felt that they would be confident to use this mechanism to report concerns if needed.

An annual review of 2023 was completed by the person in charge in May 2024 as required by regulations. This review examined service provision and both internal and external audits throughout 2023. The report outlined that the three actions from the HIQA inspection in 2023 were complete and that the fourth action to update the national policies and procedures was in progress.

The regulations require that the provider ensures the quality and safety of special care is monitored and reviewed. The PASM team completed three visits to the centre in 2023. Each of these visits found that children were receiving good quality care. Two of the visits identified an area of improvement at a national level was for children to transition out of special care to a suitable move on placement in a



timely manner. The most recent visit from the PASM team was in January 2024. The visit in 2024 focused on providing assurance that children were not harmed during a restraint. The PASM report confirmed that no child was harmed from the physical interventions reviewed.

The new national director had not completed a visit to the centre since taking up his post in April 2024 but informed inspectors that he is in regular contact with the service director and that he plans to carry out quarterly visits to the centre going forward.

There was an effective system of auditing in place in the centre for the purpose of assessing compliance with the regulations. Management used the findings and recommendations from both internal and external audits and inspections to support their decision-making and prioritise tasks for service improvements. The centre had a service improvement strategy in place from 2023-2027. A number of the actions included in this strategy have been completed and any actions not yet complete had a deadline set.

At the time of the inspection, there were five vacant social care leader posts, 43 vacant social care worker posts and one vacant social care manager post. Since the last inspection in August 2023, the centre had eight new social care staff commence work employed directly by Tusla and six new social care staff commenced working in the centre employed through external agencies. 14 staff members resigned since the last inspection. Inspectors reviewed three recent exit interviews completed by past employees. There were various reasons provided by staff for their decision to resign but the challenging nature of the work due to the children's complex needs and associated aggressive behaviours was a key feature.

The registered provider had retention strategies in place such as an employee assistance programme and a critical incident stress management procedure. In recent months a working group on violence, harassment and aggression was established with the aim of developing guidance and training for staff members to better support them with managing these high risk behaviours.

At the time of the inspection the centre could not cater for 12 children as per their statement of purpose due to a lack of staff. The centre's inability to increase capacity due to difficulties recruiting staff has been an ongoing challenge since their registration in 2018. The service provider has conducted rolling recruitment campaigns and engaged with third level institutions to try and attract staff, however, despite these efforts staffing shortages have persisted.

Since the start of 2024 the registered provider has begun to explore other avenues in an effort to tackle the staffing challenges faced in special care. The registered provider has started to engage with third level institutions to explore the possibility of developing an apprenticeship programme for social care workers and the

possibility of the introduction of a pilot for a new grade of worker within children's residential centres and special care units. In addition, the national director for children's residential services told inspectors that they had sought additional allowance for social care staff working within secure care, with the view to attracting more staff and improving staff retention however, this had been rejected. While development and strategic planning for the special care unit is welcome, these proposed plans do not address the immediate and persistent issues resulting in an average of 50% occupancy within the service since registration of this special care unit.

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

Despite the significant staffing challenges, the management team have demonstrated capacity to safely manage the service by limiting the number of children they can cater for at any given time, depending on staffing levels. At the time of the inspection the designated centre could cater for no more than six children.

Overall, there were good systems in place for the management and oversight of fire safety and the mitigation of the risk of fire. The lines of accountability were robust to ensure that staff were familiar with fire safety practice. Training of staff was conducted annually by an external trainer. The content of this training ensured that staff received site specific training on the layout, evacuation procedure, fire safety systems, fire prevention and control. There was a thorough system in place to ensure that fire safety systems including fire detection and alarm systems were regularly serviced by a contractor, and were checked weekly by staff at the centre. Management had recently completed a fire safety week, which had input from staff and children including children's families. This initiative had the effect of raising awareness of fire safety throughout the campus, and gave children an opportunity to discuss the precautions that are required. There was an appropriate fire policy at the centre, including a detailed fire plan. Inspectors noted that while the fire plan clearly indicated that the holding open of doors using wedges was a high risk practice, this practice was noted in each of the campus houses during the first day of inspection. When this was brought to the attention of management, the wedges were removed.

**Judgment:** Substantially compliant

**Regulation 27: Notification of incidents**

Effective systems were in place to ensure that notifications to the Chief Inspector were completed in a timely manner.

**Judgment:** Compliant

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

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

**Judgment:** Compliant

**Regulation 29: Complaints**

The registered provider had a complaints procedure in place which also outlined the appeals process. The complaints procedure was explained to children both verbally and in a child-friendly written format. The children's parents and guardians were provided with copies of the complaints procedure. The complaints procedure was displayed in prominent areas in each of the units. There were four complaints made by children since the last inspection in August 2023. Each complaint was investigated promptly. All of these complaints were closed and the children were satisfied with the outcomes. Parents, guardians ad litem and social workers were informed of complaints through the significant event system in place.

**Judgment:** Compliant

**Registration regulation 4: Application for registration or renewal of registration**

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

**Judgment:** Compliant

**Registration regulation 6: Changes to information supplied for registration purposes**

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

**Judgment:** Compliant

### **Registration regulation 7: Applications by registered providers for the variation or removal of conditions of registration**

The special care unit made two applications to vary a condition of registration within this registration cycle. These applications were made in line with the regulations.

**Judgment:** Compliant

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

The registered provider paid the required annual fees as per the regulations during this registration cycle.

**Judgment:** Compliant

## **Quality and safety**

There was high quality care and support provided to children in the special care unit. The staff and management team were committed to helping children to grow and learn in an environment that was therapeutic, reflective and they continually strived to learn and improve in order to achieve the best possible outcomes for children. While there were good levels of compliance in terms of the quality and safety of the service, there were improvements required in relation to fire safety.

Children's safety and wellbeing was a paramount consideration in all decisions that were made about their care and the interventions that were implemented to help each child to fulfil their potential. Despite the secure nature of the environment, children were provided with enriching experiences to promote their development. Each child had a programme of care which outlined details of all required interventions in accordance with their identified needs. There were effective systems in place to facilitate good communication, planning, monitoring and review of children's care with key stakeholders.

The registered provider ensured that sufficient arrangements were in place to ensure children had appropriate contact with their family and other significant people in their lives. The accommodation was of good quality and suitable to the needs of children. Children were provided with adequate, varied and nutritious food.

Children were provided with appropriate healthcare while resident in the centre. There were robust medication management and monitoring systems in place. An area of practice improvement identified by inspectors was for staff to consistently record the exact time that medication was administered.

There were arrangements in place for access by each child to educational facilities and supports. Children's rights were respected and promoted and they participated and contributed to decisions about their care. Children's cultural, ethnic and or religious beliefs and preferences were supported.

Children were provided with good quality care during significant events relating to challenging behaviours. Restrictive practices were carried out in line with national policy and children's safety and welfare were prioritised. There was a culture in the service of trying to reduce restrictive practices as much as possible.

There were robust oversight and monitoring systems in place in relation to significant events and restrictive practices. Restrictive practices were reviewed in line with national policy and significant events were routinely reviewed and analysed by management so that any practice issues or learning could be identified.

The safety and welfare of children was protected and promoted within the centre and robust safeguarding measures were in place. Children were supported to develop knowledge, self-awareness and skills needed for self-care and protection.

The centre had effective risk management systems in place with clear escalation procedures. Despite efforts made by the provider, some risks remained high such as those related to the shortage of appropriately skilled staff and the lack of onward placements for children in special care.

Overall, there were robust measures in place to protect children on the campus from the risk of fire. Improvements were required in some areas related to the arrangements in place for containing fires, these included:

- Service penetrations which were not sealed in some of the service shafts along the protected escape routes. The space around these services could be a route for fire, smoke or fumes to travel in the event of a fire.

- Door frames fitted in some of the service shafts did not have complete fire seals between the door frame and the walls into which they were fitted. The lack of a seal in this location would allow fire smoke and fumes to travel into the escape route in the event of a fire in the service shaft.
- A smoke seal fitted to the door into the kitchen was painted over. The kitchen is a high fire-risk room, and the door opened onto the protected escape route. Painted over smoke seals reduce their effectiveness at containing smoke in the event of a fire in the kitchen.

### **Regulation 7: Programme of care**

Each child had a programme of care which outlined details of all required interventions in accordance with their identified needs. Each of the children's files sampled contained an up-to-date care plan, placement plan, placement support plan, education plan and therapeutic plan. The children's programmes of care were overseen by the person in charge. Records of their care were securely held and updated as required. Staff worked within an agreed framework of care which guided them in their practice and interventions.

Children's plans were devised with input from their families, a multidisciplinary team of professionals, as well as children themselves, who were encouraged and supported to participate in planning for their care. Child-in-care reviews and multidisciplinary meetings were held monthly. Where required, additional reviews of children's care were convened. Records of reviews of children's care showed that these meetings involved a comprehensive evaluation of the effectiveness of interventions to achieve identified goals for children.

**Judgment:** Compliant

### **Regulation 8: Healthcare**

Children's health needs were appropriately catered for while they were resident in the centre. Children had access to the health and medical services they needed. Children had access to a general practitioner including during the out-of-hours periods. A psychiatrist visited the centre once a week to engage with and treat children where required.

All staff were trained in the safe management of medication. Records of medication were held for all children and included all necessary prescription and administration details as required. Medication prescribed to children was securely stored and there were robust oversight arrangements in place. These systems

were found to be effective and records reviewed by inspectors indicated that medication administration and monitoring was good. An area of practice improvement identified was for staff to consistently record the exact time that medication was administered rather than just identifying the two hour time frame in which they were administered.

**Judgment:** Compliant

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

There was a school on-site which all children attended daily. Children had individual educational plans which detailed their goals and progress. The care team worked closely with the school to ensure children's individual time-tables catered for their educational needs, taking account of their specific emotional and or behavioural needs. Children's cultural, ethnic and or religious beliefs and preferences were supported. Children were supported to develop their knowledge and understanding of their rights and their privacy and dignity was respected. Each child had access to age appropriate media and television in line with their individual support plans.

**Judgment:** Compliant

### **Regulation 10: Family contact and visiting arrangements**

Children were supported to have contact with family and significant others in their lives. There were appropriate visiting areas within the centre and children were also supported to have contact with family outside of the special care unit where appropriate. Staff liaised closely with children's parents, guardians and social workers to ensure that visits and contact was in line with children's individual needs.

**Judgment:** Compliant

### **Regulation 11: Positive behavioural support**

The person in charge ensured that all staff had up-to-date knowledge and skills in the provider's approved form of behaviour management. Staff showed good levels of skill and knowledge in supporting children's complex needs and keeping them safe in difficult situations. All of the staff and managers who spoke with inspectors described a culture where all efforts are made to reduce restrictive practices as

much as possible and where such measures are only used as a last resort. In 2023, the PIC commenced a diploma in practice leadership in reducing restrictive practices and six staff from the management team are also currently doing a certificate course in reducing restrictive practices both of which are run by the restraint reduction network.

In early 2024, the centre commenced a pilot programme which introduced the use of safety pods during physical restraints of children. As outlined in the children's voice section of this report, there were mixed views from the children in relation to the use of the safety pods. Both front line staff and management were very positive about this new approach. Staff members described being able to keep children safer from injuries such as those sustained from head-banging. There were robust oversight systems in place in relation to this pilot programme. All incidents of physical restraint were reviewed on closed-circuit television by management and also by a Tusla health and safety lead and a Tusla violence, harassment and aggression lead. An internal review of the pilot programme is due to take place in the coming months.

Inspectors reviewed records in relation to restrictive practices including: single occupancy, single separation, structured time away and physical interventions. Records showed that there was clear rationale for the use of restrictive practices. These practices were reviewed regularly to ensure they were used for the shortest period possible and were the least restrictive option for the particular situation. The use of restrictive practices in records sampled by inspectors were proportionate and in line with national policies.

An incident register recorded all the relevant details of incidents. In addition, management analysed patterns and trends of incidents to promote learning and to improve practice. Staff engaged children in one-to-one sessions following incidents to provide them with support and to promote learning. Children's feedback was considered and inspectors saw that placement support plans were regularly updated to reflect this.

There were regular internal and national significant event review group (SERG) meetings. The internal SERG meetings provided management oversight and quality assurance of incidents. The meetings sampled were of good quality, detailed analysis of the incidents were provided and important learnings were identified. The national SERG meetings involved all three special care units to ensure quality management, risk management and service improvement. The meetings sampled showed that learnings and relevant actions were identified.

**Judgment:** Compliant



### **Regulation 12: Protection**

All staff had up-to-date training in Children First: National Guidance for the Protection and Welfare of Children (2017). Child protection concerns were reported appropriately, in a timely manner and parents, guardian's ad litem and the Chief Inspector were notified as required. There were five open child protection concerns recorded on the register since the last inspection. The management team maintained regular contact with social work departments regarding any concerns raised. There was a good response from the PIC and the service director to all concerns raised and up-to-date records of all concerns were maintained on the children's files that were sampled.

There were no concerns in relation to staff since the previous inspection that met the threshold of abuse as per Children First (2017). All other concerns were managed appropriately by the PIC who ensured that investigations were undertaken into these incidents and took appropriate action to safeguard children. The incidents were investigated internally by the PIC and the service director. The investigations sampled by inspectors were found to be thorough and overall, completed in a timely manner.

**Judgment:** Compliant

### **Regulation 17: Accommodation**

The accommodation was adequate and suitable to meet the needs of children. The premises was clean, bright, well maintained and appropriately decorated.

**Judgment:** Compliant

### **Regulation 18: Food, nutrition and cooking facilities**

Children had access to food including snacks and refreshments as required and the meals provided were nutritious and varied. Children who spoke with inspectors said they were happy with the range of food provided. Inspectors observed good preparation and storage facilities and found that these were maintained to a high standard. Each unit had a kitchen where children could prepare meals and snacks for themselves if they wished.

**Judgment:** Compliant

## Regulation 25: Risk Management

The provider had a risk management policy and safety statement in place which contained the arrangements for the identification, management and ongoing review of risk. There were adequate contingency arrangements in place to respond to emergency situations. The PIC maintained appropriate records relating to incidents and accidents.

A risk register was maintained by the service director which was reviewed on a quarterly basis. There were clear risk escalation procedures in place. Two of the risks sampled which have both been on the risk register since 2022, related to the shortage of appropriately skilled staff and lack of onward placements for children ready to leave their special care placements.

The management team have taken steps to reduce the impact of these risks such as using consistent agency staff. In addition, a graduate training programme is in place and two special care step down units providing two placements were opened. Despite these developments these risks remain high as the service continues to face staffing challenges and a lack of suitable placements for children to move to once they are ready to leave special care persists.

Staff had good knowledge and understanding of the risk management policy and how this underpinned their day-to-day tasks and the care they provided to children in order to keep them safe. Inspectors reviewed a sample of individual risk assessments for children which effectively identified plans to minimise potential risks to both children and staff.

The registered provider had records on file to show that all vehicles used to transport children and staff members were roadworthy, regularly serviced and insured as per the regulations.

**Judgment:** Compliant

## Regulation 26: Fire precautions

Inspectors reviewed practice at the centre to protect children from the risk of fire. Staff and children at the centre were participating in monthly fire drills. Fire drill records indicated that both staff and children were familiar with the evacuation procedures, and alternative routes to safety in the event of a fire. Additional precautions were also being taken to ensure that all children could be evacuated in a timely manner. This included the availability of evacuation aids such as evacuation mats. While there were no children at the centre that required this

assistance, staff had trialled their use, and were familiar with the locations of these mats should they be required.

There was a protected fire detection and alarm system in place within every room on the campus. The system was serviced on a three monthly basis along with the emergency lighting system. There were protected escape routes in each building on the campus. This meant that the internal corridor escape route was provided with a level of fire protection, which would give valuable time to staff and children in the event of a fire. However, some of the service shafts which opened onto the protected corridor, required additional fire sealing to the door frames to ensure that they would contain fire, smoke and fumes for the specified period.

**Judgment:** Substantially compliant

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

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

Standard Title	Judgment
<b>Capacity and capability</b>	
Regulation 5: Statement of purpose	Substantially compliant
Regulation 6: care practices, operational policies and procedures	Substantially compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Compliant
Regulation 15: Training and staff development	Compliant
Regulation 16: Staff supervision and support	Compliant
Regulation 19: Care record	Compliant
Regulation 20: Maintenance of records	Compliant
Regulation 21: Register of children detained in the special care unit	Compliant
Regulation 22: Record of a person employed in the special care unit	Compliant
Regulation 23: Insurance	Compliant
Regulation 24: Governance and management	Substantially compliant
Regulation 27: Notification of incidents	Compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	Compliant

Regulation 29: Complaints	Compliant
Registration regulation 4: Application for registration or renewal of registration	Compliant
Registration regulation 6: Changes to information supplied for registration purposes	Compliant
Registration regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Registration regulation 8: Annual fee payable by a registered provider of a special care unit	Compliant
<b>Quality and safety</b>	
Regulation 7: Programme of care	Compliant
Regulation 8: Health care	Compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	Compliant
Regulation 17: Accommodation	Compliant
Regulation 18: Food, nutrition and cooking facilities	Compliant
Regulation 25: Risk management	Compliant
Regulation 26: Fire precautions	Substantially compliant

# Compliance Plan

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

**Compliance Plan for Crannog Nua OSV-004216**

**Inspection ID: MON-0043566**

**Date of inspection: 6 June 2024**

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

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

### Compliance plan provider's response:

<b>Regulation 5:</b> Statement of purpose	<b>Judgment:</b> Substantially Compliant
<b>Outline how you are going to come into compliance with Regulation 5:</b>	
<ul style="list-style-type: none"> <li>- The position entitlement related to the Director will be amended to 0.3WTE</li> <li>- The Director will still be present in Crannog Nua regularly and available to be contacted daily</li> <li>- The PIC has updated the delegated duties and delegations responsible to the Director have been re-assigned. This will not impact workflow of others</li> <li>- The service will now alter the registration to accommodate 6 young people. The service has the appropriate resources to accommodate same. The Provider will email registration to request the update to the previous application. The statement of purpose has been updated to reflect same. The PIC and Director will continue to review strategies to expand the services occupancy in line with the staffing and resources available. When this occurs, an application will be made to HIQA to increase same.</li> </ul>	

<b>Regulation 6:</b> Care practices, operational policies and procedures	<b>Judgment:</b> Substantially Compliant
<b>Outline how you are going to come into compliance with Regulation 6:</b>	
<ul style="list-style-type: none"> <li>- 4 suites of the policies and procedures have been approved by NPOC. These suites of Policies will be provided to Crannog Nua by the 9th September to begin the review sessions with the staff. The final 2 suites will be reviewed by NPOC on the 3rd of October. Any amendments will be made</li> </ul>	

with urgency for NPOC to sign off. All suites will be fully implemented in Crannog Nua by October 21st 2024.

- The Provider will issue HIQA with the updated Policies & Procedures in October 2024
- Staff have been informed of the review of the policies and procedures. They will be supported through staff meetings and supervision regarding the revision of the policies and procedures.
- The Provider has identified that as they Policies and procedures will again require review by 2026, that this process will commence in 2025

<b>Regulation 24:</b> Governance and management	<b>Judgment:</b> Substantially Compliant
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<b>Outline how you are going to come into compliance with Regulation 24:</b>	
<ul style="list-style-type: none"> <li>- The door wedges were immediately removed. The Cleaning staff were met with and advised that doors must remain shut even whilst cleaning the floors.</li> <li>- The doors remaining closed has been added to their work schedule.</li> <li>- The PIC has delegated the Business Support Manager with completing random checks to ensure that all doors are kept shut. In line with fire safety plans.</li> <li>- The Social Care Managers will also raise the matter at Social Care Leader and Staff Meetings.</li> <li>- The Service will now be registered for 6 young people. The statement of Purpose has been updated to reflect same. The Provider has made the application to the Registration team at HIQA (23.08.24)</li> </ul>	

<b>Regulation 26:</b> Fire precautions	<b>Judgment:</b> Substantially Compliant
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<b>Outline how you are going to come into compliance with Regulation 26:</b>	
<ul style="list-style-type: none"> <li>- The smoke seal that had been covered with paint was immediately changed out</li> <li>- The PIC has liaised with the QRSI Lead and National Fire Safety Officer regarding the improvement of works needed on the sealing of some of the service penetration shafts and the door frames in the service areas.</li> <li>- The National Fire Safety Officer has engaged with Fire Safety Consultants. They are attended Crannog Nua on Tuesday 6th August to review the matters and complete a risk assessment. Fire stopping around service penetrations has been identified in all residential units (Units 1-4) and it is risk rated as B2 (Medium Lower Risk). The recommended remedial actions</li> </ul>	



for B2 rating should be addressed within 12 to 18 months from the date of final issue of the report. However this has been raised with TUSLA estates and they will retain and company to complete the schedule of works.

- The PIC has requested that there is a bi-annual review with the QRSI Lead and National Fire Safety Officer to ensure compliance of fires safety within the centre.

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 5(1)	The registered provider shall prepare in writing a statement of purpose relating to the special care unit concerned which shall contain the information set out in Schedule 1.	Substantially Compliant	Yellow	22nd August 2024
Regulation 6(5)(c)	The registered provider shall ensure that all written care practices, operational policies and procedures are reviewed and updated at least every three years and such reviews shall have due regard to any recommendations made by the chief inspector.	Substantially Compliant	Yellow	November 2024
Regulation 24(1)(a)	The registered provider shall ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose.	Substantially Compliant	Yellow	August 2024
Regulation 24(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	August 2024

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	place to ensure that the service provided is safe, appropriate to the child's needs, consistent and effectively monitored.			
Regulation 26 (1)(c)(ii)	The registered provider will ensure that there are adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	Q1 2025

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**For further information please contact:**

**Health Information and Quality Authority**

**George's Court**

**George's Lane**

**Smithfield**

**Dublin 7**

**D07 E98Y**

**+353 (0)1 8147400**

**info@hiqa.ie**

**www.hiqa.ie**

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