



**Health
Information
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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 Special Care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	17 August - 23 August 2023
Centre ID:	OSV-0004216
Fieldwork ID	MON-0040863

About the designated centre

The following information has been submitted by the registered provider 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.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
17 August 2023	09:00hrs to 17:00hrs	Rachel Kane	Lead (Remote)
	09:00hrs to 17:00hrs	Lorraine O'Reilly	Support (Onsite)
18 August 2023	08:00hrs to 13:45hrs	Lorraine O'Reilly	Support (Onsite)
	09:00hrs to 17:00hrs	Rachel Kane	Lead (Remote)
22 August 2023	09:00hrs to 17:00hrs	Rachel Kane	Lead (Onsite)
23 August 2023	08:00hrs to 17:00hrs	Rachel Kane	Lead (Onsite)

What children told us and what inspectors observed

An announced monitoring inspection was carried out over the course of four days to monitor the service's compliance with regulations. Overall, the inspection found good levels of compliance with regulations. Children were provided with safe and good-quality care. Children were supported to learn and develop with a focus on promoting their rights. The inspection found adequate staffing numbers to meet the needs of the six children detained in the special care unit at the time of inspection. However, a significant increase in staffing numbers was required for the special care unit to be able to operate all of the 12 beds which it is registered for.

There were six children living in the special care unit at the time of the inspection. Inspectors met with and spoke to five children over the course of the four days on site. One of the five children inspectors spoke to also completed a questionnaire. The sixth child chose not to speak with inspectors choosing instead to complete a questionnaire. Inspectors visited both of the units where children were currently living, as well as one unoccupied unit and the single occupancy unit which was not in use at the time of the inspection. Inspectors were also shown the gymnasium, the woodwork room and the music room. Inspectors also spoke to two parents, five social workers, four guardians ad litem¹ and one after-care worker, as part of the inspection.

On a walk around during the inspection, inspectors found a relaxed atmosphere in the units. Inspectors observed staff engaging with and supporting children with a caring and empathetic approach. Staff had developed good relationships with the children and inspectors observed positive interactions with children where they were encouraged to engage in their daily plans.

Overall, the children who spoke to inspectors gave very positive feedback about the special care unit. Most notably, all of the children who inspectors spoke with said that they felt safe in the special care unit. When asked about feeling safe, one child said, "they do that really well, they keep us all safe".

All of the children who spoke to inspectors said that they were provided with information about the special care unit by staff. One child said that "staff are good, they told me about the centre when I got here". Another child said that staff explained that "they are here to cater to my needs".

The summer programme was underway at the time of the inspection. It was clear that children were kept active through a range of individualised programmes.

¹ A guardian ad litem refers to an individual appointed by the court to represent the best interests of a minor child in legal proceedings.

Children told inspectors about some of the activities that they like to do, both on the campus grounds and outside the campus. Some of the activities that children favoured included; milkshake-making, going for brunch, going out for drives, bowling, playing football and hurling and doing artwork. Children were able to mix with their peers in school and in the units but this could be limited at times where there were safety concerns. At times, children went on activities with their peers outside the campus. Some children felt that they should be allowed to mix with their peers in the special care unit more, in particular, for outings.

All the children living in the centre were engaged in education in the campus school during term time. The children told inspectors about some of their favourite subjects which included: music, art and woodwork. The children showed inspectors a song and music video and various woodwork projects that they had made. One child told inspectors that a highlight of their time in special care was completing the Junior Certificate and the Leaving Certificate examinations.

The children described to inspectors how staff supported them in their daily lives. One child explained that they have "a meeting with staff every morning to check in" and that they "need to know what was going on, staff know this and help". Another child told inspectors that they "need to be busy and staff help me with that".

During the inspection, warm and supportive interactions were observed between the children and the staff. Some of the children told inspectors that they have 'good relationships with staff' and a child said that 'staff know me well now'. One child told inspectors that "they (staff) helped me to be able to save my own life".

Inspectors asked the children if they had any advice for new children moving into the special care unit. Children made the following comments:

- "that it is safe here"
- "follow what the staff are saying"
- "I have people who care for me"
- "stick to your own programme"
- "go to school".

The lack of appropriate onward placements available was an issue that impacted on some of the children detained in the special care unit. Two of the children who were both detained in the special unit for over eight months, did not yet have any placement to move on to. One child explained to inspectors, "it's been good here, I needed it but it's time to move on". There was a sense of frustration from these children as they felt they had made sufficient progress and were ready to leave special care but could not do so due to no placement being available for them. Some children who had been in the special care unit for some time also spoke of how,

when the time comes for them to leave, they will find it difficult due to the length of time they have been there and the relationships they have built with staff.

The children told inspectors that they were given choices in certain aspects of their care. For example, they were allowed to decorate their bedrooms and were involved in planning their daily activities. One child said that they get to discuss things they would like to change in the young people's meetings but also said they had not been at one of these meetings in a while. A staff member also said that these meetings were happening less regularly than previously due to group dynamics. Inspectors reviewed young people's meeting minutes which indicated that the meetings took place once or twice per month. An area for service improvement would be for the special care unit to record when meetings do not occur, the reasons for this and to record if individual work occurred with the children as an alternative to getting their feedback through young people's meetings.

A child-in-care review is a meeting where the plan for a child in the care of the state is reviewed and changes made. It is generally attended by the people involved in a child's care such as parents, guardians, social workers, care staff and the child themselves. The children who spoke to inspectors said that they attended their child-in-care reviews which were held every second week and that their opinions were listened to in these meetings.

The children who gave their feedback to inspectors knew how to make a complaint, and some of them had made complaints and were satisfied with how they were dealt with. Inspectors saw posters about the complaints process displayed in the units. Children knew about their rights and were informed about them in an age-appropriate way through individual key-working sessions by social care staff.

Although the majority of the feedback from the children was positive, they also identified some areas for improvement they believed could be made. The children made the following suggestions:

- "probably listen more"
- "put themselves in my shoes"
- "don't assume what I'm thinking"
- "make it more homely".

The children lived in two of the four units at the time of the inspection. The unoccupied unit was being renovated and the single occupancy unit was not in use at the time of the inspection. The units where the children were residing were brightly decorated with various murals, paintings and artwork on the walls. Lounge areas had soft furnishings with larger communal areas that contained sturdier couches and chairs. Each unit had a dining room and a kitchen where children could prepare their

own meals if they wished. Each child had their own bedroom with an en-suite. Inspectors did not get to view any of the occupied bedrooms but were told that children could personalise their rooms. Inspectors saw some artwork created by the children hung on their bedroom doors.

Outside, children had access to a large open space which contained a basketball and football court and a separate garden. The children also had access to the school facilities such as the gymnasium and home economics room outside of school hours which they could use with staff supervision.

As part of the inspection, inspectors spoke with two parents. The feedback about the special care unit from the parents was mixed. One parent believed that their child was getting the help they needed in the special care unit and said that they'd seen a "vast improvement" in their child during their time there. Another parent expressed concerns about the use of physical restraints in special care and communication with the staff in the special care unit. Inspectors discussed these concerns with the person in charge (PIC) during the inspection.

Inspectors spoke to five social workers, four guardians ad litem and one after-care worker, as part of the inspection. Overall, the external professionals spoken with were positive about the care and the support the children were receiving in the special care unit. Many of the professionals said that there was a high standard of care being provided in the special care unit and described individual, child-centred and nurturing responses being provided to children by the staff. One social worker said that the child is very happy in the special care unit and described how staff work with children "where they are at" and adapt plans in order to best meet the needs of the child.

The majority of the professionals said that communication with staff and management was very good. They described how they were kept informed without delay of any significant events by telephone initially, which was followed up with the relevant documentation being sent in an email. A social worker spoke about some previous delays in communication but said that this had improved in recent months.

All the external professionals described how children were kept safe in the special care unit and described the positive work being done with the children in relation to addressing any high-risk behaviours. Social workers and guardians ad litem described how restrictive practices were implemented only when necessary for safety reasons and that these were regularly monitored and reviewed. A guardian ad litem expressed some concern about the lack of peer engagement for the children due to the nature of special care but said that the multidisciplinary team were working together to try to find a way to address this for one child in particular.

Sourcing onward placements for children required improvement. This was identified as an issue by some of the children residing in the unit, a parent, staff, management and external professionals. This issue had been escalated nationally within Tusla.

Capacity and capability

There were effective management systems in place which ensured children received safe and consistent care that was child centred and appropriate to their individual needs. Governance arrangements were clear and effective. There was strong leadership within the centre and lines of accountability and responsibility were clear. Overall, a good level of compliance with the regulations was found.

While there was sufficient staffing for the number and care needs of the children living in the special care unit at the time of the inspection, the registered provider had not ensured that the special care unit had sufficient staffing resources to ensure the effective delivery of special care in accordance with their statement of purpose, which stated a capacity for 12 children. At the time of the inspection, there were six vacant social care leader posts and 34 vacant social care worker posts.

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 set of six suites of policies and procedures have been in place since April 2020. These policies and procedures encompass the matters set out as per schedule 2 of the regulations. Staff received training on these policies and procedures when they were introduced in 2020 and new staff continue to receive training on them as part of their induction. Hard and digital copies of these policies and procedures are accessible to staff.

The regulations require that policies and procedures are reviewed and updated every three years at a minimum. At the time of the inspection the person in charge (PIC) informed inspectors that there is a national working group in place that is currently reviewing and updating the six suites of policies and procedures, based on best practice, with a view to having them finalised for implementation by quarter one of 2024. Although the review of the policies and procedures is underway, the registered provider has not completed this process within the three-year time frame required by the regulations. The registered provider also reviewed and updated policies and procedures as required.

The director of the service and the PIC informed inspectors that the supervision policy had been updated to reflect the type of supervision required in residential settings. This policy was awaiting final edits before being implemented. The special

care unit had also recently implemented a ligature policy to coincide with updated ligature training completed by the staff team.

The single occupancy policy was being updated at the time of the last inspection and this had since been approved by the national office. There was reference in this policy to single occupancy being utilised in the case of a child requiring medical detox. However, this was not in line with the special care unit's statement of purpose. The service director and PIC indicated that the service does not have plans to change their statement of purpose to cater for children requiring a medical detox in the near future. Staff were updated when changes were made to policies by email, in team meetings and in supervision.

The special care unit's management structures were well established. There was a suitably qualified and experienced person in charge (PIC), who was responsible for the day-to-day operational management of the unit. The PIC reported to the director of the service, who was a person participating in management (PPIM), as defined by the regulations. There was an interim national lead for children's residential services, who filled the role of registered provider representative for the designated centre.

There were clear lines of authority, and roles and delegated duties were well established amongst the management team. There was a written record of the delegated duties maintained. The PIC was supported by two social care managers with delegated specific responsibilities. A third social care manager was due to commence employment in the unit in the coming month. The PIC informed inspectors that with this additional manager and additional staff in place it is hoped that the service will be able to increase occupancy in the near future. Each social care manager had responsibility for the day-to-day operations of a residential unit which could accommodate up to three children at the time of the inspection. In addition to social care managers, there were six deputy social care managers and 12 social care leaders in post. Managers and social care leaders were all clear on their individual roles, both within their assigned units of responsibility, as well as their collective responsibilities as part of the wider management team. Social care leaders had identified that they required cross-campus social care leader meetings to ensure better communication and these commenced on a quarterly basis from January 2023.

The registered provider had systems in place to maintain the records 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 supernumerary only and not included in the required staff-to-children ratios.

Social care managers, supported by deputy social care managers, had good oversight of care practices within their units. Managers were consistently present within the

centre and readily available to staff to provide support and guidance as required. There was also an on-call system and policy in operation for times when management were not present in the service.

There were strong oversight arrangements in place in the special care unit. Management meetings took place weekly where clear decision-making, evaluation of care practices and review of children's progress were evident. Reporting procedures were well established and information and records were routinely reviewed to ensure quality of reports as well as monitoring of practices. A practice register was in operation where any concerns about staff's practice were recorded. The PIC and PPIM 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. Matters that did not meet the threshold of the disciplinary procedure were managed through supervision and plans were made to support the staff member to address the issue and make practice improvements.

An annual review of key quality assurance and risk information had been completed by the registered provider in June 2023 as required by regulations. This review examined service provision throughout 2022 and took learning from both internal and external audits and inspections to prioritise service improvement plans. The annual review report was comprehensive and identified areas for service improvements with corresponding required actions and timelines for completion. The majority of actions were completed, some were ongoing and there were some that had completion dates for the end of 2023. Some examples of actions taken included a maintenance person being appointed to support daily fire checks and single occupancy being reviewed as part of the monthly Significant Event Review Group (SERG) and the National SERG.

The regulations require that the provider ensures the quality and safety of special care is monitored and reviewed. This monitoring includes an annual report and an unannounced visit on behalf of or by the provider at least every six months. These systems were in place. The most recent visit report from the practice assurance and service monitoring (PASM) team was not yet available at the time of the inspection. The previous visit took place in December 2022. The purpose of the visit was to review the safety and quality of therapeutic care and support provided in the centre and monitor plans in place to address any concerns regarding the standard of care. The areas of improvement outlined included better planning and developing the therapeutic experience of children in special care, and exploring better means for staff retention in special care. Management used these mechanisms to support their decision-making and prioritise tasks for service improvements. The PPIM also informed inspectors that the interim national director for special care had visited the service in recent months.

The registered provider had effective arrangements in place to facilitate persons employed in the special care unit to raise concerns about the quality and safety of the special care unit as per the regulations. These mechanisms included supervision and protected disclosures, however, two staff members did not have sufficient knowledge of the protected disclosures policy and procedure.

In addition to daily oversight of care, practice and records, there was a comprehensive system of auditing in place in the centre. These audits were developed and implemented for the purpose of assessing compliance with regulations. Detailed records of audits including findings, recommendations and actions required to address non-compliances were maintained. Gaps in the frequency of supervision were a recurring issue found in audits. This issue was discussed in management, social care leader and team meetings where all staff were reminded of accountability in relation to supervision and improvements were made in the frequency of supervision in recent months.

As part of the inspection, inspectors spoke with the service director, the person in charge, one social care manager, two social care leaders, three permanent social care workers and one social care worker employed by an external agency. As outlined above, the provider had adequate staffing to provide for the number and needs of the children living in the special care unit at the time of the inspection. In March 2023, due to staff shortages, the service reduced its capacity from seven down to six children. During this inspection, some staff expressed concerns to inspectors about staffing levels. Staffing continued to be a challenge at times, such as when unplanned leave occurred and management were required to step in to fill gaps on the roster. While there was no significant impact on children, there were occasions where staff shortages affected staff being able to complete assigned tasks.

Inspectors discussed these concerns with the PIC and the PPIM who said that they were assured that there were adequate staffing levels for the number of children currently residing in the special care unit. The PPIM informed inspectors that sufficient staffing levels had been maintained to meet the needs of the current children residing in the special care unit and that they report on staffing levels on a weekly basis to the provider representative.

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. At the time of the inspection there were no students on placement in the special care unit.

Tusla had ongoing recruitment campaigns to recruit social care staff for the service and senior management had regular engagement with third level institutions in an effort to improve staff recruitment. The service had a net gain of 13 new social care workers and one new social care leader in the last 12 months and a further five new social care workers were due to onboard in the coming months. Management regularly conducted exit interviews with staff who resigned in order to try to learn ways of retaining existing staff members.

Staff in the centre had access to an ongoing programme of training that included mandatory training such as fire safety and medication management training. Refresher training was scheduled on a regular basis to enable staff to provide care in accordance with requirements. For example, one type of mandatory training was held within the centre on a monthly basis.

There was a system in place for managers to track and monitor staff training to ensure staff maintained up-to-date training. When training was due to expire, management made plans to address this and scheduled training to occur as required. Management held training meetings to discuss the needs of staff and what was required to be scheduled. Inspectors found that actions arising from training audits were completed in a timely way. For example, at the time of the inspection, first aid training had been identified as the greatest training need and management had scheduled training to occur within the following month. An audit also identified a small number of staff who required fire training and dates had also been scheduled for this to occur.

Legislation, regulations, standards and guidelines were made available to all staff. An enhanced induction programme for new staff was in place. The centre was also committed to training staff within the centre as trainers for various mandatory training courses as well as additional courses to enhance the care and support provided to children residing in the centre.

Overall, staff received regular and good-quality supervision. Recent changes had been made to the supervision process to better support new staff. New staff members were now receiving 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. A supervision register was maintained to oversee the frequency of supervision. Despite these systems being in place, there were some gaps in the frequency of supervisions which was identified in recent audits carried out by management. Follow-up action was taken to ensure that outstanding supervisions were completed. Meeting minutes and some staff supervision records also indicated that staff did not always get adequate time to prepare for supervision. This is an area for improvement

for the service to ensure that staff have the opportunity to make the best use of their supervision time.

Inspectors spoke with a number of staff members across varying levels of responsibility working in the special care unit. Overall, staff demonstrated good knowledge of the day-to-day policies and procedures that underpin their work, such as risk management, child protection and safeguarding, and restrictive practices policies.

Files reviewed by inspectors showed that children were told about care practices in the special care unit over the course of their first few weeks there. Children were provided with information about the special care unit both verbally and in written format by means of a young person's booklet which contained a child-friendly version of the statement of purpose. The booklet outlined the policies and procedures and the model of practice that guide how the staff work in the special care unit. This booklet also explained how children can make a complaint.

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. Copies of these policies and procedures were accessible to staff. Overall, staff demonstrated good knowledge of the day-to-day policies and procedures that underpin their work. Children were provided with information about the special care unit both verbally and in a written booklet. Although the review of the policies and procedures is underway, the registered provider has not completed this process within the three-year time frame required by the regulations.

Judgment: Substantially Compliant

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

The provider had adequate staffing to provide for the number and needs of the children living in the special care unit at the time of the inspection. The service had a net gain of 13 new social care workers and one new social care leader in the last 12 months and a further five new social care workers were due to onboard in the coming months.

Where possible, management aimed to have a balance of experienced and newer staff members on shift together. The registered provider had appropriate arrangements in place to ensure the continuity of care and support to children. The registered provider had systems in place to maintain the records as specified in Part A and Part B of Schedule 3.

Judgment: Compliant

Regulation 15: Training and staff development

There was a comprehensive programme of training available to staff. There was a system in place to monitor staff training which was well maintained. However, not all staff had up-to-date fire training completed. New staff received an appropriate induction to the special care unit.

Judgment: Substantially Compliant

Regulation 16: Staff supervision and support

All staff received formal supervision, which was of good quality and recorded appropriately. However, further improvements were required with regard to the frequency of supervision as this did not consistently occur in line with policy for all staff.

Judgment: Substantially Compliant

Regulation 24: Governance and management

There were effective management systems in place which ensured children received safe and consistent care that was child centred and appropriate to their individual needs. There was strong leadership within the centre and lines of accountability and responsibility were clear. Overall, a good level of compliance with the regulations was found in this inspection.

While there was sufficient staffing for the number and care needs of the children living in the special care unit at the time of the inspection, the registered provider had not ensured that the special care unit had sufficient staffing resources to ensure the effective delivery of special care in accordance with their statement of purpose, which stated a capacity for 12 children.

The registered provider had effective arrangements in place to facilitate persons employed in the special care unit to raise concerns about the quality and safety of the special care unit as per the regulations. However, two staff members did not have sufficient knowledge of the protected disclosures policy and procedure.

Judgment: Substantially Compliant

Quality and safety

Children were provided with good quality care during incidents or significant events relating to escalated or challenging behaviours. Restrictive practices were carried out in line with national policy and regulations and children's safety and welfare were prioritised. A restrictive practice is anything that places a limit on a person's rights.

The person in charge ensured that all staff had up-to-date knowledge and skills in the provider's approved form of behaviour management. The service recently received an award from an external organisation for the quality of their implementation of this method. Staff showed high levels of skill and care in supporting children's complex needs and keeping them safe in difficult situations. Staff used a relationship-based approach to support children to learn more appropriate ways to behave.

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 reasoning 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.

An incident register recorded all the relevant details and appropriate reflection of incidents. In addition, management analysed patterns and trends of incidents to promote learning, reflection and to improve practice when this was possible. Individual sessions occurred with children following incidents to provide them with support and to discuss what had occurred. Children's feedback was considered and

inspectors saw that learnings were factored into revised placement support plans to ensure best practice when requiring the use of restrictive practices.

There was good oversight of significant events by the management team. There were significant event review group meetings in the centre which provided management oversight, quality assurance of incidents and a review and response of what had occurred. They involved managers and professionals involved in the child's care and at times, others with specific skills and knowledge in key areas. Inspectors reviewed the minutes of these meetings and noted good decisions were made on each incident discussed, there were clear actions and decisions made with the person responsible identified to complete the task within a specified time frame. Incidents were reviewed in line with national policy.

There were regular national significant event review group meetings which identified issues and trends from significant events. These involved all three special care units to ensure quality management, risk management and service improvement and discussed any actions required. Learnings from these meetings were directed back to the staff in the service in the team meetings, for example, in a team meeting all staff were instructed to review single separation and structured time away policies.

The safety and welfare of children was protected and promoted within the service. Each child was supported to develop knowledge, self-awareness and skills needed for self-care and protection. Safeguarding measures were in place within the special care unit.

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, guardians ad litem and HIQA were notified as required. There were 12 closed child protection concerns and seven open child protection concerns recorded on the register at the time of the inspection. There was a good response from the PIC and PPIM to all concerns raised and up-to-date records of all concerns, incidents and outcomes of assessments 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 PPIM. Those investigations sampled by inspectors were comprehensive and completed in a timely manner.

The majority of staff had completed child sexual exploitation training. Staff demonstrated a good understanding of the risk to children of forms of exploitation

and had knowledge of the impact of this on them. Children's placement support plans reflected the necessary sensitive approach staff used in relation to child exploitation and interventions being used to reduce the risk to children.

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.

In line with the registered provider's risk management policy, a risk register was maintained by the PPIM. There were clear risk escalation procedures in place. The risks sampled on the risk register had appropriate controls identified and steps were being taken to lessen any impact of these risks.

The risk posed by the lack of onward placements had been on the risk register since July 2022. Although this issue was still ongoing, steps had been taken by the provider to reduce the risk, for example, the regional children's resource panel hold a weekly conference to review children in special care placements. The registered provider also opened two less-restricted living environments within the community for children to move in to when they were ready to do so. The risk posed by staffing shortages had also been on the risk register since July 2022. The registered provider has taken steps to reduce this risk, for example, they ran national rolling recruitment campaigns and created a graduate training programme.

There was a risk identified on the risk register in relation to keys getting stuck in some of the locks in the units. Inspectors requested written assurances from the service provider during the inspection that this risk was being adequately addressed. Satisfactory assurances were received in relation to this risk following the inspection.

The risk register was regularly reviewed at management meetings and senior management carried out regular audits on risk management to try to ensure continual learning from any incidents or accidents.

Staff demonstrated appropriate 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 were comprehensive and 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.

Regulation 11: Positive behavioural support

The provider ensured that care practices and policies related to positive behavioural support were in line with regulations. Children were provided with good-quality care during incidents or significant events relating to escalated or challenging behaviours. The use of restrictive practices had clear rationale, was risk assessed and implemented in line with national policy.

Judgment: Compliant

Regulation 12: Protection

The safety and welfare of children was protected and promoted within the service. Each child was supported to develop knowledge, self-awareness and skills needed for self-care and protection. Safeguarding measures were in place within the special care unit. Child protection concerns were reported appropriately and promptly. Any concerns in relation to staff were managed appropriately by the PIC and PPIM. Staff demonstrated a good understanding of the risk to children of exploitation and had knowledge of the impact of this on them

Judgment: Compliant

Regulation 25: Risk Management

The provider had a risk management policy in place which contained the arrangements for the identification, management and ongoing review of risk. Management had effective oversight systems in place in relation to risk management.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 6: care practices, operational policies and procedures	Substantially Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Compliant
Regulation 15: Training and staff development	Substantially Compliant
Regulation 16: Staff supervision and support	Substantially Compliant
Regulation 24: Governance and management	Substantially Compliant
Quality and safety	
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	Compliant
Regulation 25: Risk management	Compliant

Compliance Plan for Crannog Nua Special Care Centre

OSV-0004216

Inspection ID: MON-0040863

Date of inspection: 17 -23 August 2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 6: Care practices, operational policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Care practices, operational policies and procedures: <ul style="list-style-type: none"> • The policies and Procedures for Special Care are currently being reviewed and will be implemented in Q1 2024 • Policy review will commence in Q3 2026 to ensure that the policies are reviewed within the timeframe of the Special Care regulations. 	
Regulation 15: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Training and staff development: <ul style="list-style-type: none"> • Of the 2 staff not fire trained. One staff has completed fire training and the other will complete same on the 3rd November/ • The PIC will continue to maintain training meetings, a schedule, and audits to ensure compliance for all staff with mandatory training. • All agency staff have been met with and advised of their responsibility to maintain all their mandatory training which is provided within the service. 	
Regulation 16: Staff supervision and support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Staff supervision and support:

- The updated Supervision policy will be implemented in Q4 2023.
- All staff supervision records will contain a template to accurately record any reasons for gaps in supervision including sick leave etc.
- A review of the supervision assignment is being completed in line with the roster to determine if there are better relationships that overlap more frequently on the roster.
- All social care managers will continue to provide the staff schedule to the PIC to demonstrate the frequency of supervision.
- Where it is indicated that a staff members requires supervision which cannot be provided by their assigned Social Care Leader, a Deputy Social Care Manager will complete same.

Regulation 24: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Governance and management:

- The matter has been escalated regarding the number of young people registered within the Statement of Purpose. A meeting will be held with the Registered Provider, Director, and Office of Legal Services to determine how this should be recorded. Once the Tusla position has been agreed. Tusla will discuss the matter with HIQA.
- All staff receive information regarding Protected disclosures during induction, it is included within policies and procedures which staff are trained in, it is also covered in staff meetings and supervision. Information is also displayed/provided throughout the Centre. All staff will be requested to sign off on the policy document as further assurance that this information has been provided to all staff.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	Q1 2024
Regulation 15(1)(a)	The person in charge shall ensure that each staff member in the special care unit and each person working as an intern, a trainee or a person on a placement as part of a vocational training course has access to appropriate training, including refresher training, as part of a continuous professional development programme to enable the staff member to provide care in accordance with evidence	Substantially Compliant	Yellow	Q4 2023

	based practice, the statement of purpose and policies and procedures.			
Regulation 16	The person in charge shall ensure that an appropriate level of professional supervision and support is provided to staff members in the special care unit.	Substantially Compliant	Yellow	Q3 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	Q4 2024
Regulation 24(2)	The registered provider shall ensure that effective arrangements are in place to facilitate persons employed in the special care unit to raise concerns about the quality and safety of the special care provided generally or the special care provided to any	Substantially Compliant	Yellow	Q3 2024

	specific child detained in the special care unit.			
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