Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of a Restrictive Practice Thematic Inspection of a Designated Centre Special Care Unit

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:	03 November 2025
Centre ID:	OSV-0004216
Fieldwork ID:	MON-0048465

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the *National Standards for Special Care Units* (hereafter referred to as the 'National Standards'). See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

The *National Standards for Special Care Units* provides a definition for what constitutes a restrictive procedure as:

"a practice that limits an individual's movement, activity of function, interferes with the individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values, or requires an individual to engage in a behaviour that the individual would not engage in given freedom of choice. Restrictive procedures include single separation and physical, environmental and chemical restraint."

Restrictive practices may be physical or environmental in nature. They may also look to limit a child's choices or preferences (for example, access to mobile phones or certain foods), sometimes referred to as 'rights restraints'. A child can also experience restrictions through inaction. This means that the care and support a child requires to partake in normal daily activities are not being met within a reasonable time frame.

The *National Standards for Special Care Units* provides further definitions for restraint as: *"any intervention, medication or device that restricts the freedom of movement of a child."*

About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and children said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to children and external professionals, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

This announced inspection was carried out during the following times:

Date	Times of Inspection		Inspector of Social Services
	Start	End	
03 November 2025	10:00	18:00	Mary Lillis (Lead)
03 November 2025	10:00	18:00	Adekunle Oladejo (Support)
04 November 2025	7:30	16:30	Mary Lillis
04 November 2025	7:30	15:30	Adekunle Oladejo

What the inspector observed and children said on the day of inspection

Crannóg Nua is a purpose-built campus that provides secure care to children from 11 to 18 years of age. It consists of four residential units where children can live, as well as indoor and outdoor recreational areas. There is an administration building and a school on site. The service is registered to provide care for up to six children and, at the time of the inspection, there were five children living in two of the units. Children in special care are under a High Court order that places a restriction on their liberty. This means that a child living in special care cannot leave the centre without a staff member, cannot walk freely from one building to another on the campus, and typically has a staff member close by at all times.

During the inspection, inspectors spoke with four of the five children living in the special care unit. All children also had the option to complete a survey about their experience of restrictive practices, and three children did so. One child chose not to speak with inspectors or complete a survey, as is their right.

All of the children who provided feedback had experienced multiple restrictive practices in addition to the restriction of their liberty. These included physical interventions or holds, being separated from their peers, room searches and not being allowed access to certain objects or areas of a building.

Children described what it was like to be subject to a restrictive practice, telling inspectors:

- "was in a one-person restraint and I didn't like it"
- "I don't like staff putting their hands on me and putting me into that room (a safe room)"
- "I didn't really mind the search"
- "I felt that people were respectful to me during the search."

After a restrictive practice, children noted that staff supported them. This support looked different for each child and could include being given comfort objects or sensory toys. Speaking about the incident and the child's feelings was the method most often described by children, with some saying "they ask me how I am feeling" and "they talk to me after it happened". The children spoke about how they discussed with staff what led up to the incident and the reason a restrictive practice was used. One child said, "I know why they do it," before describing some circumstances in which restrictions are used. Another child spoke about restrictions being used to keep them and others safe.

Children noted that staff spoke with them about their rights. When asked if they felt listened to about restrictions, children had mixed views. One child said yes and noted they "can now stay up late at weekends and they will look at school holidays too."

While two children said no because they had asked for but not been allowed to vape, "I asked for me vape and don't get it back." All children who spoke with inspectors knew how to make complaints and were able to name staff members or managers they would speak with if they were worried or unhappy about something. All children spoke about choices they made during the day, talking about the plans they make for their free time, both on and off site.

When asked what they would change about the service, children told inspectors a variety of things:

- "not being able to go out with my friends"
- "have a phone"
- "vape"
- "nothing, its great."

Inspectors observed children being relaxed and chatty in the presence of staff, with their interactions appearing effortless and friendly. Children and staff were seen to share lunch and speak about their day. Staff were observed to support children in making choices and planning their day. All children who gave feedback were positive about the staff. When asked about what was good about the centre, one young person said "the staff", while two others noted that "staff help me" and they liked the help from staff. Inspectors were also told that "in Crannóg I feel respected".

One child chose to show the inspector their room, which was bright and personalised with posters and photographs. The child described how they had recently taken down Halloween decorations and they were planning on how to decorate their bedroom for Christmas. This child noted the need to have a clear view of their bed from the door of their room when putting up decorations, and commented that they liked having staff there at night as there was always "someone to talk to."

As part of the inspection process, inspectors attempted to contact the parents of the children living in the centre; however, these attempts were unsuccessful.

Inspectors also contacted professionals involved in the children's care and spoke with three social workers and three Guardians ad litem.[1] All professionals who spoke with inspectors were confident in their praise of the care being provided to children by the staff and management. All the professionals noted that they were made aware of, and involved in, decision-making about restrictive practices.

[1] A person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests

Professionals confirmed that, from their point of view, restrictions were put in place in the best interest of the child and for the shortest period of time necessary. They noted that children were provided with support after an incident and that restrictions were discussed with children. Some professionals noted that staff and management changed their practice to best support children in exploring the reason for an incident and help them to develop skills to manage their own behaviour.

All professionals said that they received information from staff and managers quickly, and reports were comprehensive. The professionals spoke about detailed discussions taking place at both child-in-care reviews and multidisciplinary team meetings regarding restrictive practices, with plans being put in place to reduce restrictions where possible.

While professionals did not have any concerns to raise relating to the use of restrictive practices within the special care unit, two professionals raised concerns regarding the onward placement for children following a period in special care. These professionals stated that, at this point in time, a special care placement continued to be needed. However, they noted past experiences of difficulty obtaining onward placements, resulting in prolonging children's placements in special care unnecessarily, and were concerned this could happen again.

Oversight and the Quality Improvement Arrangements

The inspection found that the person in charge, provider and staff in the service were committed to providing rights-based care. This included ensuring that restrictive practices implemented were in the best interests of the child, were the least restrictive required to keep the child safe, were proportionate to the presenting risk and were implemented for the shortest duration.

In preparation for this thematic inspection, the person in charge completed a self-assessment questionnaire. They outlined the systems in place to record, monitor and review restrictive practices. They noted their goal was for children to live in the least restrictive environment possible and described the methods used by staff and management, including effective use of resources and information, to achieve this. The person in charge also described how children were made aware of their rights and participated in decision-making about their own care, including restrictive practices. The self-assessment questionnaire was reflective of the findings of the inspection.

The provider recognised that a child's rights should only be restricted in exceptional circumstances. There were policies and practices in place, including ones related to closed-circuit television (CCTV) and single occupancy, which ensured restrictive practices were implemented in a way that does not unduly compromise the dignity and quality of life for children.

There were systems in place to ensure the accurate recording and effective oversight, monitoring and review of restrictive practices. When an incident occurred, inspectors found that staff informed managers in line with policy and procedures. The incident was then reviewed by a manager, typically on the next working day. This information was recorded as part of the significant event notification (SEN). The sample of SENs reviewed by inspectors were clear, comprehensive and contained records of review by a manager. Managers assessed if the restrictive practice was proportionate to the risk, identified any learning from individual events and decided whether or not it should be reviewed further. Learnings were found to be discussed with staff teams at handovers and team meetings, and any required changes to the child's plans were made in a timely fashion.

An overview of each restrictive practice was recorded in a restrictive practice register, which included details such as the nature of the restriction, who it applied to, when it started and stopped. A significant event register was also in place, which recorded all significant events, including admission, achievements, medical appointments and physical and environmental restraints. The person in charge and senior management had oversight of these registers. This information was then fed into data trackers that were converted into monthly statistics and graphs detailing the number, nature and context of restrictive practices in use. This information was analysed and learnings identified from trends or patterns at service level for each unit that children lived in and also individually for each child.

Inspectors saw evidence of this information being used to good effect throughout the service. It was used to examine the progress the service made in implementing changes to restrictive practices, including a programme focused on reducing restrictions. Information on how children were progressing with their programmes of care was used to support changes in children's plans. It was possible for inspectors to track the individual trends identified for children from monthly graphs, to team and multidisciplinary meetings and into the child's placement support plan. For example, one child was noted to have increased incidents of self-injury at night-time; the night-time observations were increased and resulted in a reduction in these incidents.

A monthly significant events review group (SERG) took place and provided a forum for both internal and external oversight of restrictive practice. These meetings were attended by staff and mangers with relevant expertise and comprised of both internal and external professionals. At this meeting, the monthly analysis of restrictive practices was reviewed for trends and patterns. Individual significant events and all non-routine restraints were reviewed and analysed for learning, including, where appropriate, a review of CCTV. A review of a sample of the SERG minutes found that the meetings were comprehensive and identified both good and poor practices for learning.

All staff members were encouraged to attend SERG meetings when available. Attendance at a minimum of one meeting was a required task for any student and new staff member. Inspectors found that learnings from SERG were effectively communicated. Details of learning identified were emailed to team members and were discussed at team meetings.

There were a number of different meetings which provided good forums to monitor and review practice in the service. Team meetings took place each week in each of the units. This time was used to discuss children's presentation and progress and for staff training, changes to children's programme of care and placement support plans. Manager meetings also took place weekly and social care leader meetings took place every two weeks. These provided a forum to discuss staff practice, governance issues, and included discussions regarding the impact of restrictive practices across the whole campus.

Inspectors found that there were clear lines of accountability which led to the safe delivery of restrictive practices at individual, team and service level. All staff were aware of their responsibilities in the safe use of restrictive practices and the expectation that they follow a child's placement support plan and the provider's policies and procedures. Inspectors found that there was a culture of openness and learning among staff and managers, and a recognition of the potential negative impact on children when restrictive practices were used routinely. This was evident in conversations with staff and in the review of incidents, debriefing records, as well as observations of daily handovers and multidisciplinary team meetings. Where there were concerns regarding staff practice, these were quickly identified, investigated and addressed by management. Learning was shared with staff members individually and in team meetings. Where necessary, steps were taken to address any practice concerns or specific learning needs with individual staff members. Any safeguarding concerns were reported as per *Children First: National Guidance for the Protection and Welfare of Children* (2017) and recorded in a safeguarding register that was monitored and reviewed by the person in charge.

The provider had arrangements in place for staff to raise concerns and make a protected disclosure about the safety of care being provided, including restrictive practices. The staff who spoke with inspectors were aware of the protected disclosure policy.

As was found during a previous inspection in July 2025, the service continued to be challenged in employing a suitable number of skilled and experienced staff to safely meet the needs of six children, the number for which the centre is registered, and is stated within the service's statement of purpose. This was well managed by the person in charge, who ensured that the staffing levels were adequate for the number and needs of children living in the service at the time of this inspection. Inspectors found that there was no negative impact on children in the service and that no restrictive practices were imposed on a child as a result of a lack of resources. The need to balance staff numbers and skills with the needs of children was effectively taken into account in the development of rosters and was managed daily by social care managers. Students and staff members who had not yet completed induction were counted as supernumerary.

Staff and management in the service were committed to providing care which was rights based, trauma informed, and the least restrictive possible. The person in charge had developed and was implementing a comprehensive service improvement strategy, which focused on restraint reduction. It included areas such as enhancing child wellbeing, youth participation and improving therapeutic interventions.

Providing enhanced training and qualifications in relation to behaviour management to staff was identified as a key strategy to achieve a reduction in restrictive practices. All staff were receiving regular supervision. Inspectors found that staff had up-to-date training in relation to Children First, the rights of the child, behaviour management and the safe use of restrictive practices. Staff training was appropriately monitored by social care managers using a tracking system. A number of staff members were qualified as trainers in the provider's approved approaches to behaviour management. This allowed for training to be specific to the service, for example, through role-playing incidents which had happened in the past. The person in charge was committed to keeping themselves informed of new approaches to, and best practice in relation to, restrictive practice. To this end, they had completed a diploma in practice leadership in reduction of restrictive practices and were a member of a number of both national and international working groups focused on secure care and restrictive practices. A number of social care managers, deputy social care managers and social care leaders had also completed or were in the process of completing a certificate related to restraint reduction. There was a plan in place for more staff, at all levels within the service, to gain this qualification in the upcoming year.

It was evident that the provider had invested in staff knowledge and training, resulting in a staff team who were dedicated to providing a high standard of care and a better quality of life for children. Staff and managers, however, raised concerns that upcoming changes to roles and responsibilities could lead to issues with retaining experienced staff and managers. This concern had been raised with the provider and was identified by many who spoke with inspectors as the highest risk to future provision of care. It is essential that staff retention is a priority for the provider to enable the service to maintain the current high level of knowledge and care of children.

Managers and staff promoted an individualised approach when deciding it was necessary to impose a restrictive practice on a child, and or to support age-appropriate risk-taking and independence. Managers were in the process of developing a system to monitor and oversee any restrictions that could be considered 'blanket'. The person in charge had set up a working group to identify and track these restrictions. Inspectors saw evidence that rights restrictions were risk assessed and individualised. For example, overnight observations were based on the child's needs and ranged from having hourly observations to having a staff member outside at all times. Two children spoke with inspectors about night-time observations and one reported they never noticed the staff checking them at night, while another spoke positively about having someone check on them, as this was what they wanted.

There is a list of prohibited items that children are not allowed, such as vapes, energy drinks and mobile phones. Access to some of these items was risk assessed, such as some children having access to a mobile phone while in their step-down placement during their transition out of special care. Another example given was providing a sports or electrolyte drink during training sessions to a young person who engaged in a high level of sport. However, some items were banned completely in the interest of children's health and due to legal age limits on items such as vapes and cigarettes.

In preparation for admission, the person in charge and managers consulted with the child's social worker. This consultation identified the child's individual needs, risk-taking and any restrictive practices that may be used to keep the child safe. During admission, children took part in a full body search. During this process, children were provided with robes to ensure privacy and were treated with dignity and respect. One child spoke with an inspector about their admission. They described the process as "casual,", "not a big deal" and told inspectors, "I felt people were respectful to me during the search." While the majority of children underwent this search, it was not deemed necessary for all. For example, it was not needed when a child transferred in from a different special care unit. Inspectors noted that a child's personal history and experience of trauma were taken into account when planning both their admission and behaviour management plans. For example, some physical restraints were not to be used with one child due to their personal history.

Following admission, children's needs were assessed, and they had access to specialist services to meet those needs. Multidisciplinary team (MDT) meetings and child-in-care review meetings took place once a month for each child. These were timed so that the MDT meeting took place two weeks after the child-in-care meeting, ensuring that the child's team came together to discuss the child every two weeks.

Inspectors had the opportunity to observe an MDT meeting. This observation and a review of a sample of meeting minutes showed comprehensive discussions, taking account of the child's history, their development and current presentation. This information was used to guide decision-making regarding interventions, including restrictive practices. The impact of restrictive practices, including negative impacts, were discussed, with the aim to reduce or eliminate restrictions if possible. Children's views were noted to be taken into consideration and formed part of decision-making. One child told staff they found crowded environments difficult and the decision was made that their initial outings should be to an environment that is likely not to have many people.

A review of children's placement plans and placement support plans showed that information gathered from the multidisciplinary team was used to support the interventions with children. There was a particular focus on supporting children to develop coping skills and, in doing so, reduce the need for restrictive practices. Inspectors found these plans were of excellent quality, being individual to each child and having enough detail to guide consistent, safe and effective practice and were reviewed regularly.

Children experienced care which supported their autonomy and right to make decisions and choices in their day-to-day lives. Staff supported children to do so through the provision of accessible information appropriate to the child's communication needs. For example, using a daily planner with visuals to support making choices and explaining restrictions using a social story with visuals and simple language where required. Inspectors also found that there was a child-friendly statement of purpose, which explained restrictions in simple language for children.

There was an awareness among staff and managers of the need to provide an environment that was the least restrictive possible within special care. One child commented to inspectors that none of the corridor doors were locked and they used the kitchen, both of which were observed by inspectors. Children were supported to engage in activities they were interested in, both inside and outside special care. For example, one child went trick-or-treating at Halloween. Activities and outings were appropriately risk assessed. The risk assessments reviewed by inspectors showed that there was a focus on finding ways to support children to be able to do an activity rather than preventing an activity. Inspectors found risk assessments were discussed with children and their views recorded.

Inspectors found that restrictive practices were put in place only when required and for the shortest period possible to ensure a child's safety. There were effective mechanisms in place to ensure that a child was monitored during restrictive practices. For example, when placed in a room on their own, there was a staff member observing a child at all times. This monitoring was found to be well recorded and in line with policy. Children were met with and provided with individualised support in order to help minimise any negative impact of a restrictive practice following its use.

Preparing for leaving the special care unit was acknowledged as essential to ensure a child's right to liberty was not restricted past the point needed for their safety. The person in charge had systems in place, which focused on advocating for onward placement for children, and transition plans carefully considered a child's needs and life skills.

Managers told inspectors that, despite being a focus of meetings from the pre-admissions stage onwards, it can be challenging to identify a follow-on placement for children in a timely way. In particular, for those children with more complex needs, who will require ongoing high levels of support and supervision. During this inspection, three of the five children had identified onwards placements. Staff, managers and external professionals all acknowledged that the risk of institutionalisation is a real concern for some children who require longer periods of stabilisation than special care was originally intended to provide. This risk was to the fore of planning for all children, but particularly for those with additional needs. Steps were actively taken to mitigate this risk within the restrictive nature of special care. Inspectors saw that staff regularly discussed the need to move back into the community setting with children, and the need for a longer than typical transition out of special care was referenced in child-in-care reviews.

Overall, it was found that restrictive practices were in place to ensure the safety of children. Inspectors found that restrictive practices were the least restrictive necessary to keep a child safe and were imposed for the shortest period of time possible. There was a focus in the service on the reduction of restrictions, which was underpinned by a culture of learning within the staff team. Children were well informed of their fundamental rights, and staff supported children to exercise their rights, including participation in decision-making and taking the child's views into account, where appropriate to do so, in relation to restrictive practices.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

Compliant	Children enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

Appendix 1

The National Standards

This inspection is based on the *National Standards for Special Care Units*. Only those National Standards which are relevant to restrictive practices will be included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the child.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. **The Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a Special Care Unit for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of children.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for children for the money and resources used.
- **Use of Information –** actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The Quality and safety dimension includes the following four themes:

- **Child-centred services** — how Special Care Units place children at the centre of what they do, this includes the concepts of providing care and support and protection of rights.
- **Effective Services** — how Special Care Units deliver best outcomes and a good quality of life for children, using best available evidence and information and effective interventions.
- **Safe Services** — how Special Care Units protect children and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Development** — how Special Care Units identify and promote optimum health, development and education for children.

List of National Standards used for this thematic inspection:

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The Special Care Unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.
5.2	The Special Care Unit has effective leadership, governance and management arrangements in place with clear lines of accountability
5.3	The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.

Theme: Use of Resources	
6.1	The use of available resources is planned and managed to provide child-centred, effective and safe service to children.

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.
7.3	Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.
7.4	Training is provided to staff to improve the outcomes for children.

Theme: Use of Information	
8.1	Information is used to plan and deliver a child-centred, safe and effective service.

Quality and safety

Theme: Person-centred Care and Support	
1.1	The rights and diversity of each child are respected and promoted.
1.2	The privacy and dignity of each child are respected.
1.3	Each child exercises choice and experiences effective care as part of a programme of special care.
1.4	Each child has access to information, provided in an accessible format that takes account of their communication needs.

1.5	Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and current best-practice guidelines.
1.7	Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services	
2.1	Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.
2.2	Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.
2.3	The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

Theme: Safe Services	
3.1	Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.
3.2	Each child experiences care that supports positive behaviour and emotional wellbeing.
3.3	Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.
3.4	Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

Theme: Health and Wellbeing	
4.1	The health and development of each child is promoted.
4.2	Each child receives an assessment and is given appropriate support to meet any identified need.
4.3	Educational opportunities are provided to each child to maximise their individual strengths and abilities.