



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of Oberstown Children Detention Campus

Name of provider:	Oberstown Children Detention Campus
Type of inspection:	Announced
Date of inspection:	08 – 14 November 2022
Centre ID:	OSV - 0004225
Fieldwork ID	MON-0038053

Profile

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

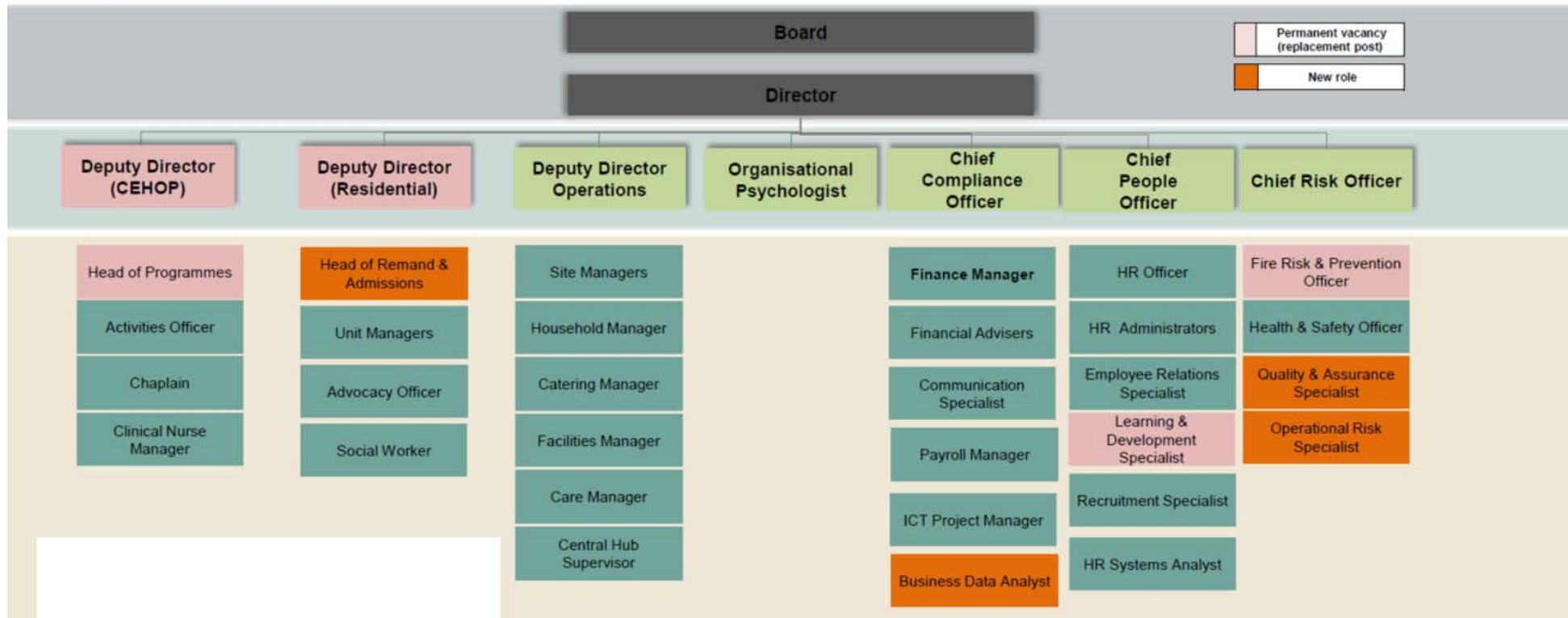
Accommodation

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

Management

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

Organisational Structure



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¹ Submitted organisational structure as of October 2021. At the time of the inspection, the only vacant posts were the Chief People Officer and Chief Risk Officer.

How we inspect

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

As part of our inspection, where possible, we:

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

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

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

1. Capacity and capability of the service:

This section describes the leadership and management of the campus 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 campus are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

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

A list of the rules 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
08/11/2022	10:00 – 17:00	Sharron Austin Jane McCarroll Una Coloe Sheila Hynes	Lead Inspector Inspector Inspector Inspector
08/11/2022	12:00 – 17:00	Sabine Buschmann	Inspector
09/11/2022	09:00 – 17:00	Sharron Austin Jane McCarroll Una Coloe Sabine Buschmann	Lead Inspector Inspector Inspector Inspector
10/11/2022	09:00 – 17:00	Jane McCarroll Una Coloe Sabine Buschmann Sheila Hynes	Inspector Inspector Inspector Inspector
11/11/2022	09:00 – 15:00	Sabine Buschmann	Inspector
	09:00 – 16:30	Una Coloe	Inspector
14/11/2022	09:00 – 17:00	Una Coloe Sheila Hynes	Inspector Inspector

Number of children on the date of inspection:	37
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What young people told us and what inspectors observed

At the time of inspection there were 37 young people placed in Oberstown Children Detention Campus. Inspectors were onsite for five days and had the opportunity to meet with 22 of these young people. Inspectors spent some time in the respective residential units and observed routines and interactions between staff and young people. Surveys were sent to the young people prior to the inspection to complete, asking them about their experience of the campus. A total of 28 surveys were returned. Inspectors also spoke with 11 parents and guardians, five social workers and three external professionals within the Probation service in order to gather their views and experience of the service.

Inspectors met with young people and staff during lunch time in their respective residential units and observed relaxed and respectful interactions between young people and staff. There was a calm atmosphere and staff engagement with young people was seen to be warm and encouraging. Staff were observed as encouraging of young people to meet with inspectors, to have their views and experiences represented as part of the inspection, to share achievements and to show the inspectors around parts of the units.

Young people told inspectors that they understood their rights and that staff had talked to them about what to expect while in Oberstown and went through the information booklet about the campus. While young people said they could talk to any member of staff or their keyworker at any time about issues, they spoke highly of the Advocacy Officer and the Designated Liaison Person (DLP) by name. The young people said that these two staff would speak with them after an incident they were involved in and ask them about their experience of it and if there were any concerns that they had. Young people also spoke about their keyworkers. They said that staff were good and that there was always someone to talk to. "I have two very good keyworkers, I can talk to them". They said that staff helped them "how to stay out of trouble". Another young person said that his "keyworker was good even before they were his keyworker".

Young people had access to their solicitor and legal advice, and that staff would arrange a call or visit with these people if that's what they wanted.

In the surveys completed by the young people as part of this inspection, the majority of the young people said that that they were given support and information about most aspects of what to expect while living in Oberstown, including the rules and how to access supports. They indicated that they knew how to make a complaint, and were generally happy with how their complaints were dealt with, and felt that staff follow up on any issues they bring up. When asked what it is like to live in Oberstown, the young

people were generally positive, saying "it's okay, "it's grand", "the place is great and the staff are great, they help me". Other young people jokingly expressed the view that the place should be on a travel website. While two young people had only recently been admitted and were unsure yet, but said that "the place is okay" and "the food is nothing like home, but it's okay".

Young people were generally positive about their involvement in their placement plans and felt involved in decisions that were made about them. Some had the opportunity to be part of the campus council and could bring issues that impacted the young people to these meetings for discussion. Young people gave examples of a number of changes that had happened as a result of decisions made at the campus council, for example, new curtains for bedrooms, changes to search procedures, as well as trialling new beds and mattresses and mealtimes.

In relation to their experiences of being in single separation, young people told inspectors that "Yeah, it does happen but not a lot on this unit. If you stick to the rules, you are okay". They understood the rules and why they were put on separation. They explained that staff members would complete problem solving exercises with them to try to help them learn from situations and avoid repeating them. Young people told inspectors that during periods of separation, their rights in relation to food, drinks and access to fresh air were in place and they could make phone contact with their families. Other young people said that they "do not like being separated from the group".

Inspectors asked young people about their experiences of how behaviours that challenge were managed by staff. Some young people spoke about their behavioural support plans: "yes, it is the plan to manage my behaviour when I lose it". They said that they understood the rules and the daily ratings and what they had to do to improve their ratings. One young person said that "apart from the fact that you can't get out, the rules are okay".

Young people spoke about school and the range of activities in Oberstown and said they were happy with the activities on offer and gave examples of metal work, art, cinema, snooker and the gym. They said that staff would ask them their preferences and make a list and that they usually got what they wanted, in line with their best interests. However, there were times that they didn't always get the activities they wanted but felt "it's fair how it's decided". They said that many of the "good activities" had to be shared with the other young people across the campus and that they didn't get to do these as much as they wanted to. Other young people said that there were occasions when there was not enough staff on duty and this impacted on their activities.

While the rule in relation to education was not inspected, some young people said "it's good, it fills the day". They could complete courses to achieve a Quality and

Qualification² recognition (QQI) and that staff had spoken to them about apprenticeships and learning about what they could do when they left Oberstown.

Parents and guardians generally spoke quite positively about the impact that Oberstown was having on the young person. Some of their comments included:

"I am happy with everything they do for my boy and he is doing great"

"saved my son, he was going down the wrong road... best decision"

"can't complain about anything" and "best place for him"

"good service for young kids"

"I am happy with everything they do for my child and he is doing great"

"She [key worker] is very supportive. She is amazing"

"he has come on so great" and "very proud of him, he is doing well"

"haven't a bad word to say about them" and "all staff very, very nice"

"doing brilliant, a changed child".

While most parents or guardians spoke positively with inspectors about their experiences of Oberstown, others did not have the same view and said that they did not have much communication with or from the staff in Oberstown and were not happy with some aspects, such as restrictive practices and staffing issues that impacted on visits.

Social workers and other professionals that spoke with inspectors spoke highly of their engagement with Oberstown. They told inspectors that the young people received good quality care, and that the routine and structure of the programme of care was supporting young people to build their capacity for change. Some outlined the changes they could see in the young people as they were doing so well there, and that individual keyworkers provided excellent support and guidance to young people.

Overall, young people were generally happy when describing their experiences of their time in Oberstown. Their voices were heard and acted upon appropriately, and they felt included in all aspects of their care. They were supported to understand and take responsibility for their behaviours, and were provided with individualised skills, supports and understanding to build on their capacity and return to their communities.

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

² QQI is the state agency responsible for the external quality assurance of further and higher education and training in Ireland.

Capacity and capability

This inspection focused on six of the 12 rules against which the service was inspected by HIQA under Oberstown Children's Rights Policy Framework.

The service was well-led and managed by a highly motivated senior management team with clearly defined governance arrangements in place. An experienced and well-established director provided good leadership and direction to the staff. The governance structures in place supported the delivery of a good service to young people with a focus on continuous improvement. There was a clear vision for the service as articulated by the director and echoed in interviews with staff across the campus. The service was proactive and responsive to the needs of the young people. Progress was evident in many of the governance arrangements for providing assurances and oversight of practice and inspectors found that regular assurance reporting was embedded in practice. Improvements were also evident in the quality of recording on electronic case management system (CMS). However, further improvements were required as some campus records did not support managerial oversight and monitoring of direction and decision-making on individual cases and were not consistently recorded on CMS.

Oberstown Children Detention Campus is governed by a board of management which met regularly and received monthly reports on the operations of the campus from the Director. Reports provided to inspectors showed that the board received information on all operational aspects of the service and data on restrictive procedures. There was a system in place to notify the board of serious incidents, many of which included restrictive practices. The director was held to account by the board and there was a system in place to monitor and track the implementation of all required actions at an operational level. This tracking system also applied to other action plans throughout their implementation, including those for example, from reviews of the service and HIQA inspection reports.

Within the governance structures, the director reported to the chairperson of the board, and senior managers reported to the director. Two new deputy directors had taken up their posts in February 2022. The director told inspectors that young people were involved in the interview process for these two posts. This was good practice as it promoted young people's participation in decisions in the running of the campus. Residential care staff were held to account by their unit managers. There were clear and effective lines of accountability throughout the campus and managers and staff were clear about who held them to account. The director was described by managers and staff as an enabler, having a 'can do' attitude with a strong connection with the young people in the campus. Staff felt very confident in his leadership style, which contributed to a positive work environment to drive continuous improvement. Members of the senior

management team described how they were held to account by the director and also the systems they had in place to hold their direct reports to account.

An organisational capability review was being undertaken by an external agency at the time of the inspection. This is a three-phased review which will look at the structure of the organisation to assess staffing requirements at the all levels across the campus in line with their new strategy and the needs of the young people detained. At the time of inspection there were two vacant posts at senior management level, namely, a Chief People Officer and a Head of Risk. While these vacancies had no adverse impact on service delivery, the review was an opportunity to take a wider organisational view to ensure an improved quality delivery of service.

The organisational culture, as well as the senior management team approach to ensure the best outcomes for the young people was aligned with its new strategic plan for 2022 – 2026. The new strategy was the result of an extensive consultation process with staff, young people and external stakeholders, which aimed to build on the progress achieved in the 2017 – 2021 strategy, despite the challenges posed by COVID-19 during 2020 and 2021. It was aligned to the service's own risk management process and with the Youth Justice Strategy 2021 -2027. Five strategic goals and their associated actions had been clearly set out. The young people were working on developing their own version of the strategy, so as to express what it meant for them in practical terms. This was evident in records reviewed in relation to the young people's campus council meetings and reports to the board of management.

Systems to provide assurances to the board, director and managers on practices across the campus were in place and had been further developed since the last inspection. Progress was evident in relation to the management and oversight of young people's electronic care records, as well as targeted audits to ensure that records accurately reflected all decisions and work completed. Monthly audits in relation to incidents which looked at the use of restrictive practices had commenced in July 2022. While these audits provided a comprehensive overview of data and information, they demonstrated similar findings from month to month with slow progress noted on recommendations made. This was also evident in a sample of incident records reviewed by inspectors, which demonstrated that the quality of recording required further improvement. Similarly, audits of the electronic care records had commenced in March 2022 and a tracker was maintained which identified deficits in recording as well as noting good practice. A report was issued to deputy directors and unit managers for action; however, progress was also slow in addressing the recording issues.

The rate of progress made in relation to the monitoring and oversight of some aspects of the service was slow. Inspectors continued to find the quality of records and frequency of staff supervision was not to the standard required and did not support managerial

oversight and monitoring of all aspects of practice. For example, inspectors found inconsistencies in authorisations for restrictive practices on a sample of campus records.

The director was also assured of the quality and safety of the service being provided through a variety of meetings at different levels across the campus, such as senior management, operations, multi-disciplinary, care and team levels. The senior management team met on a weekly basis and provided good leadership to staff. A review of minutes of these meetings demonstrated a holistic accountability across all aspects of the campus at operational and care level. Comprehensive discussions were held in relation to key areas of service provision such as updates from the respective residential units, risk registers, strategy implementation plan, and business and compliance updates as well as staff wellbeing through these regular forums. The director was satisfied with the assurances that he received from the teams. Inspectors observed a number of these meetings during the fieldwork which included operations, care and multi-disciplinary³ team (MDT) meetings. There was evidence of a collaborative and child-centred approach to discussions held. There was good information sharing across a range of key professionals in these forums. The level of detail and knowledge of the young people's care needs, positive progress as well as presenting risks for individual young people was impressive. It was obvious that managers and members of the MDT knew the young people well and there was a strong emphasis on keeping young people safe and managing the mix of young people on the campus. These forums provided an effective mechanisms of oversight in relation to the quality of care provided to the young people

The statement of purpose for the campus reflected the maximum occupancy of 46 young people (40 boys and 6 girls) and outlined the principal objectives for the service including details of the care framework in place. It had been recently reviewed and approved by the board of management on 14 September 2022. The statement included the vision for the campus which was to provide young people with the highest standards of rights-based, child-centred care that meets their needs and enables them to maximise their potential. The governance arrangements in place at the time of the inspection were striving to meet this statement and vision, through strategic planning and a focus on continuous improvement across the campus.

Staff and young people who spoke with the inspectors understood the rules under the children's rights policy framework. An accessible format of the framework was in place and was provided to young people.

³ Multi-disciplinary team: involve a range of health and social care professionals from different professions, such as psychology, psychiatry, medical, therapeutic and social care, with different areas of expertise, working together to ensure an integrated approach to care.

Six residential units were operational on the campus. Five of the six units were occupied, by a total of 37 young boys at the time of the inspection. Although there were no girls placed in Oberstown at the time of inspection, the sixth unit was ready for such an admission. There were mixed findings in relation to the capacity of the service to provide care to all young people detained on the campus as demonstrated through observations and interviews with managers and staff at the time of inspection. For example, a discussion regarding the capacity of the service during a care managers meeting evidenced that with only two beds available at that time, suggested contingencies included possible early release or permitted absence, which were to be discussed in more detail with the Director.

Operational policies and procedures were consistent with relevant legislation, professional guidance and international best practice. Many of the campus procedures had been reviewed recently in line with their new strategy and the children's rights policy framework.

Effective information systems are key to recording, collecting and analysing accurate and dependable data and information to inform service delivery, ensure policy and procedure is being followed, and to identify trends in practice for improvement. The campus had an electronic case management system (CMS) in place. While significant improvements were evident since its introduction, findings of the inspection highlighted a need to improve the quality and content of record-keeping and the effectiveness of information systems, in providing accessible, good quality and dependable data and information.

During interview, the director was satisfied that there was an adequate number of staff to meet the needs of young people detained at the time of the inspection and staff retention rates were good. In total, the number of staff equated to 91 residential social care workers and 32 night supervising officers, which was complemented by an activity team of 21 staff who primarily worked evenings. Each residential unit had a staffing allocation of 15 residential care workers and four night supervising officers. At the time of the inspection, the director was satisfied that the staffing allocation was adequate to provide cover for six residential units, of which five were operational at that time. A review of a sample of staff rosters demonstrated that there were a sufficient number of staff allocated to the number of operational units at any given time. A recruitment campaign had been recently completed and a panel of suitably qualified persons was put in place.

Notwithstanding the assurances provided by the director on the staffing allocation, during interviews and focus groups, staff across different grades told inspectors that the campus was not always staffed by a sufficient number of staff. Examples were provided by both managers and staff on occasions where deficits in staffing capacity impacted on staff's ability to deliver on certain programmes for the young people and on maintaining

campus records and other administrative tasks in a timely manner. Some staff told inspectors that staff morale was low and staff burnout was a concern. In a review of a sample of campus records which included child protection reports and complaint logs, inspectors found that one of the key contributing factors recorded on issues that had impacted on the young people, was a shortfall in staff numbers on some units. However, care managers meetings provided a mechanism to ensure that there was an adequate number of staff available to cater for the needs of young people at all times. Inspectors found that this mechanism needed to ensure the ongoing review of staffing levels across the campus and address any issues raised by staff in relation to perceived staff shortages.

An organisational psychologist was part of the senior management team in Oberstown that ensured the delivery of a staff wellbeing initiative. Mechanisms to support this initiative included the circulation of regular information on wellbeing themes, staff surveys and work well messages through their internal communications platform. Staff could avail of one to one confidential support from the organisational psychologist via self or line manager referral. Progress of this initiative was monitored using an external wellbeing framework. This was an evidence-based accreditation framework in relation to workplace wellbeing to ensure a culture of continuous improvement in the workplace. Oberstown received reaccreditation in April 2022 as it had demonstrated a continued commitment to the health and wellbeing of its workforce.

Inspectors identified deficits in relation to required documentation on seven of eight staff personnel files reviewed. Assurances were sought at the time of the inspection in relation to one staff member employed on a fixed term contract and appropriate follow up was outlined.

Inspectors met directly with a total of 35 staff members over the course of the inspection with varying levels of responsibility for the delivery of the service, including residential care staff, site managers, unit managers and senior managers. In addition, inspectors also met with the designated liaison person with responsibility for the management of child protection and safeguarding concerns and the campus advocacy officer, as well as speaking with the chairperson of the board of management. All staff were experienced, competent and knowledgeable of their respective responsibilities and duties aligned with relevant legislation, policy and the children's rights policy framework. Inspectors also met with four clinical staff who worked as part of the therapeutic teams in Oberstown.

Staff were aware of their roles and responsibilities, but not all staff were appropriately supervised to ensure their practice was in line with relevant legislation, policy and procedure. Although lines of accountability were clear, the system in place to hold staff and managers to account through the provision of staff supervision remained ineffective, in that supervision was not delivered consistently across the campus, as demonstrated in a review of a sample of records and supervision logs. As such, assurances on everyday

practice could not be effectively provided. Unit managers acknowledged that the frequency of formal supervision was inconsistent due to challenges in having adequate time for formal sessions. They outlined they were satisfied that the level of informal supervision and team communication ensured good oversight. This was acknowledged by managers and staff and inspectors were informed of a new supervision model that had been sourced. Training was due to commence shortly after the inspection.

At the time of the inspection, a number of staff disciplinary matters were being dealt with as expeditiously as possible, while some matters were subject to delays for valid reasons. Through interviews and a review of these matters, it was evident that all concerns were taken seriously and appropriate measures were put in place to address the concerns. However, following an allegation made against a staff member, the safeguarding plan while staff continued to work pending next steps or investigation were unclear at the time of the inspection. The director provided both a verbal and written outline of what the interim arrangements were, following the inspection, which provided adequate assurance and an acknowledgement that Oberstown safeguarding statement would be updated prior to the stated review date of March 2023.

Risk was effectively managed on campus and was underpinned by the service's risk management framework. Risk registers were maintained at operational and board level and risks were monitored and reviewed regularly. Risks were presented and discussed at a sub-committee of the board, which was attended by campus managers on request. Managers who met with inspectors were aware of their role in the identification, reporting and management of risk. They said that they had sight of the risk register and that they were discussed at senior manager level. Operational risks were set out in the risk register reviewed by the inspector, and risks were found to be appropriately risk assessed and rated. Risk management was an integral part of the care and support provided to the young people, and managers and staff were clear on their responsibility to report risk, and on their role in managing it. Overall, the risk register appropriately recognised the barriers and challenges to continuous service improvement and control measures may take some time to effectively reduce risks.

Rule 10: Staffing, Management and Governance

The service was well-led and managed by a highly motivated senior management team with clearly defined governance structures that supported the delivery of a good service to young people with a focus on continuous improvement. The service was proactive and responsive to the needs of the young people. Progress was evident in many of the governance arrangements for providing assurances and oversight of practice. There were effective communication systems for information sharing in relation to progress, risk and challenges.

There were improvements to the case management system and further developments were planned. Although there was continuing support to staff in the use of the information system, further improvements were required as some campus records did not support managerial oversight and monitoring of direction and decision-making on individual cases and records were not consistently recorded on their electronic case management system in line with policy.

Formal supervision was not delivered consistently across the campus, as such, assurances on everyday practice could not be effectively provided. There were mixed findings in relation to the capacity of the service to provide care to all young people detained there at the time of the inspection due to perceived staff shortages.

Judgement: Substantially compliant

Quality and safety

Young people received good quality care that promoted their development, wellbeing and potential. While the rules in relation to health, offending behaviour and preparation for leaving were not inspected, young people had access to a range of medical and multi-disciplinary staff and were provided with educational, vocational and recreational programmes appropriate to their needs. The model of care guided staff in the assessment, planning and delivery of care to young people, which was collaborative and person-centred through a multi-disciplinary (MDT) approach. Young people were supported to participate in decisions about their care. There were individualised electronic care records for each young person, however, a greater consistency of recording was required, as well as in the provision of key working sessions to young people to evidence the good quality care provided to the young people. While the MDT approach was effective in planning for young people's care, improved mechanisms to ensure the consistent implementation and recording of MDT plans required further consideration.

Upon admission to Oberstown, planning for young people's care began. Initial assessment interviews were completed with young people on their arrival, and a placement planning meeting was convened within the next 72 hours. There were clear procedures in place regarding timeframes for placement planning meetings and reviews, who should be invited to attend, and how the meetings should be recorded. Placement plans incorporated all elements of the model of care framework which included care, education, health care, offending behaviour and preparation for leaving care (CEHOP), and placement plan meetings were held in line with policy. Inspectors found that the model of care was fully embedded in practice and participation from young people in decisions about their care was evident on care records, maintained within the electronic case management system (CMS). Similarly, the records

demonstrated that parents, guardians and key professionals were supported to participate and contribute to these meetings, and this impacted on positive decision-making.

While there were many improvements in the use of the case management system, inspectors found that record keeping did not consistently reflect the good quality work being carried out by staff with the young people. Further improvements were required in relation to ensure a greater consistency of record keeping, which included key working sessions to young people and the consistent implementation and recording of MDT plans for young people. A sample of placement plans reviewed found that the quality and content of the records varied. Some plans were dynamic, evidencing clear actions identified to address individual needs, MDT input, as well as contact and involvement with families. Other plans were less comprehensive or incomplete with a number of components left blank, for example, education and offending behaviour, even though the young people were in Oberstown several months. Furthermore, actions devised to address needs were not always identified. Unit managers told inspectors that overall, recording on the CMS had improved but further improvements were required to upskill all staff in the use of the CMS. This was in train at the time of inspection.

Attendance by young people at their placement plan meetings was good, however, the record did not consistently note the views of the young person. Young people understood the CEHOP elements of their placement plans and the rules in place under the Children's Rights policy framework. They told inspectors that they were encouraged to participate in their placement plan meetings and they felt listened to.

Contact with families and friends was managed as part of the placement planning process. This was evident in the visitor log for each young person. Young people and parents/guardians all reported that visits were encouraged and or facilitated and they had regular telephone contact with each other. Generally, parents and guardians reported they were satisfied with the level of communication from staff.

There was a well-established multi-disciplinary approach to care on campus with weekly multi-disciplinary team (MDT) and care managers meetings. The Assessment Consultation and Therapy Service team (ACTS) provided speech and language, social work, addiction counselling and psychology services for young people provided. Alongside the ACTS team, the local area's Forensic Child and Adolescent Mental Health Services (FCAMHS) worked onsite to provide psychiatric and nursing services to young people. There was evidence of a holistic, collaborative and person-centred approach to the care of young people. This was evident in the review of a sample of young people's care records, MDT meetings and care managers meetings. Meetings observed over the course of the inspection fieldwork showed that there were effective mechanisms of oversight in relation to the quality of care provided to young people. There was also good information sharing across a range of key professionals from the MDT and

management teams. The level of detail and knowledge of the young people's care needs, progress and identified risks for individual young people was impressive. For example, there were comprehensive plans discussed for young people who required health care and therapeutic care services that included the status of referrals to ACTS and FCAMHS, medication requirements, individual work completed with young people, and the overall impact of these interventions on the individual young person's health and wellbeing. Care managers meetings provided an oversight of key performance indicators or targets to be met in relation to care planning. For example, senior managers completed checks in relation to specific records such as behavioural support plans, placement plan meetings and restrictive practices, to ensure these were being completed in line with policy.

MDT and care managers meetings also showed a strong emphasis on keeping young people safe and assessing the mix of young people on campus. Key observations of potential conflict between young people was shared with a view to minimising risks and the potential for peer to peer violence and aggression. These meetings also demonstrated a strong focus on advocacy. For example, staff supported young people to have access to the services they needed in the community, including referrals and interventions from social workers where this was required. The views and the voice of the young person was central to decision-making, and evidence of good partnership working between relevant professionals and unit managers to address potential risks in respect of the young person's views and wishes around a specific aspect of their care.

Information from MDT consultation was shared with care staff during team meetings or through individual discussions between staff and the respective professional, in order to facilitate implementation of a plan or action. While the approach was effective in planning for young people's care, written MDT records or plans were not accessible to staff. For example, in a care record reviewed, a safety plan devised by ACTS in consultation with the young person was not recorded on the CMS which meant that it was not accessible to staff. A data sharing agreement or protocol between ACTS and Oberstown had not been finalised. This required further consideration to ensure staff had access to records to promote a consistent and integrated care response to all young people. Each young person has two key workers assigned to them so as to help the young person to plan and manage their time in Oberstown and to plan for their future.

Young people told inspectors that they had good relationships with staff. Some identified their key workers or other unit staff as someone they could talk to if they had a problem. Some young people placed value on the support and advocacy that staff provided to them during their period of detention or remand and also in planning for their release. Keyworkers were responsible for the young person's CEHOP and were required to maintain weekly records of work or discussions undertaken with the young people. Inspectors found that key working records on the CMS were not recorded in line with the frequency expected by managers. While managers told inspectors they were assured that staff were continuously problem-solving and intervening with young people, this was

not always recorded. The lack of detail where records were available to compliment the programmes and care for each young person was not evident.

The range of recreation and leisure activities available to young people was very good. Young people could participate with various activities in the evenings and at weekends. Oberstown offered programmes and workshops to address young people's offending behaviours as well as providing life skills opportunities. A number of these programmes involved input from outside organisations with approximately 21 activity providers working alongside two campus activity coordinators. The range of activities included, triathlon training, fitness instructor, boxing, barista training, horticulture, safe pass, first aid, manual handling, individual art work and unit based art projects as evidenced by murals completed or in progress in the units. An onsite gym and sports hall provided for other opportunities such as football and wall tennis. Skills and hobbies activities included textiles, art, cooking, wood burning, music, snooker and pool. There were also plans to provide forklift training to young people. Involvement in these programmes meant that young people were equipped with additional skills and qualifications on their discharge to assist in gaining employment when they returned to their own community. Most of the young people who spoke with the inspectors said they were happy with the range of activities on offer and gave examples of what they participated in, such as metal work, cinema, snooker, gym and art. They said that staff do ask them about their preferences, and while they don't always get the activities they want, they felt the decisions made were fair. Some said that many of the 'good activities' had to be shared with all the young people across the campus and that they didn't get to do these as much they wanted. Other young people and some staff weren't of the same view and said that there were occasions when there was not enough staff on duty and this impacted on young people's activities.

Oberstown also supported young people to work towards a Gaisce award, which is the president's award scheme, based on achievement in a range of activities over a period of time. One young person on the campus at the time of the inspection was working towards achieving a gold Gaisce award. Similar awards had been achieved by young people since the last inspection and an awards ceremony was held at the end of the summer.

Appropriate systems were in place to protect young people from harm and abuse, underpinned by a number of safeguarding policies and procedures and a child safeguarding statement in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Young people were aware of the role of the Designated Liaison person (DLP) and Advocacy Officer and they also knew of or had experience of speaking with external advocacy agencies. Records of all incidents, allegations and complaints were maintained. There was a designated liaison person (DLP), who was a professionally qualified social worker, responsible for receiving all safeguarding and child protection concerns and managing them in line with child protection legislation and

national guidance. A process was in place to record and track child protection concerns, however improvements were required to ensure more robust oversight and monitoring of this. Recording of support for young people to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection was lacking. Similarly, where a young person had made a complaint or allegation, this was not clearly recorded on the CMS.

The DLP was promptly notified of all incidents in line with campus policy. Following notification of any incident or concern, the DLP liaises with the advocacy officer, MAPA⁴ trainers, and medical staff and where necessary, a review of relevant reports and CCTV footage of incidents was undertaken. The DLP was proactive in addressing concerns as they arose and met with individual young people and staff to ascertain their experiences of the respective incidents so as to address any concerns in a timely manner. Child protection concerns were generally reported to Tusla in a timely manner. During review of a sample of records, inspectors identified three cases that required discussion with the DLP and provided assurances in relation to required follow up actions.

The DLP maintained a central tracker of all child protection and welfare concerns, which provided good oversight; however, inspectors found a number of inconsistencies in recording. For example, the young person's name, date and source of referral, the category or cause for concern were not consistently completed. The tracker did not record if a concern was closed or the response from Tusla or any action taken if escalated to senior management. For example, a number of concerns were highlighted regarding staff practice during physical interventions, however, the tracker did not evidence how these had been addressed. Another example where the director met directly with a young person who had a concern for their own safety in the unit, while the matter was addressed appropriately, it was not recorded or closed on the tracker. There were some instances where the rationale for not reporting a concern to Tusla was not recorded, for example some incidences of peer-to-peer abuse were reported, while others were not.

The DLP liaised with Tusla to support them in their response to concerns as needed, and ensured an effective process was in place for reporting incidents of concern to An Garda Síochána. A finding from the last inspection demonstrated that concerns were now being reported to the Tusla local office since March 2022. In the absence of the DLP, there was no deputy DLP. A dedicated DLP email address was in place to report child protection concerns which was monitored in their absence. Although some concerns were addressed in the absence of the DLP, inspectors found delays in relation to three concerns, and in one case, the young person had left Oberstown by the time the DLP had returned from leave. As such, the matter could not be discussed with the young person.

⁴ MAPA – The management of actual or potential aggression. A managing challenging behaviours approach.

Improvements were required to ensure that in the absence of the DLP, appropriate contingencies were in place to ensure staff fulfil their mandated duties.

Data provided by Oberstown prior to the inspection showed that 72 % of staff had up-to-date training in child protection. Staff told inspectors that they understood their duty of care to young people, and had received appropriate training on child protection and safeguarding. Where an allegation has been made against a staff, appropriate safeguarding actions were taken and staff outlined that the safety of the young people was paramount. From a sample of incidents reviewed, staff responded quickly to safeguard young people from harm when behaviours escalated and young people were at risk. Through observations, staff members were found to be skilled in recognising and responding to individual needs and vulnerabilities of young people. Care managers and MDT meetings evidenced a strong emphasis on keeping young people safe and managing the mix of young people across the campus.

Unit managers were confident that there were appropriate reporting structures in place for staff to raise any child protection or safeguarding concern. However, they acknowledged that following a recent allegation against a staff member, they found that a number of staff had not raised concerns about the practice of the respective staff in a timely manner. They felt that this was an isolated incident and a plan had been put in place to roll out professional boundaries training to all staff. The DLP was delivering safeguarding training at the time of the inspection, but told inspectors that staffing issues in units impacted on attendance.

Overall, young people were supported to participate in decisions about their care but improvement was required to ensure the consistent recording of their participation. Opportunities for young people to be consulted and participate in decisions about their care took place through placement planning, student and campus council meetings as well as unit meetings. Inspectors observed a unit meeting with the young people during the course of the inspection. All young people attended and were given the opportunity to express how they were feeling and what they wanted to bring to the meeting. As noted previously, attendance by young people at their meetings and in decisions about their care was good, however, the records on CMS did not consistently note the views of the young person.

A review of campus council meeting minutes demonstrated that there had been five meetings held since the last inspection. These meetings were attended by five to six young people and the advocacy officer. An agenda for the meeting was circulated to the units by the young people representatives. These meetings provided a good forum for young people to raise issues that affected them. There was evidence that some issues raised had brought about changes or were being trialled to assess their impact. Examples included, some preferred tuck shop items changed, new curtains installed in young people's bedrooms, new bedlinen and mattresses being trialled before full rollout

across the campus. Changes to mealtimes were also trialled at the request of the young people, on review, the young people chose to revert back to the original times. On foot of feedback from young people and staff, there were also changes made to the searches procedure. Three of the young people on the current campus council were working on designing a young person's version of the new campus strategy for 2022 – 2026.

To date the campus council have met with the board of management's young people's committee on four occasions for wider discussions on issues affecting young people across the campus. This was viewed by both young people and staff as very positive. The minutes of the council meetings also demonstrated a discussion with the young people about the new 'Individual Recovery Programme Procedure' approved in October 2022. This related to the structured programme that a young person could be placed on to assist them in returning to their baseline behaviour following an incident. This was good practice.

Another significant participation opportunity took the form of paintings created by young people in Oberstown which were shown to the public in the Irish Museum of Modern Art (IMMA) in April – May 2022. This was a collaborative project between Oberstown, IMMA and Gaisce – the president's award. The young people got the opportunity to choose subjects that depicted their own personal history or that expressed their connection with Irish history, heritage and culture. Inspectors got to view these magnificent paintings during the inspection prior to them being moved to a local a local community cultural centre for a further exhibition. Managers and staff outlined how this opportunity helped to build relationships and make connections with wider society and demonstrated the positive value of the Gaisce Awards to support young people's personal development from all walks of life.

While young people could talk to any member of staff or their keyworker at any time about issues, they also had access to an Advocacy officer on campus. The advocacy officer was well known to the young people, and alongside the DLP, provided young people with key information about Oberstown and about their specific roles in supporting them to raise issues that affected them or to make a complaint. Young people had access to advocacy services, which is particularly important given the secure nature of the campus. An external advocacy service visited the campus on a regular basis and there were posters and information on accessing advocacy services. The ombudsman for children's office also visited the campus. The advocacy officer reviewed young people's care records on a daily basis in order to ascertain what incidents or events may have occurred and meets with the respective young people to discuss their experience of the incident or event. Any arising concerns would be discussed with the DLP and relevant managers, and any required actions were followed up on. The advocacy officer provided reports to the Board on a regular basis that provided data and information on advocacy issues for young people.

The young people who spoke with inspectors said that they knew how to make a complaint and could speak with the advocacy officer and the DLP. They said that they were provided with a copy of the rules and other information about the placement planning process, expected behaviours, accessing records and relevant safeguarding, advocacy and complaints procedures. There was good oversight of all complaints. They were recorded, managed, reviewed and investigated and were addressed in a timely manner, in line with policy and procedure. There was good awareness and understanding of the complaints process by the young people. While the majority of young people were satisfied that their views were listened to, campus records did demonstrate that some young people feel their views are not heard and that issues they raise are not being dealt with. Some young people were reluctant to make a complaint as they were less confident about matters being addressed. Managers were aware of this and a number of practice issues were being addressed or investigated at the time of the inspection.

Young people were supported to understand norms of good behaviour but improvement was required to consistently implement a programme of key working sessions to young people, and to record same, in order to monitor and review their effectiveness. There were a number of incentives and supports to motivate young people to sustain good behaviours such as the ratings system, opportunities for permitted absence, training opportunities which worked well. Young people's daily interactions with staff and peers, participation in programmes and activities were contributing factors which promoted positive behaviour. Records demonstrated where young people who had achieved the highest rating were on a behaviour contract that included privileges. Examples of this included many internal doors remaining unlocked in one unit where all the young people had achieved a high rating level. Another young person was working in the campus kitchen as a result of continuous positive behaviour. However, ratings were not consistently applied and records of young people's ratings were not always evident on the CMS.

Young people were supported to develop positive behaviour through interactions with staff, key-working discussions and participation in various programmes and activities. A review of a sample of care records demonstrated that all but one young person had a behavioural support plan in place. Those that were in place were regularly reviewed. In most cases, there was evidence of support provided to young people to help them to understand and develop positive behaviours. The quality of behavioural support plans varied. The majority of plans were of good quality, were individualised and tailored to meet the young person's needs and risks. Some evidenced inclusion and participation of the young person, with clear direction and steps agreed to help them to de-escalate, while others were less detailed and for one young person, no plan was in place. Overall, inspectors observed positive and respectful interactions between young people and staff, as well as young people being supported to deal with any difficulties or concerns arising. There was good multidisciplinary (MDT) discussion on individual young people. A review

of MDT and care managers meetings and observations of same during the inspection showed a strong emphasis on keeping young people safe, assessing risks and challenges of potential conflict between young people. While this was effective, plans devised by ACTS to support staff in their work with young people to promote positive behaviours were not accessible as these were not recorded on the CMS.

In order to promote the safety and protection of young people and others, a zero tolerance approach to violence was maintained, and staff were committed to promoting a safe culture and environment to young people and to minimise incidences of violence. An individualised approach was taken to responding to young people in line with each young person's individual plan. There was good consultation with young people, their families, and professionals where relevant, on how best to support the young person's behaviour that challenges. Data provided by Oberstown prior to the inspection showed that 92% of staff had up-to-date training in managing behaviour. A new incident management training programme was being rolled out and staff were very positive about its implementation.

Restrictive practices were used effectively to manage risk and protect children from harm, and there was a reduction in the necessity of their use. The commitment to promote the least restrictive living environment for young people was evident in the everyday opportunities provided to them. They could earn increased levels of trust which would allow them greater opportunities for work experience, for example in the on campus kitchen. Some also had the opportunity to attend training in the community. Activities on and off-site were available. Young people who met with inspectors were aware of these opportunities and some had availed of them. Restrictive practices included single separation, physical intervention, the use of handcuffs and searches conducted in young people's rooms or on their person. These practices remained a feature of daily life on campus. From a review of records and interviews, inspectors found that staff were vigilant in observing and detecting behavioural cues or triggers by the young people. Staff proactively de-escalated and diverted young people away from potentially serious and harmful incidents. Young people's safety, welfare and dignity was paramount in circumstances that required a restrictive practice. In line with policy, a restrictive practice should only be used when there is evidence of risk or harm to young people and or staff or risk to the security of the campus that cannot be addressed by alternative means. From a review of records, inspectors found that while there was an improvement in the management of challenging behaviour and a reduction in the necessity for use of restrictive practices, further improvements were required to ensure consistent and accurate recording of the use of restrictive practices.

Data provided by Oberstown to HIQA prior to this inspection showed that incidents of physical restraint had decreased from 98 to 73 and incidents of single separation had decreased from 631 to 593 in the 12 months prior to the inspection. Monthly internal audits in relation to incidents which looked at the use of restrictive practices had

commenced in July 2022. While these audits provided a comprehensive overview of data and information, they demonstrated similar findings from month to month with slow progress noted on recommendations made. This was also evident in a sample of incident records reviewed by inspectors, which demonstrated that the quality of recording required further improvement.

Records of incidents of physical restraint reviewed by inspectors showed that staff were responsive to risk and interventions were proportionate. However, in one case, inspectors found a reference to a physical altercation in a young person's daily log that resulted in the use of a physical intervention and staff walking the young person to their room. The respective incident report made reference to staff observing a staff member in a safety intervention with the young person, however, the section of the report in relation to the details of the use of a physical intervention was not formally completed.

Monitoring of and accountability for safe practice in the use of single separation required a higher standard of recording. Inspectors found that since the last inspection, some improvements were evident in the quality of the records maintained, for example, clearer rationales for initiating a period of single separation were noted, durations of single separation, checks by staff and recording of interactions to help the young person to problem solve to end the period of separation as soon as possible were evident on most records. Further improvements were required to ensure the rationale for continued use of single separation was clearly recorded and authorisations were in line with policy.

Young people's right to have access to fresh air, food, drinks and snacks and the use of multi-purpose rooms were promoted and facilitated by staff during the separation periods. Young people who met with inspectors were satisfied that their right to, for example, food and fresh air were promoted when they were on single separation. They were also satisfied that they were provided with opportunities to resolve issues or challenges with the support of staff. Notwithstanding this, the quality of recording required further improvement, as some records of single separation reviewed by inspectors demonstrated inconsistencies in recording and authorisations were not always timely, in line with campus procedure. For example, in one case, the rationale for initial separation was not recorded; in another case the rationale for continued use of single separation was not recorded. Where a single separation period occurred just prior to bedtime or lasted until bedtime at 21:00 hours, and the young person was locked in their room overnight, it was unclear what time the young person was allowed out of their room the following day if no longer on single separation. There were some gaps in observations of young people and in evidence to support opportunities to end separation as records did not always reflect the efforts and interactions made by staff with the young person to end the separation period.

Single separation time periods were generally not of a protracted length of time. However, inspectors did find records in relation to one young person who had been in

single separation over a consecutive five day period. While the records did show that regular checks were maintained with the young person in attempts to engage in problem-solving so as to end the single separation, and meals and snacks and medical attention were provided, the young person refused to engage to end the separation and to leave his room. Inspectors spoke with the unit manager about the single separation periods as the record pertaining to day three was not recorded on the CMS. The unit manager provided details in relation to this record after the inspection, which confirmed that the young person continued to be in single separation on day three. The unit manager outlined that the record had an incorrect date, and the authorisation by senior management was not recorded.

Structured programmes were in place for young people as an interim support to mitigate a presenting risk that prevented a young person joining their full group of peers. This differed from single separation, in that young people attended education and activities on their own while on a structured programme. A new policy for the implementation of an individual recovery programme had been developed in October 2022 to support young people to understand and demonstrate norms of good behaviour that ensured long-term positive outcomes. As noted previously, this policy was discussed with the young people at their campus council meeting prior to its approval. This was good practice and the meeting records demonstrated the young people's views on the policy which were quite positive. While manager and staff had knowledge of the policy, inspectors found that the policy was not fully embedded in practice. As outlined in the policy, individual recovery programmes should be discussed individually as part of key working sessions, where the young person provides their feedback as to what they found helpful. These programmes were also to be discussed and reviewed at unit meetings, care managers and MDT meetings. The main outcomes of these meetings should be documented in the young person's weekly summaries on CMS. As key working sessions and unit staff meetings were not consistently taking place; as well as deficits in the quality of weekly summaries on the CMS, to evidence discussions and actions in relation to individual programmes, improvements were required to ensure full implementation of the procedure to ensure consistent, fair and proportionate application.

Unit managers told inspectors that, following each incident, a debriefing occurred to make immediate plans such as contacting parents and arranging a medical review of the young person. An after incident review (AIRs) also took place to ensure that appropriate actions were taken and to offer any additional supports if required to the young person and or staff. Managers also outlined that all physical restraints were subject to review by the MAPA instructor and contact was made with the DLP if there were any concerns in relation to the use of force and or the treatment of the young person at any stage of the incident. Inspectors reviewed a sample of after incident reviews which provided a summary of the key information gathered in relation to an incident. These were comprehensive documents with clear conclusions and actions to follow up on. Findings were used to ensure shared knowledge and application of the learnings for future

incidents. Findings from internal audits of incidents demonstrated similar issues with slow progress noted, however, it was evident that managers were working towards addressing the issues and taking appropriate steps to ensure recommendations were followed up.

Rule 1: Care

Young people received good quality care that promoted their development, wellbeing and potential as evidenced by a holistic, collaborative and person-centred approach to their care. Participation by young people in decisions about their care was good. While there were many improvements in the use of the electronic case management system, inspectors found that record keeping did not consistently reflect the good quality work being carried out by staff with the young people.

Judgement: Substantially compliant

Rule 6: Safeguarding

Appropriate systems were in place to protect young people from harm and abuse. Records of all incidents, allegations and complaints were maintained. The DLP for child protection was notified promptly where incidents involving child protection concerns occurred, or there was potential for a child protection or welfare concern. Where risks related to practice were identified they were managed appropriately. A process was in place to record and track child protection concerns, however improvements were required to ensure that in the absence of the DLP, appropriate contingencies were in place to ensure staff fulfil their mandated duties.

Judgment: Substantially compliant

Rule 7: Participation

Young people were consulted in decisions made about their care and were provided with opportunities to participate in meaningful activities and programmes to support them. They knew their rights and were supported to exercise those rights, for example they knew how to make a complaint. Their views were considered and had influenced a number of positive changes across the campus. They had appropriate access to legal representation and maintained good contact with families.

Judgment: Compliant

Rule 8: Positive Behaviour

Young people were supported to develop positive behaviour through interactions with staff, key-working discussions and participation in various programmes and activities. They were supported to understand norms of good behaviour but improvement was required to consistently implement a programme of key working sessions, and to record same, in order to monitor and review their effectiveness. There were a number of incentives and supports to motivate young people to sustain good behaviours such as the ratings system, opportunities for permitted absence, training opportunities which worked well. However, ratings were not consistently applied and records of same were not always evident on the CMS.

Judgment: Substantially compliant

Rule 9: Restrictive Practice

Restrictive practices were used effectively to manage risk and protect children from harm, and staff were vigilant in observing and detecting behavioural cues or triggers by the young people. Staff proactively de-escalated and diverted young people away from potentially serious and harmful incidents. While there was an improvement in the management of challenging behaviour and a reduction in the necessity for use of restrictive practices, further improvements were required to ensure consistent and accurate recording of the use of restrictive practices.

A new policy for the implementation of an individual recovery programme to support young people to understand and demonstrate norms of good behaviour that ensured long-term positive outcomes was in place. As key working sessions and unit staff meetings were not consistently taking place; as well as deficits in the quality of weekly summaries on the CMS, to evidence discussions and actions in relation to individual programmes, improvements were required to ensure full implementation of the procedure to ensure consistent, fair and proportionate application.

Judgment: Substantially compliant

Appendix 1 - List of rules considered under each dimension

Rules:	Judgment
Capacity and Capability	
<p>Rule 10 – Staffing, Management and Governance: The care of young people shall be provided by a suitable number of appropriately qualified staff of various grades, and effective and transparent management and governance shall be in place to deliver public accountability.</p>	Substantially compliant
Quality and Safety	
<p>Rule 1 - Care: Young people shall receive the best possible care so that their full potential can be realised. Their needs shall be individually assessed, and personalised placement plans developed to ensure their needs are met. They shall be supported to maintain contact with family as appropriate.</p>	Substantially compliant
<p>Rule 6 - Safeguarding: Young people shall be protected from all forms of harm and abuse and their welfare promoted.</p>	Substantially compliant
<p>Rule 7 - Participation: Young people shall be supported to access information and effective complaints mechanisms, and have their voices heard and participate in decisions made about them.</p>	Compliant
<p>Rule 8 – Positive Behaviour: Young people shall be supported to understand and demonstrate norms of good behaviour that ensure long-term positive outcomes.</p>	Substantially compliant
<p>Rule 9 – Restrictive Practice: Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.</p>	Substantially compliant

Compliance Plan

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

Compliance Plan ID:	MON-0038053
Provider's response to Inspection Report No:	MON-0038053
Centre Type:	Oberstown Children Detention Campus
Centre ID:	OSV - 0004225
Date of inspection:	08 November 2022
Date of response:	26 January 2023

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

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

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

Compliance plan provider’s response:

Capacity and Capability

Rule 10 - Staffing, Management and Governance	Judgment: Substantially compliant
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Outline how you are going to come into compliance with Rule 10:
 The care of young people shall be provided by a suitable number of appropriately qualified staff of various grades, and effective and transparent management and governance shall be in place to deliver public accountability.

- A programme of training will be implemented which will comprise of report writing and the use of the CMS with Care Staff, NSO’s, Unit and Site Managers. (30th June 2023)
- We will develop and implement a formal programme of tracking on a monthly basis of records maintained in the CMS with identified follow-up recommendations. (30th April 2023)
- We will develop and implement a formal programme of tracking on a monthly basis of authorisation for restrictive practice records maintained in the CMS with identified follow-up recommendations. (30th April 2023)
- A fit for purpose model of supervision has been sourced and training has commenced and we will implement this model of supervision on campus for frontline workers. (31st May 2023)
- We will update our Safeguarding statement. (28th Feb 2023)

Proposed timescale: 01/08/23	Person responsible: Director
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Quality and Safety

Rule 1 - Care

Judgment: Substantially compliant

Outline how you are going to come into compliance with Rule 1:

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

Actions:

- A Training Needs Analysis will be conducted around areas of need with regard to recording on the CMS. (30th March 2023)
- A programme of training will be implemented which will comprise of report writing and the use of the CMS with Care Staff, NSO's, Unit and Site Managers. (30th June 2023)
- We will develop and implement a formal programme of tracking on a monthly basis of authorisation for restrictive practice records maintained in the CMS with identified follow-up recommendations. (30th April 2023)
- We will develop and implement a monthly meeting with managers to discuss the cycle of Quality Assurance of the care of the young people on campus. This meeting will focus on providing a quality assurance framework around planning, action, checking and implementation of existing methods and systems. (31st March 2023)
- We will develop and implement a formal process for recording young people's views at their placement planning meetings. (31st March 2023)
- We will develop a data sharing agreement with ACTS which will endeavour to make records accessible to staff teams. (30th April 2023)

Proposed timescale:
01/08/2023

Person responsible:
Deputy Director

Rule 6 – Safeguarding	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Rule 6: Young people shall be protected from all forms of harm and abuse and their welfare promoted.</p> <p>Actions:</p> <ul style="list-style-type: none"> • A designate DLP will be identified and will undergo the necessary training to assume this role in the absence of the DLP. (31st March 2023) • A review of the IT requirements to take place to support the role of a Designate DLP and said recommendations to be implemented. (30th April 2023) • Safeguarding Procedure YP-020-PR to be reviewed to clearly outline the procedures around the implementation of a designate DLP in the absence of the DLP. (31st March 2023) • We will update our Safeguarding statement. (28th February 2023) 	
Proposed timescale: 01/05/23	Person responsible: Director

Rule 8 – Positive Behaviour	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Rule 8: Young people shall be supported to understand and demonstrate norms of good behaviour that ensure long-term positive outcomes</p> <p>Actions:</p> <ul style="list-style-type: none"> • St up a Review Group to undertake a review of ratings system and identify areas of improvement to ensure consistent application across the campus. As part of this review a training needs analysis in this area will be completed. (30th June 2023) • Implement recommendations as identified by the Review Group around the use of positive behaviour. (30th September 2023) • Work towards a system whereby the ratings sheets are completed electronically on the CMS. (30th September 2023) • Behaviour Management will be a headline agenda item at the Care Managers meeting under which this item will be discussed. (28th February 2023) • We will develop and implement a formal programme of tracking on a monthly basis of records maintained in the CMS, including key working sessions, with identified follow-up recommendations. (30th April 2023) 	

<ul style="list-style-type: none"> We will develop a data sharing agreement with ACTS which will endeavour to make records accessible to staff teams. (30th April 2023) 	
Proposed timescale: 01/10/23	Person responsible: Deputy Director

Rule 9 – Restrictive Practice	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Rule 9: Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.</p> <ul style="list-style-type: none"> We will develop and implement a formal programme of tracking on a monthly basis of records maintained in the CMS, recording of restrictive practice, with identified follow-up recommendations. (30th April 2023) Individual recovery programmes will be discussed and reviewed as part of weekly team meetings and key working sessions and documented in the young person weekly summaries on the CMS. (31st March 2023) 	
Proposed timescale: 01/06/23	Person responsible: Deputy Director