



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Guidance for the assessment of special care centres

Version 2.1 — July 2025

Safer Better Care

About the Health Information and Quality Authority

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

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

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

Visit www.hiqa.ie for more information.

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1. About the Guidance

1.1 Introduction

The Health Information and Quality Authority (HIQA) through the Chief Inspector of Social Services is responsible for registering and inspecting designated centres and assessing whether the registered provider is in compliance with the regulations and standards.

It is the responsibility of each registered provider and persons who participate in the management of designated centres to ensure they are delivering a safe and effective service that complies with the regulations and standards and any other legislation.

In order to carry out its functions as required by the Health Act 2007 as amended, HIQA has adopted a common Authority Monitoring Approach (AMA). All HIQA staff involved in the regulation of services or the monitoring of services against standards are required to use this approach and any associated policies, procedures and protocols. HIQA's monitoring approach does not replace professional judgment. Instead, it gives a framework for staff to use professional judgment and supports them to do this. The aim of AMA is to ensure:

- a consistent and timely assessment and monitoring of compliance with regulations and standards
- a responsive and consistent approach to regulation and assessment of risk within designated centres
- a contribution to the improvement of the service being inspected through application of the inspection process.

Among its functions, HIQA promotes improvement in the quality and safety of health and social care services. Compliance with the regulations is a minimum requirement. In order to improve the quality and safety of social care services, service providers are encouraged to look beyond the regulations and to continually seek improvements in the services they provide to residents.

1.2 Scope

This guidance relates to designated centres to which the Health Act 2007 (Care and Welfare of Children in Special Care units) Regulations 2017 (as amended) and the National Standards for Special Care Units apply.

1.3 Purpose

This guidance should be used in conjunction with the revised assessment judgment framework, which is one of the tools HIQA uses to assess compliance with the regulations and standards. The assessment judgment framework supports inspectors in gathering evidence when monitoring or assessing a designated centre and to

make judgments on compliance. It sets out the lines of enquiry to be explored by inspectors in order to assess compliance with the regulations and or standards being monitored or assessed. This should also be used by providers to self-assess their own service.

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

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

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

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

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

2. Assessing compliance

2.1 Inspection

HIQA carries out inspections in order to assess compliance with the regulations and standards. Before an inspection, HIQA comprehensively reviews information on the centre to inform what needs to be reviewed on inspection. Throughout inspections, the views of people who use the service are sought. While inspections are normally unannounced, a centre can expect at least one announced inspection in the three-year registration cycle.

While all inspections afford children, their families and significant others who visit the centre an opportunity to express their views on the service, the purpose of an announced inspection is to give children and their relatives advanced notice.

In order to make judgments about compliance, HIQA will:

- communicate with children and the people who visit them to find out their experience of the service
- talk with staff and management to find out how they plan and deliver care and services — conversations with management and staff will concentrate on their understanding of areas relevant to their work and the care they deliver, their experience and their training
- observe practice and daily life to see if it reflects what people have stated
- review documents to see if appropriate records are kept and that they reflect practice and what people have stated.

It is important to remember that inspectors are visitors to the special care unit. Therefore, while an inspection can be disruptive, changes to the children's or staff's normal routine are not expected and should be minimized.

At the beginning of the inspection, inspectors introduce themselves and outline the purpose and duration of the inspection to the person in charge and registered provider if available. The person in charge is asked to inform both children and staff that HIQA is conducting an inspection and introduce the inspectors to the children. While inspectors have powers of entry and inspection, these will be exercised in a respectful manner and have cognisance of each child's rights. Observation on inspection should be unobtrusive, discrete and not negatively impact on service provision. Children's dignity and human rights must be respected at all times.

2.2 When are inspections carried out?

All inspections and monitoring activity inform the registration of a designated centre. This includes new and renewal registrations.

HIQA takes a risk-based approach to regulation. This means that regulatory activities are prioritised and resources relating to monitoring, inspection and enforcement are organised based on the assessment of the risk that the regulated services pose.¹

This approach informs how frequently HIQA inspects any individual designated centre. It also informs the nature, intensity and type of any inspection carried out.

HIQA carries out the following types of inspection:

- *Monitoring inspections:* these are routine inspections that monitor the quality of the service provided at a designated centre and the level of compliance.
- *Targeted (focused risk) inspections:* these are in addition to routine inspections and are carried out when information has been received that indicates that there may be a risk posed to residents.
- *Thematic inspections:* these inspections are part of a programme which aims to drive quality improvements related to a specific theme in the regulated sector, for example, a restrictive-practice thematic programme.

2.3 Judgments on compliance with regulations

Once inspectors have gathered information, they make a judgment about the level of compliance against each regulation reviewed.² While some regulations attribute responsibility to the person in charge to comply, overall responsibility for compliance is with the registered provider. Inspectors will judge whether the registered provider or person in charge has been found to be **compliant, substantially compliant or not compliant** with the regulations associated with them.

The compliance descriptors are defined as follows:

Compliant: a judgment of compliant means the provider and or the person in charge is in full compliance with the relevant regulation.

Substantially compliant: a judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

Not compliant: a judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk), and the inspector will identify the date by

¹ Better Regulation Commission, 2006

² Judgments are also made on compliance with the standards; however, the judgement descriptors are reported on against the regulations.

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

Once a judgment on compliance is made, inspectors will review the risk to children of the non-compliance. Inspectors will report on this risk as:

- Red: there is high risk associated with the non-compliance
- Orange: there is moderate risk associated with the non-compliance
- Yellow: there is low risk associated with the non-compliance
- Green: there is no risk.

2.4 Reporting the findings

The inspector will give feedback to the registered provider/person in charge or their delegate on the preliminary³ findings from the inspection. The inspector then writes an inspection report to summarise the findings.

In order to summarise the inspection findings, the regulations are grouped under two dimensions which are aligned with the standards:

- **Capacity and capability of the registered provider to deliver a safe quality service:** This section describes the governance, leadership and management arrangements in the centre and how effective they are in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and supported through education and training, and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.
- **Quality and safety of the service:** This section describes the care and support children receive and whether it was of a good quality and ensured children were safe. It includes information about the care and supports available for children and the environment in which they live.

³ Preliminary feedback does not include a full evaluation of the findings of an inspection. Feedback will be given in line with HIQA internal fieldwork guidance.

3. Structure of the guidance on each regulation

Guidance on each individual regulation from 5 to 29 is presented in the following section. Each regulation is described in five sections, namely, the standards associated with the regulation, where applicable; examples of the information/evidence reviewed to assess compliance; indicators which demonstrate the registered provider's and or person in charge's level of compliance with the regulations and standards; risk rating of compliance; and what a service striving for quality improvement looks like. The section on what a service striving for quality improvement looks like is based on the standards and international research.

In addition, Appendix 1 lists regulations identified as having an association with the primary regulation being reviewed and that may need to be considered. Notwithstanding the association of the related regulations, judgment on the primary regulation is made independently of the other related regulations.

Part 1: The standard associated with the regulation, where applicable

Where a standard is directly linked to a regulation, it is listed. While a number of standards can be related to one or more regulations, for the purposes of inspection and reporting a 'best fit' approach to the standards is taken and the standard is linked to the most relevant regulation.

Part 2: What a service striving for quality improvement looks like

Where a regulation has been complied with, it is incumbent on providers to seek out ways to continuously improve the quality of their service and outcomes for children. This part of the guidance outlines examples of what residents can expect of a service that is striving for quality improvement. We will acknowledge and report on improvements and quality initiatives.

Part 3: Examples of the information/evidence reviewed to assess compliance

This part gives examples of information/evidence that are reviewed to assist with assessing compliance. The examples are listed under the headings of observation, communication and documentation. These examples will support the planning of an inspection, gathering of information on site and the making of judgments about compliance.

The types of information reviewed will be determined by the history of compliance, specific areas of risk and outcome of the inspection planning. As part of this planning, inspectors will review documentation about this centre.

Part 4: Indicators which demonstrate the registered provider's and or person in charge's level of compliance with the regulations and standards

Compliance with the regulations and standards is the overall responsibility of the registered provider. The inspections give the registered provider and person in charge an opportunity to demonstrate how they have complied with the regulations and standards. The expectation is that providers continuously review and assess their service and put measures in place to comply with the requirements as laid out in the regulations and standards. The regulations are a minimum requirement, and the standards are intended to drive continuous quality improvement.

The examples detailed are not an exhaustive list but are there to assist determining the levels of compliance.

Part 5: Risk rating of compliance

The level to which designated centres have complied with the regulations have an impact on outcomes for children. In order to improve outcomes for children, compliance with regulations are risk rated.

Each regulation can be assigned a maximum risk rating based on the severity of impact on children and the likelihood of occurrence/recurrence. Continued non-compliance resulting from a failure of a provider to put appropriate measures in place to address the areas of risk may result in escalated regulatory action.

4. Guidance

4.1 Guidance on regulations related to capacity and capability

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

Regulation 5**Statement of purpose**

Standard 5.3

The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

What a service striving for quality improvement looks like

The statement of purpose promotes transparency and responsiveness by accurately describing the designated centre's aims and objectives and the services provided, including how and where they are provided. The service that is defined in the statement of purpose is reflected in other related policies and procedures.

A good statement of purpose recognises the intrinsic value of the children using the service, recognising and promoting children's individuality and maximising their strengths and abilities.

The statement of purpose clearly describes the model of care and support delivered to the children placed in the special care unit. It reflects the day-to-day operation of the designated centre, and it is reviewed regularly and updated when necessary. It is publicly available and communicated to the children in the special care unit and their families in an accessible format.

The review and evaluation of the statement of purpose is incorporated in the service's governance arrangements to provide assurance that services and facilities are being delivered within the scope of the statement of purpose. This is part of the continuous quality improvement cycle, which, in turn, forms part of the annual review.

Examples of information/evidence that will be reviewed**Through observation**

Inspectors will observe:

- if the statement of purpose accurately reflects the facilities and services provided. For example, whether the rooms, facilities and physical lay-out of the unit are as described in the statement of purpose; whether the centre provides the specific care and support documented in the statement of purpose; whether the organisational structure reflects the actual reporting structures; and whether the activities described in the statement of purpose are provided to children.

Through communication

Inspectors will communicate:

- with children to determine if they are aware of the purpose of the special care unit in which they are placed
- with children to confirm whether a copy of the statement of purpose has been made available to them and or their families/representatives, where applicable

- with the registered provider and person in charge to determine if they are familiar with the content of the statement of purpose and if they are satisfied that it reflects practice.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during inspection
- the statement of purpose to ensure that it contains all the required information, including that which is prescribed in Schedule 1; that the current version is available in the centre; and that the registered provider has reviewed and, where necessary, revised the statement of purpose.

Additional documents that may be reviewed include:

- admission records
- minutes of meetings with children
- the complaints register
- the children's guide
- the annual review.

Compliance indicators

Indicators of compliance include:

- the statement of purpose is in place and includes all information set out in the associated schedule
- the statement of purpose is reviewed when required
- a copy of the statement of purpose is available to children and their families in an age appropriate manner.

Indicators of substantial compliance include:

- the statement of purpose is available but does not include some information set out in the associated schedule
- while there is evidence of reviews and necessary revisions of the statement of purpose, they do not occur as frequently as required but they do happen within a relevantly short period afterwards
- the statement of purpose is made available to the children but not their families.

Indicators of non-compliance include:

- there is no written statement of purpose
- the statement of purpose does not include much of the information set out in the associated schedule

- the statement of purpose is not kept under review or revised when necessary
- the written statement of purpose is not made available to the children and their families in an age appropriate manner.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Note: This may be risk rated red where the registered provider does not identify the specific care and support needs that the service intends to meet nor do they accurately describe the service being provided within the statement of purpose.

What a service striving for quality improvement looks like

Policies and procedures are not considered in isolation to the systems in place to ensure safe and effective care. The operational policies and procedures are essential for the safe delivery of care and to guide staff in delivering safe and appropriate care. They are about good governance from a provider perspective. Moreover, they are 'living' documents that are used by staff and reviewed and updated as required.

The registered provider has ensured that they have the relevant policies and procedures specific to the care needs of the children and the service that is provided.

A robust information governance system is in place, with responsibility assigned to ensure that there are written policies and procedures in place that are adapted to the service and reflect current practice.

The registered provider has ensured that the policies and procedures are consistent with relevant legislation, professional guidance and international best practice. The policies and procedures are service specific, clear, transparent and easily accessible. There is clear evidence that staff understand and use the special care unit's policies and procedures to deliver a safe and quality service.

Evaluation of the effectiveness of written policies and procedures are an element of the continuous quality improvement cycle, which in turn, forms part of the annual review.

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

Inspectors will observe:

- if the policies and procedures are pertinent to the specific service or if they are generic in nature
- if practice reflects the policies and procedures and have the policies and procedures been amended when required, for example, to reflect a new therapeutic or support intervention accessible to the children
- if the policies and procedures are consistently implemented in practice and if care practices have a positive impact on the outcomes for children
- practice and, if unacceptable practice is identified, review the relevant policy
- how staff access the policies and procedures.

Through communication

Inspectors will communicate:

- with children to explore their experience of living in the centre and whether their rights, independence and safety are promoted
- with children to determine their understanding of the care practices, policies and procedures and how they have reached this understanding
- with staff to establish if there is a system in place to inform staff of any changes to policies and procedures
- with staff to determine if they can demonstrate sufficient knowledge of the policies and procedures relevant to their work
- with staff to determine if there are opportunities for staff to discuss the content of the policies and procedures and their effectiveness with the registered provider and or person in charge
- with the registered provider/person in charge to determine how they have ensured that staff understand and consistently implement the policies and procedures.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during inspection
- written policies and procedures as per Schedule 2 and determine if the Schedule 2 policies and procedures have been reviewed when necessary, for example, to reflect changes in law and any guidelines issued by the Child and Family Agency (Tusla) in accordance with the Child Care (Amendment) Act 2011.

Additional documents that may be reviewed include:

- supplementary policies, procedures and guidelines to support specific care needs
- the statement of purpose
- the annual review.

Compliance indicators

Indicators of compliance include:

- all Schedule 2 written policies and procedures are adopted and implemented, made available to staff and reviewed when required
- all Schedule 2 policies and procedures are reviewed as often as the Chief Inspector may require and are at least reviewed and updated at intervals not exceeding three years and, where necessary, to reflect best practice.

Indicators of substantial compliance include:

- while written policies and procedures are adopted and implemented, some gaps are evident in the maintenance of the documentation
- Schedule 2 policies and procedures have been implemented into practice but some are not readily available to staff
- a Schedule 2 policy requires review. For example, the registered provider and person in charge have taken adequate measures to protect residents from being harmed and from suffering abuse; however, some improvement is required to the policy on preventing abuse and responding to allegations or suspicions of abuse to reflect evidence-based practice.

Indicators of non-compliance include:

- Schedule 2 policies and procedures have not been prepared in writing, adopted or implemented
- there is no policy on, for example, the handling and investigation of complaints from a child detained in the special care unit
- Schedule 2 policies and procedures have been prepared in writing and adopted but have not been implemented.
- while there is a policy in place, for example, on the provision of behavioural support, staff are not familiar with it and, therefore, it does not consistently inform practice or safeguard children
- all Schedule 2 policies and procedures have not been reviewed and updated to reflect best practice at intervals not exceeding three years

Guide to the risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Note: The risk rating assigned to a non-compliance will reflect the extent to which an absence of a specific policy or policies, or an absence of review, reflects poor safe-guarding for children detained in the special care unit.

Regulation 13**Person in charge**

Standard 5.2

The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.

What a service striving for quality improvement looks like

The person in charge has a clear understanding and vision of the service to be provided. The person in charge, supported by the provider, fosters a culture that promotes the individual and collective rights of the children living in the special care unit. The person in charge has a strong focus on person-centred care and ensures that a rights-based approach to care is delivered. She/he oversees the service effectively and ensures that children receive a quality and safe service where the core human rights principles (fairness, respect, equality, dignity and autonomy) of residents are to the fore.

The person in charge is engaged in effective governance, and the registered provider has ensured that she/he is a fit person in line with HIQA's guidance on fitness. The person in charge has demonstrated that she/he can lead a quality service and has developed a motivated and committed team that are skilled, caring, supportive and suitably qualified. A learning culture is promoted through training and professional development along with the service's quality improvement strategy.

The person in charge supports a culture of openness where the views of the children, their families, and others involved in the service are sought and taken into consideration. The person in charge is familiar with the children's needs and ensures that they are met in practice.

There is clear evidence the person in charge is competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the special care unit and meet its stated purpose, aims and objectives. The person in charge is very familiar with the organisational reporting structure in place and knowledgeable about the requirements of the Health Act 2007, regulations and standards. The person in charge also demonstrates appropriate knowledge of relevant best practice and guidance. Periodically, with the support of the registered provider, the person in charge evaluates his or her own personal strengths or challenges and proactively seeks out areas for development.

Depending on the size and complexity of the service, the person in charge may not be involved in day-to-day care arrangements for each child, but they will have systems in place to assure themselves that care is delivered to a high standard; that children's privacy, dignity and rights are protected; and that the children's wellbeing is always at the core of the ethos of the service.

The person in charge has the authority to affect change and ensure that care delivered to the children placed in the special care unit is of a high standard and she/he has a clear understanding of and accountability for his/her roles and responsibilities. Where the person in charge is in charge of more than one centre, she/he delegates daily oversight appropriately and has systems and structures in place to assure that care is delivered as expected.

The registered provider and the person in charge are constantly seeking to improve the quality and safety of the service. They evaluate compliance with the regulations and standards that are specifically their responsibility and implement a structured quality improvement programme to address any deficits and drive quality improvement initiatives. They take appropriate action following monitoring, inspection or investigation activities relating to the service. New and existing legislation and national policy are reviewed on a regular basis to determine what is relevant to their service and how it impacts on practice. If there are any gaps in compliance, these are addressed by the registered provider and the person in charge.

Evaluation of the effectiveness of governance and management and, in particular, the role of the person in charge underpins quality improvement. This is part of the continuous quality improvement cycle, which, in turn, forms part of the annual review.

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

Through observation

Inspectors will observe:

- if the person in charge is the same as the one notified to HIQA
- if the person in charge can demonstrate in practice that she/he has the necessary skills and experience to manage the centre
- whether, if the person in charge is appointed for more than one centre, there is effective governance, operational management and administration of the centre being inspected so that there are positive outcomes for all children.

Through communication

Inspectors will communicate:

- with the children and, where appropriate, families to determine if they know who the person in charge is and what his or her role is and to find out their views on the effectiveness of the person in charge
- with the person in charge, both throughout the regulatory process and when there is a change in the person in charge, to establish the person in charge's level of oversight and engagement with the service
- with the person in charge to establish that the post is full-time, find out that she/he meets the requirements of the regulations and determine if the person in charge has a clear vision for the centre with a strong focus on child-centred care
- with the registered provider and person in charge in situations where the person in charge oversees more than one centre in order to establish if the person in charge has ensured effective governance, operational management and administration of each centre
- with staff to determine their understanding of the role of person in charge and the governance and reporting structures within the centre, including arrangements when the person in charge is absent

- with staff to establish their views on the effectiveness of the person in charge. For example, how does the person in charge ensure that staff receive appropriate induction, professional development and supervision?

Through a review of documents

Inspectors will review documents such as:

- children’s questionnaires received prior to and during the inspection
- for registration inspections, the application and relevant documents
- the fitness assessment notebook
- the statement of purpose
- staff rotas — planned and actual
- the person in charge’s human resources file in order to check that the post of person in charge is full-time and to examine the person in charge’s terms and conditions of employment and written job description
- notifications to HIQA
- staff files, including any arrangements for staff support, development and performance management.

Compliance indicators

Indicators of compliance include:

- there is a full-time post of person in charge in the centre
- the centre is managed by a suitably skilled, qualified and experienced person in charge
- the person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis
- if the person in charge manages more than one designated centre, she/he has ensured the effective governance, operational management and administration of the designated centres concerned
- the person in charge (on or after 1 January 2021) has at least three years’ experience in a management or supervisory role in the area of health or social care
- the person in charge (on or after 1 January 2021) has an appropriate qualification in health or social care management at an appropriate level
- the registered provider has obtained, in respect of the person in charge, the information and documents specified in Part A of Schedule 3

Indicators of substantial compliance include:

- while the person in charge has the required skills and experience to manage the centre, there are some gaps in the required documentation as set out in Part A of Schedule 3.

Indicators of non-compliance include:

- the person in charge does not have the required qualifications, skills or experience necessary
- the role of the person in charge is not full-time
- the person in charge manages more than one designated centre and cannot ensure the effective governance, operational management and administration of the designated centres concerned.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 14	Staff members and others working in the special care unit
Standard 7.1	Safe and effective recruitment practices are in place to recruit staff.
Standard 7.2	Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

What a service striving for quality improvement looks like

Each staff member plays a key role in delivering person-centred, effective, safe care and support to the children placed in the special care unit. Staff have the necessary competencies and skills to care for and support the residents. Staff performance is appraised at regular specified intervals.

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

Recruitment practices ensure that the staff have the necessary competencies and skills to support the children placed in the special care unit. Management organises and manages its workforce to ensure that the number, qualifications, experience, suitability and availability of staff members employed is appropriate, having regard to the number and assessed needs of children, the statement of purpose and the size and layout of the special care unit. There is sufficient staff on duty at all times to meet the assessed needs of children. There is a system in place to respond to staff absences. Management is satisfied that a staff member employed is suitable to work in the special care unit and has obtained all records and documents as required by regulation. Staff are always available to ensure the safety of children, and contingency plans are in place in the event of a shortfall in staffing levels.

Orientation and induction of staff encourage a rights-based approach to care provision where the core human rights principles of fairness, respect, equality, and dignity are promoted. The continuity of support and the maintenance of relationships are promoted through strategies for the retention of staff and ensuring sufficient staffing levels and by avoiding excessive use of casual, short-term, temporary and agency workers.

There is a written code of conduct for all staff, developed in consultation with children. Staff also adhere to the codes of conduct of their own professional body or association and or professional regulatory body.

Evaluation of effectiveness of staffing arrangements consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review.

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

Through observation

Inspectors will observe:

- how new staff are supported by mentoring and buddy systems
- if the staff/child ratio is sufficient during day, night and weekend shifts
- staff practices and interactions with children to determine if there are enough suitable staff on duty, whether staff have the necessary skills to meet children's needs, that these needs are being met and that children are safe
- whether the atmosphere in the centre is rushed, for example, if call bells or other requests for support are responded to promptly
- if cover arrangements are in place for staff absences, where applicable
- the way in which staff are deployed and how the shifts are covered to meet children's needs
- staff handovers to observe the level of knowledge of staff and how effectively they communicate
- if the planned and actual staff rotas correspond.

Through communication

Inspectors will communicate:

- with children to establish their view on and experience of staffing in the centre, for example, how staffing levels impact on their daily lives. This may also include talking to their relatives and friends, advocates and any visiting professionals
- with the registered provider to confirm how they ensure that staffing is appropriate
- with staff and the person in charge to explore staffing arrangements and how shifts are managed, especially at weekends and night time; if staffing levels are maintained or increased at busy times; and if staff are employed to meet the different needs of children
- with the person in charge and staff to learn about the quality of induction provided
- with the person in charge about the recruitment process
- with the person in charge to determine, in situations when staff are employed on a less than full-time basis, how the provider and person in charge ensure that this does not cause a negative impact on children and that continuity of care is maintained.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the recruitment, selection and Garda vetting policies

- a sample of planned and actual staff rota
- the staff induction programme
- a sample of staff files
- the relevant current registration status with professional bodies for health and social care professionals that work in the centre
- contract agreements for agency staff, if applicable
- Schedule 3 documents.

Additional documents that may be reviewed include:

- Children's programmes of care, including risk assessments
- minutes of children's and staff meetings
- the accidents and incidents register
- records of complaints
- call bell logs
- audits relating to staffing
- surveys
- the annual review.

Compliance indicators

Indicators of compliance include:

- there are effective recruitment procedures in place that includes checking and recording all required information
- there is enough staff on duty with the right skills, qualifications and experience to meet the assessed needs of children at all times
- the programme of care is provided in line with the statement of purpose and the assessed needs of children
- staffing levels take into account the statement of purpose and size and layout of the building
- there is an actual and planned staff rota
- the assessed needs of children are met in a respectful, timely and safe manner and there is continuity of care
- information and documents specified in Schedule 3 are available
- all relevant members of staff have an up-to-date registration with the relevant professional body.

Indicators of substantial compliance include:

- there are enough staff on duty to meet the assessed needs of children but the planned rota does not fully match the staff on duty
- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- the number, qualifications, experience, suitability, skill-mix and availability of staff is inappropriate having regard to the statement of purpose and the number and needs of children placed in the special care unit
- the staffing levels and skill mix are not sufficient to meet the assessed needs of children
- there is evidence of negative outcomes for children due to staff shortages
- children’s needs could not be met as staff members lacked the required skills or qualifications to support and care for them
- children are not adequately supervised in line with their assessed needs
- there is no planned and or actual staff rota in place
- no contingencies are in place to cover staff on annual leave or sick leave
- staff are slow to respond to children at certain times
- gaps identified in the documentation resulted in potential or actual risk to children using the service, for example, no Garda vetting available for staff.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 15 Training and staff development

Standard 7.4 Training is provided to staff to improve the outcomes for children.

What a service striving for quality improvement looks like

Staff have access to professional development courses and training to enable them to provide care in accordance with evidence-based practice and to promote and protect the life, health, safety, development and welfare of each child. A record is maintained of any professional development courses or training undertaken. Any intern, trainee or a person on a placement as part of a vocational training course is considered supernumerary, and they receive appropriate training in relation to dealing with the care, welfare and protection of children detained in the special care unit; the statement of purpose; and relevant care practices and operational policies and procedures.

A culture of learning is promoted through training and professional development as well as through the quality improvement strategy to ensure positive outcomes for children living in the special care unit in all aspects of their lives. The person in charge promotes a clear vision for the special care unit with a strong focus on child-centred care and protection. The service supports staff to continuously update and maintain their knowledge and skills to ensure the delivery of child-centred, safe and effective services for children. Management and supervision training is provided to all new managers who manage front-line staff.

Ongoing training programmes encourage a rights-based approach to care provision where the core human rights principles of fairness, respect, equality, and dignity are promoted. The person in charge works with staff, interns, trainees and persons on a vocational training placement to evaluate and improve care provision and ensure continuity of quality care.

A training needs analysis is completed periodically with all staff, and relevant training is provided as part of a continuous professional development (CPD) programme. As aspects of service provision change and develop over time, the service supports staff to continuously update and maintain their knowledge and skills. The training needs of the workforce are regularly monitored to ensure the delivery of high quality, safe and effective care and support.

Staff are aware of the legislation relevant to their roles and responsibilities. Copies of the relevant legislation, regulations, standards and other relevant guidance published by Government or other statutory agencies are available to staff. New and existing legislation and national policy are reviewed on a regular basis, and staff are informed what is relevant to their service, how it impacts on practice and are supported to address any gaps in compliance.

There is a policy on staff training and development. This has been adopted and implemented and is reflected in practice. The policy is reviewed at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice.

Evaluation of the effectiveness of training and staff development consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review.

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

Through observation

Inspectors will observe:

- if staff interactions with children demonstrate that appropriate training has been received. For example children's individual needs are being met or it may highlight areas for professional development
- they have the required competencies to care for children in the special care unit
- staff handovers to ascertain how the needs of the children are communicated and the activities and tasks that are to be progressed
- if copies of the Health Act 2007, regulations, HIQA's standards and any relevant guidance are made available to staff
- if practice is informed by training
- team meetings to ascertain the quality of communication amongst staff and the extent to which this forum is used to discuss and direct the care of the children.

Through communication

Inspectors will communicate:

- with children to explore how staff engage with them on a daily basis
- with staff about their training and whether they feel this has enabled them to care for and support residents effectively when they started work and on an ongoing basis
- with staff to determine if they are informed and are knowledgeable about the Health Act 2007 and regulations and standards made under the act
- with the person in charge to learn about the quality of training and to determine how the unit's training policy is implemented in practice.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- staff training and development policy
- staff training and development attendance records
- staff training records
- the continuing professional development programme/training matrix.

Additional records that may be reviewed include:

- the annual review.

Compliance indicators

Indicators of compliance include:

- the training available to staff enables them to provide care that reflects up-to-date, evidence-based practice
- staff receive ongoing training as part of their CPD that is relevant to the needs of children
- education and training provided reflects the statement of purpose
- staff are able to deliver care and support to children because their learning and development needs have been met
- staff are aware of the current legislation, including the Health Act 2007, the regulations and the standards.

Indicators of substantial compliance include:

- gaps are identified in the documentation but they do not result in a medium or high risk to residents using the service
- staff are informed of the Health Act 2007 and the regulations and standards made under the act but copies are not available to them
- staff have received relevant training, demonstrate knowledge and competence in these areas and have implemented this training into practice; however, some staff members have not completed refresher training.

Indicators of non-compliance include:

- the policy on training is not implemented
- staff have very limited or no access to appropriate training
- a training programme is in place for staff but some staff have not received mandatory training
- staff have received training but there is evidence that training is not always put into practice
- staff have no or limited awareness of the Health Act 2007 and or the regulations and or the standards made under the act
- staff have no access to the Health Act 2007, regulations, standards and other relevant guidance.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 16 Staff supervision and support

Standard 7.3 Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.

What a service striving for quality improvement looks like

All staff receive support and supervision by appropriately qualified and experienced personnel to ensure that they perform their duties to the best of their ability. Those who supervise staff are provided with training in supervision theory and practice. Staff are provided with access to support, advice and supervision. A written record is maintained of each supervision, support and performance appraisal, and a copy is given to the staff member. The record is signed by the supervisor and staff member at the end of each appraisal and is available for inspection. Each staff member's performance is formally appraised at least annually by appropriate personnel.

The special care unit protects its workforce from the risk of work-related stress, bullying or harassment, and it listens to and responds to the views of staff.

There is a written code of conduct for all staff, and staff adhere to the codes of conduct of their own professional body and or professional regulatory body, where applicable. Staff understand their roles and responsibilities as well as accountability and reporting lines. Staff are supported to effectively exercise their professional accountability for the provision of effective and safe care.

Examples of information/evidence that will be reviewed**Through observation**

Inspectors will observe:

- staff's access to managers for supervision and support
- team meetings.

Through communication

Inspectors will speak with:

- children to explore how staff engage with them on a daily basis and their experience of being supported and guided by staff
- staff to explore staff appraisals and determine if professional development forms part of the appraisal system
- staff and the person in charge to explore the quality of supervision, mentoring and support available to them.

Through a review of documents

Inspectors will review documents such as:

- staff supervision records

- staff appraisals/performance management documentation
- any records of disciplinary actions
- supervision and support policies
- the performance management procedure.

Compliance indicators

Indicators of compliance include:

- staff understand their roles and responsibilities, have clear accountability and reporting lines and are aware of the policies and procedures to be followed at all times
- staff receive regular supervision and support by appropriately qualified and experienced staff in accordance with the unit’s supervision policy
- quality supervision is in place that informs practice and accountability
- staff members’ performance is formally appraised, at least annually.

Indicators of substantial compliance include:

- gaps are identified in the required documentation; however, this does not result in a medium or high risk to the children in the special care unit.

Indicators of non-compliance include:

- staff are not supervised appropriate to their role and responsibility
- there is no system in place for staff appraisals
- there is an absence of appropriate records related to staff supervision and appraisal.

Guide for risk rating:

Compliant	Substantially Compliant	Non-compliant
Green	Yellow	Orange or red

Regulation 19 Care record

Standard 2.5 Special care units have a care record for each child.

What a service striving for quality improvement looks like

Special care units have a care record for each child. Record keeping is an integral part of care, and it is used to ensure continuity of care and to safeguard children. Information is accurate, appropriate, up to date and accessible. The child's care record is kept in line with requirement of regulations and in accordance with legislative and best practice requirements. Confidential information is ethically used and securely maintained to protect the rights of children. Information is available to the relevant specific children. There are systems in place for the safe archiving, destruction and back-up of records. Relevant staff are aware of their roles and responsibilities regarding the management of these records.

There is a system in place to ensure the records set out in the regulations are in place and are safe, accurate, of high quality and up-to-date. The child's original care record is forwarded to the designated social work department of the Child and Family Agency (Tusla).

Evaluation of the effectiveness of record management consists of an element of the continuous quality improvement cycle, which in turn forms part of the annual review.

Examples of information/evidence that will be reviewed

Through observation

Inspectors will observe:

- if the confidentiality of children's information is respected
- where the records are stored.

Through communication

Inspectors will:

- ask children if they are satisfied with the information given to them
- explore with staff their understanding of maintaining children's care records appropriate to their role and responsibilities
- explore with the person in charge their responsibilities regarding the maintenance of children's care records in line with the regulations
- explore with social workers if the child's original care record is forwarded to the designated Tusla social work department
- determine if records are ethically used and safely maintained.

Through a review of documents

Inspectors will review documents such as:

- children's care records
- the programme of special care
- children's daily logs.

Compliance indicators

Indicators of compliance include:

- there is a system in place to ensure that there are care records for each child which are available, accurate, safe and accessible
- each child has a care record that includes all of the information required by Schedule 4 of the regulations
- children's files are of high quality and records are factual, legible, well organised and up to date
- where a child was discharged from the special care unit or where the child was transferred to another special care unit, the person in charge has retained a copy of the child's care records in perpetuity and the child's original care record was forwarded to the designated Tusla social work department.

Indicators of substantial compliance include:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, they do not result in a medium or high risk to children detained in the special care unit.

Indicators of non-compliance include:

- there is no system in place to ensure the children's care records are available, safe, accessible and or accurate
- records to be kept for each child are not in place or they are not kept in accordance with the regulations
- the original care records for each child are not forwarded to the designated social Tusla work department.

Guide for risk rating:

Compliant	Substantially Compliant	Non-compliant
Green	Yellow	Orange or red

Regulation 20**Maintenance of records**

Standard 8.2

Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a child-centred, safe and effective service.

What a service striving for quality improvement looks like

Record keeping is a fundamental part of practice and is essential to the provision of safe and effective care. There is a clear understanding that good record keeping has a number of important functions such as:

- improving communications
- supporting delivery and continuity of care for the child
- demonstrating decision making
- identifying risk for children
- safeguarding children.

There is a system in place that ensures records are up to date, of high quality and accurate at all times, and this supports the effective and efficient running of the centre. All records that are required by the regulations are retained in the special care unit. Information is appropriate, accessible and, where information is confidential in nature, it is ethically used and securely maintained to protect the rights, including privacy, of the children. There are also appropriate systems in place for the safe archiving, destruction and backup of records. There is a policy in place for the creation of, access to, retention of and destruction of records. This has been adopted and implemented, and it is reflected in practice. The policy is reviewed at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice. Relevant managers and staff are aware of their roles and responsibilities regarding the management of these records.

Evaluation of the effectiveness of record management consists of an element of the continuous quality improvement cycle, which in turn, forms part of the annual review.

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

Inspectors will observe:

- if records are appropriately maintained in the centre
- if records are securely stored in accordance with the regulations
- if records are complete and well written
- if records are safe and secure and if confidentiality is maintained
- if archiving arrangements are satisfactory and archived files are easily retrievable
- if there are different levels of access to information systems for different staff grades
- if there is a system to protect against accidental loss of data
- if staff are able to access care records at all times

- if children can access their files
- data storage.

Through communication

Inspectors will communicate:

- with children to determine if they can access their records
- with the provider and person in charge to determine what systems are in place to ensure records are held in accordance with the regulations, ethically used and safely maintained
- with staff to explore their understanding of the systems that are in place to appropriately maintain records.

Through a review of documents

Inspectors will review:

- a sample of documents required to be maintained by the special care unit in line with Schedule 6.

Compliance indicators

Indicators of compliance include:

- effective information governance systems, including record keeping and file management systems, are in place to support the delivery of a child-centred, safe and effective service
- there is a system in place to ensure the records set out in the regulations are available, accurate, safe and accessible
- records are accurate, complete, legible and up to date
- records are kept secure but easily retrievable
- children can access their own records
- children's records and other records are kept for the required timeframe
- records that relate to children are kept in perpetuity where the Child and Family Agency (Tusla) is not the registered provider
- where Tusla is the registered provider, there is a system in place for the transfer of records to Tusla following discharge of the child from the special care unit
- records relating to inspections by other authorities (fire/food safety/health and safety) are maintained.

Indicators of substantial compliance include:

- records are substantially available and existing gaps do not result in a medium or high risk to children.

Indicators of non-compliance include:

- records set out in the schedule have not been maintained
- information governance systems are poor and do not support the delivery of a child-centred, safe and effective service
- there is no system in place to ensure the records set out in the regulations are available, safe, accessible and accurate
- systems in place do not assure the availability, safety and accessibility of records
- children’s records are not kept in perpetuity.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange

What a service striving for quality improvement looks like

A robust information governance system is in place, with responsibility assigned to ensure that the register of children contains all the required information and is comprehensively maintained.

The designated centre holds a register of children detained in the special care unit in line with statutory requirements which details the relevant information in respect of each child. There is a robust information governance system in place to ensure the register of children is comprehensively maintained on an ongoing basis and includes any change in the particulars related to each child. The privacy and confidentiality of each child's personal information is protected and respected. This information is held in accordance with legislation, regulations and the best available evidence.

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

Inspectors will communicate:

- with the provider and person in charge regarding the arrangements for maintaining the register of children.

Through a review of documents

Inspectors will review:

- the register of children.

Compliance indicators**Indicators of compliance include:**

- the register of children is made available, when requested
- the register of children is up to date with all the required information.

Indicators of substantial compliance include:

- the directory of residents was generally up to date and contained the required information.

Indicators of non-compliance include:

- there was no register of children
- the register of children was not up to date
- the register of children did not contain the required information.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange

What a service striving for quality improvement looks like

Record keeping is a fundamental part of practice and is essential to the provision of safe and effective care. There is a clear understanding that good record keeping has a number of important functions such as:

- improving communications
- supporting delivery and continuity of care for the child
- demonstrating decision making
- identifying risk for children
- safeguarding children.

There is a system in place to ensure the records set out in the Regulation 22 are in place, safe, accurate, of high quality and up to date. Information is appropriate, accessible and, where information is confidential in nature, it is ethically used and securely maintained to protect the rights, including privacy, of the staff. There are also appropriate systems in place for the safe archiving, destruction and backup of records. There is a policy in place for the creation of, access to, retention of and destruction of records. This has been adopted and implemented, and it is reflected in practice. It is reviewed at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice. Relevant managers and staff are aware of their roles and responsibilities regarding the management of these records.

Evaluation of the effectiveness of record management consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review.

Examples of information/evidence that will be reviewed**Through observation**

Inspectors will observe:

- if records are safe, secure and confidentiality is maintained
- archiving arrangements are satisfactory and archived files are easily retrievable
- if there are different levels of access to information systems for different staff grades
- if there is a system to protect against accidental loss of data
- data storage systems
- if the planned and actual staff rotas correspond.

Through communication

Inspectors will speak with the provider/person in charge to determine:

- what systems are in place to ensure records are held in accordance with the regulations, ethically used and safely maintained
- if and where a record of persons employed is maintained
- the operational weekly roster and if a person actually worked
- any allegations/confirmed findings against a person employed
- any review undertaken in relation to a person's contract of employment
- any review undertaken by a professional body where appropriate
- how the person in charge records how he/she has delegated any or all of their duties to an appropriately qualified staff member(s)
- how staff members attendance at continuous professional development and training courses is recorded.

Through a review of documents

Inspectors will review documents such as:

- a sample of planned and actual staff rota
- a sample of staff files
- staff disciplinary issues
- allegations made against staff members
- findings from any reviews undertaken
- training records
- delegated duties.

Compliance indicators

Indicators of compliance include:

- effective information governance systems, including record keeping and file management systems, are in place to support the delivery of a child-centred, safe and effective service
- there is a system in place to ensure the records set out in the regulations are available, accurate, safe and accessible
- staff records are accurate, complete, legible and up to date
- staff records are kept secure but easily retrievable
- staff records are kept for the required timeframe.

Indicators of substantial compliance include:

- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- records set out in the schedule 3 part B have not been maintained
- information governance systems are poor and do not support the delivery of a child-centred, safe and effective service
- there is no system in place to ensure the records set out in the regulations are available, safe, accessible and accurate
- systems in place do not assure the availability, safety and accessibility of records
- gaps identified in the documentation resulted in significant risk to children using the service, for example, no Garda vetting and issues of safety identified.

Guide for risk rating:

Compliant	Substantially Compliant	Non-compliant
Green	Yellow	Orange or red

What a service striving for quality improvement looks like

A valid insurance certificate or written confirmation of insurance cover is available to confirm that insurance is in place against accidents or injury to children.

The providers of professional or other services to the special care unit are adequately insured against the risk of injury to a child detained in the unit and, where appropriate, maintain a minimum level of professional indemnity insurance, as required by his or her professional body.

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

Through communication

Inspectors will communicate with the provider and person in charge to determine:

- his/her understanding of the insurance in place against accidents or injury to children
- how they are assured in relation to the professional indemnity of providers of services to the special care unit.

Through a review of documents

Inspectors will review:

- the contract of insurance
- professional indemnity as applicable.

Compliance indicators

Indicators of compliance include:

- the centre is insured against accidents or injury to children.

Indicators of non-compliance include:

- there is no insurance in place against accidents or injury to children.

Guide for risk rating:

Compliant	Non-compliance
Green	Orange

Regulation 24	Governance and management
Standard 3.4	Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels
Standard 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.
Standard 5.2	The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.
Standard 5.4	Appropriate service level agreements, contracts and/or other similar arrangements are in place with the funding body or bodies
Standard 6.1	The use of available resources is planned and managed to provide child-centred effective residential services and supports to children.
Standard 8.1	Information is used to plan and deliver a child-centred, safe and effective service.

What a service striving for quality improvement looks like

Effective governance ensures positive outcomes for children using the service through care and support that is person-centred and promotes an inclusive environment where each resident matters. This involves providing a service in accordance with the stated purpose and the effective and efficient deployment of resources. Good communication is seen as the cornerstone on which safe and effective services are provided.

The governance and management systems in place assure the delivery of high-quality, child-centred care, supports learning and innovation, and promotes an open, fair and transparent culture that empowers the children using the service. Overall, accountability for the delivery of the service is clearly defined, and there are clear lines of accountability at individual, team and organisational level so that all staff working in the service are aware of their responsibilities and who they are accountable to. The culture within the special care unit encourages regular feedback from children, relatives, staff and others, and this feedback informs practice. The service is provided in accordance with the statement of purpose, and it deploys resources effectively and efficiently.

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

Continuous improvement is achieved through a culture of learning which supports training and

development of staff, which in turn supports the ongoing enhancement of quality and safety. Continuing assessment and audits are part of the ongoing review of the service which evaluate outcomes for children. There are systems in place to ensure that the views of children detained in the special care unit are sought regularly and taken into consideration. Children are facilitated to raise issues in a supportive environment. Children report that staff are accessible and supportive. Visitors report that staff are welcoming and treat children with respect, dignity and kindness.

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

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

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

Through observation

Inspectors will observe:

- staff interaction with children to determine if a culture of openness and inclusiveness is promoted and if children are empowered in their daily lives
- if there are sufficient resources available to ensure effective delivery of care and support in line with the statement of purpose and if they are deployed efficiently, for example, whether there are enough staff, children have access to the supports they require, and there is an appropriate and safe environment
- if the quality and safety of care and support as outlined in the annual review is put into practice
- children's and staff's accessibility to management
- if there is evidence of learning and, if necessary, improvement brought about as a result of the findings of any reviews, monitoring visits and or consultation
- is there evidence that feedback from children, relatives, staff and others has been used to inform practices
- if the organisational structure outlined in the statement of purpose is reflected in practice.

Through communication

Inspectors will communicate with children:

- to determine their views and experiences of the culture within the unit, whether members of management are visible to them, their access to management and whether they consider there are enough resources
- to establish if they have given any feedback to the service via the annual report, audits, surveys or other mechanisms;
- to determine if a copy of the annual report is made available to them
- to determine if they are aware of the six monthly unannounced visits by the provider and associated reports and if they have requested and received a copy of these reports.

Inspectors will speak with staff and managers to determine:

- if they are familiar with the management structure, including their understanding of their roles and responsibilities and the reporting structure
- their understanding of the aims and objectives of the service and how they are implemented
- their understanding of a quality service
- if there is a culture of openness and transparency and whether staff know how to raise concerns about the quality and safety of the care and if they feel supported to do so
- to assess how effective communication is within the special care unit
- if feedback is delivered and how it is delivered
- if there are adequate resources to drive improvement and change
- their understanding of risk management and their individual roles and responsibilities therein
- if they are empowered to raise issues and make suggestions about the unit
- if they are aware of and have read the findings of the six-monthly unannounced visits and the plan put in place to address any concerns regarding the standard of care

Inspectors will speak with the person in charge and the registered provider to determine:

- if they are knowledgeable of their responsibilities under the regulations
- their understanding of the aims and objectives of the service and how they are implemented.

Through a review of documents

Inspectors will review documents such as:

- surveys of children who use the service and staff
- complaints, medication errors and adverse events records
- administrative files

- monitoring reports
- children's questionnaires received prior to and during the inspection
- minutes of children's, staff and management meetings
- the annual review report
- written reports of six monthly unannounced visits by the provider and corresponding action plans
- relevant external audits and reports
- the statement of purpose
- accident and incident logs
- notifications
- the complaints register
- staff performance management/supervision records
- registrations/renewals applications and associated documentation.

Compliance indicators

Indicators of compliance include:

- the management structure is clearly defined and identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of service provision
- where there is more than one identified person participating in the management of the centre, the operational governance arrangements are clearly defined. Decisions are communicated, implemented and evaluated
- management systems are in place to ensure that the service provided is safe, appropriate to children's needs, consistent and effectively monitored
- the person in charge demonstrates sufficient knowledge of the legislation and his/her statutory responsibilities and has complied with the regulations and standards
- there is an annual review of the quality and safety of care and support in the designated centre
- a copy of the annual review is made available to children
- children and their families are consulted with in the completion of the annual review of the quality and safety of care
- the registered provider (or nominated person) visits the centre at least once every six months and produces a report on the safety and quality of care and support provided in the centre
- arrangements are in place to ensure staff exercise their individual and collective responsibility for the quality and safety of the services that they are delivering
- there are adequate resources to support the delivery of individual children's programmes of care
- the facilities and services in the centre reflect the statement of purpose
- practice is based on best practice and complies with legislative and regulatory requirements.

Indicators of substantial compliance include:

- staff are aware of the management systems but it is not clearly documented
- there is an annual review of quality and safety of care but a copy is not made readily available to children or their representatives
- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- there are insufficient resources in the unit to meet the care and support needs of children and the delivery of care and support is not in accordance with the statement of purpose
- there are sufficient resources but they are not appropriately managed to adequately meet children’s needs
- management systems are inadequate to ensure that the service provided is safe, appropriate and effectively monitored
- there is no defined management structure, and staff are unaware of the relevant reporting mechanisms
- governance and management systems are not known nor clearly defined
- there are no clear lines of accountability for decision-making
- who is responsible for the delivery of services to children is unclear
- there are no appropriate arrangements in place for periods when the person in charge is absent from the centre
- the person in charge is ineffective in his/her role and outcomes for children are poor
- the unit is managed by a suitably qualified person in charge; however, there are some gaps in his/her knowledge of their responsibilities under the regulations and this has resulted in some specific requirements not being met
- the person in charge is inaccessible to children and their families, and children do not know who is in charge of the centre
- an annual review of the quality and safety of care in the centre does not take place
- an annual review of the quality and safety of care in the centre takes place but there is no evidence of learning from the review
- the registered provider (or nominated person) does not make an unannounced visit to the centre at least once every six months
- the registered provider (or nominated person) does not produce a report on the safety and quality of care and support provided in the centre
- effective arrangements are not in place to support, develop or manage all staff to exercise their responsibilities appropriately.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

What a service striving for quality improvement looks like

Effective information governance arrangements are in place to ensure that the designated centre complies with notification requirements. The person in charge has ensured that incidents are notified to HIQA and the child's social worker in the required format within the specified timeframe and that all necessary information is submitted.

The registered provider and person in charge have developed and support a culture of openness, transparency and accountability. Incidents are appropriately managed and reviewed as part of continuous quality improvement to enable effective learning and reduce recurrences. Learning from the evaluation of incident reviews is communicated promptly and used to inform the development of best practice and ultimately improve service provision. Staff are actively involved in the quality assurance programme and take responsibility for areas such as the programme of care updates in response to learning from notifications. Staff have access to evidence-based research to support them in quality improvement initiatives and interventions to mitigate further episodes.

Evaluation of effectiveness of the management of notifications consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review.

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

Inspectors will observe:

- whether children have noticeable injuries and check that this has been recorded in the unit and reported to the Chief Inspector where required
- any incidents that occur whilst in the centre and examine how staff respond to the incident and determine if this response was appropriate and in line with the unit's policies and procedures.

Through communication

Inspectors will communicate:

- with children to see if they have been involved in an incident and determine their views on how incidents and accidents are managed
- with the person in charge and staff regarding the process for reporting and managing incidents and accidents
- with the person in charge to determine how she/he ensures that all incidents are recorded, notifications are made and any identified learning is used to improve the quality and safety of the service
- with staff to establish their understanding of incident management and whether it is in

- line with the regulations and the centre's policy
- with staff to explore if they receive feedback about any analysis of incidents and accidents carried out and whether practice has improved as a result.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to or during the inspection
- the policy on incidents where a child goes missing
- the incidents and accidents register
- records of notifications
- a sample of children's programmes of care to determine if they have been updated when required following incidents and accidents.

Additional documents that may be reviewed include:

- staff rotas
- medicines records
- audits relating to incidents, accidents and near misses
- minutes of children and staff/management meetings
- the annual review.

Compliance indicators

Indicators of compliance include:

- a record of all incidents occurring in the designated centre is maintained
- a notification is provided to the Chief Inspector within 3 days of the occurrence of any incident set out in the regulations
- when the cause of death has been established, HIQA is informed of that cause
- quarterly reports are provided to the Chief Inspector to notify of any incident set out in the regulations.

Indicators of non-compliance include:

- not all incidents and accidents are recorded in the centre
- notifications have not been submitted to the Chief Inspector
- some details recorded on the incident log do not match the information submitted to HIQA
- a system is in place to record incidents and accidents but some incidents were not reviewed when required
- some incidents were not appropriately recorded
- while there is a log of all accidents and incidents, some were not reported to HIQA within the three day time period
- HIQA has not been informed of the cause of death when it has been established.

Guide for risk rating:

Compliant	Non-compliance
Green	Orange

What a service striving for quality improvement looks like

The service is managed by appropriately trained staff, and there is effective leadership and management that ensure appropriate delegation when necessary.

There is an effective governance structure in place where the overall accountability for the delivery of the service is clearly defined, and there are clear lines of accountability so that all staff are aware at all times of their responsibilities and who they are accountable to. There is evidence of robust systems in place to ensure staff know who is in charge in the absence of the person in charge.

The registered provider is very familiar with notification requirements and, when required, notifies the Chief Inspector of the proposed absence of the person in charge from the designated centre. The registered provider has provided the necessary assurances that the designated centre will continue to be properly managed when the person in charge is absent. The person who is responsible in the absence of the person in charge has appropriate qualifications, skills and experience to oversee the residential service and meet its stated purpose, aims and objectives.

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

Inspectors will observe:

- who is in charge of the centre
- if reporting structures in the centre are in accordance with documented arrangements.

Through communication

Inspectors will communicate:

- with children to determine if they know who is in charge of the centre
- with staff to check when the person in charge was absent from the centre
- with staff to determine their understanding of the reporting structure and management arrangements in the centre when the person in charge is not present
- with the registered provider to determine awareness of Regulation 28 and to check if the registered provider is satisfied that there are appropriate arrangements in place when the person in charge is absent.

Through a review of documents

Inspectors will review documents such as:

- Children's questionnaires received prior to and during inspection
- records of notifications
- staff rotas
- minutes of meetings with children
- staff/management meetings
- training records of the person appointed in the absence of the person in charge.

Compliance indicators

Indicators of compliance include:

- in cases where the person in charge is expected to be absent for 28 days or more, the Chief Inspector is notified one month prior to the expected absence
- in the case of an emergency absence, the Chief Inspector is notified as soon as it became apparent that the absence will be 28 days or more
- the Chief Inspector is notified within three days of the return of the person in charge
- during the absence of the person in charge, suitable procedures and arrangements are made and these arrangements have been notified to HIQA
- all required information, including arrangements regarding the running of the centre, appointment of another person in charge and the details of the person who was or will be responsible for the centre during the absence, is submitted in the notice to the Chief Inspector.

Indicators of non-compliance include:

- the Chief Inspector has not been notified of the absence of the person in charge as required by the regulations.
- the Chief Inspector is notified of the absence and or return of the person in charge but not within the required timeframes
- the Chief Inspector is notified of the absence of the person in charge but not all the required information has been submitted
- the Chief Inspector has been notified of the procedures and arrangements that will be in place for the management of the designated centre during the absence of the person in charge but this notice has not been given in writing.

Guide for risk rating:

Compliant	Non-compliance
Green	Orange

Regulation 29**Complaints procedure**

Standard 1.7

Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

What a service striving for quality improvement looks like

The registered provider has established and implemented effective systems to address and resolve issues raised by children, their families and other representatives.

A good complaints procedure is one which demonstrates that children using the service both directly and indirectly have a right to raise issues and have those issues addressed in a timely and respectful manner. There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. These are seen as a valuable source of information and, where necessary, are used to make improvements in the service provided.

Children are aware of their rights to raise issues without retribution, know how to raise issues and to whom they may report their concerns. Children are supported through this process and, where necessary, they have access to advocacy services. The complaints mechanism is in an accessible format for all, and information about complaints is displayed in a prominent position in the special care unit. There is a policy on the handling and investigation of complaints from any person about any aspects of the care and treatment provided in or on behalf of the special care unit. This has been adopted and implemented and is reflected in practice. It is reviewed at intervals not exceeding three years, and where necessary, reviewed and updated in accordance with best practice.

The complaints policy is supported by an effective complaints procedure that is used by children and others to exercise their right to raise issues and have those issues addressed in a timely and respectful manner. The procedure is set out in an accessible and age-appropriate format and includes an appeals procedure. A record of all complaints are maintained in accordance with Schedule 5.

The registered provider demonstrates that the complaints procedure is monitored for effectiveness, including outcomes for children. Management ensures that the complaints procedure is in line with best practice guidelines where confidentiality and anonymity (when required) are maintained. Information regarding complaints forms part of the quality improvement strategy of the service and is used to identify improvement opportunities.

Evaluation of the effectiveness of the complaints procedure consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review.

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

Inspectors will observe:

- whether there is a culture of openness that welcomes feedback and raising of concerns

- if complaints have been used to inform and improve service delivery, where applicable
- whether the complaints procedure is displayed in a prominent place in the centre
- the information made available to children on advocacy services
- whether the complaints procedure is in an accessible and age-appropriate format.

Through communication

Inspectors will communicate:

- with children to explore if they know how to raise a complaint; if they feel comfortable raising a complaint; if they feel listened to; if they were satisfied that complaints were responded to appropriately and in a timely manner; and if anything changed as a result
- with children to check if they know how to access advocacy support and advice when providing feedback or making a complaint
- with the registered provider, person in charge and staff to ascertain what they understand their role and responsibilities are regarding complaints, how complaints are managed and to establish if any complaints have led to service improvement.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the complaints policy and procedure
- information on advocacy services
- complaints logs and complaints management records
- records of any investigations or staff disciplinary actions.

Additional documents that may be reviewed include:

- audits relating to complaints
- the statement of purpose
- the children's guide
- minutes of children's and staff meetings
- the annual review.

Compliance indicators

Indicators of compliance include:

- the complaints process is user-friendly, accessible to all children and displayed prominently
- there is an appeals process that is fair and objective

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

Indicators of substantial compliance include:

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

Indicators of non-compliance include:

- there is no appeals process
- the complaints procedure is not accessible and or in an age-appropriate format
- children are not facilitated to exercise their right to make a complaint
- children have no access to advocacy services to assist in making a complaint
- a copy of the complaints procedure is not displayed in a prominent position in the centre
- children do not know who to complain to as they have not been supported to understand the complaints procedure
- complaints are not investigated in a prompt or timely manner
- staff do not know what to do in the event of a complaint being made to them
- measures required for improvement in response to a complaint are not implemented
- practice related to the management of complaints is inconsistent
- children have made complaints but have not received a response
- children who have made a complaint are adversely affected as a result.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

4.2 Guidance on regulations related to quality and safety

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

Regulation 7 Programme of care

Standard 2.2 Each child has a programme of special care which details their needs and outlines the supports required to maximize their personal development.

What a service striving for quality improvement looks like

Excellence in achieving individualised assessment and personal planning is evidenced when there is a strong and visible person-centred culture within an organisation and children receive the care they actually need.

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

All interventions in special care will be underpinned by what is termed a programme of special care. A programme of special care can include the following planning documents as appropriate to the child's needs:

- a care plan
- a placement plan
- a placement support plan
- an individual education plan
- an individual therapeutic plan
- a psychiatric treatment/intervention plan.

These will be shared with the child and their parents and other representatives and the programme of special care contributors, who include:

- the special care unit
- the social work department
- the special care school
- a consultant psychiatrist and professionals from the assessment and consultancy team.

The programme of special care evolves throughout the child's placement and specifies when each agreed action is to be carried out and by whom. The court is provided with updates and progress reports from the programme of special care contributors. The child, their parents and guardian ad litem will be given an opportunity to consider and contribute to all aspects of the programme of special care in each child-in-care review and as required in the intervening period. An effective review of the programme of special care considers the welfare of the child and progress achieved within defined time frames. Non-implementation of any part of the programme is discussed at the review and subsequent actions taken.

The registered provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of effectiveness of the special care programme form part of the continuous quality improvement cycle, and policies, procedures and practices are updated based on the finding of any review.

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

Through observation

Inspectors will observe:

- care practices to determine whether they reflect the special care programme for each child
- meetings and conferences regarding children's care and placement planning and reviews
- communication between the social workers and the staff and management team
- the child's participation in their programme of special care
- management of risk to determine if risks associated with care and support is managed positively and appropriately
- if children are enabled to make choices about their care and possible risks associated with such choices.

Through communication

Inspectors will communicate:

- with children to elicit their views on and experience of their level of involvement and support in the development, implementation and review of the their special care programme
- with children, staff and the person in charge to verify how the child's special care programme has been made available to the child
- with children, staff and the person in charge to explore the progress being made in implementing each child's programme of care
- with staff to confirm how the programme of care is developed, implemented and reviewed
- with staff to ascertain how the children's programmes of care inform day-to-day care
- with the person in charge to establish what governance arrangements are in place to ensure the special care programme is fully implemented and reviewed when required.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during inspection
- a sample of children's programmes of care

- relevant records that reflect the implementation of the programme, for example daily logs, child's care record
- records of reviews of programmes of care
- records of key working sessions
- records of therapeutic supports
- minutes of meetings relating to planning and reviews for children
- supervision records
- reports from social workers and guardians ad litem
- team meeting minutes
- records documenting that each programme of special care was shared with appropriate persons.

Compliance indicators

Indicators of compliance include:

- the person in charge oversees the implementation of a programme of special care for each child staying in the special care unit
- the required professionals contribute to the development of the programme of special care
- the programme of special care contains all of the required information in relation to the child, as set out in regulations
- the programme of special care is shared with the relevant contributors and recipients
- the programme of special care is consistently reviewed when the level of risk to the child changes or there is a lack of progress and appropriate actions are taken
- the programme of special care has agreed actions and timelines
- the programme of special care considers the welfare of the child and progress achieved
- the child, parents and guardian ad litem have opportunities to consider and contribute, if appropriate, to all aspects of the programme of special care
- Non-implementation of any part of the programme is discussed at the review and subsequent actions are taken

Indicators of substantial compliance include:

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

Indicators of non-compliance include:

- the programme of special care does not contain all of the required information in relation to the child, as set out in regulations
- the programme of special care is not shared with the relevant contributors and recipients
- the programme of special care is not consistently reviewed when the level of risk to the child changes or there is a lack of progress and appropriate actions are not taken to help the child
- the programme of special care does not have agreed actions and timelines

- the programme of special care does not consider the welfare of the child and progress achieved
- the child, parents and guardian ad litem are not given an opportunity to consider and contribute, if appropriate, to all aspects of the programme of special care
- Non-implementation of any part of the programme is not discussed at the review and subsequent actions are not taken.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 8	Healthcare
Standard 4.1	The health and development of each child is promoted.
Standard 4.2	Each child receives an assessment and is given appropriate support to meet any identified need.

What a service striving for quality improvement looks like

The principles of quality healthcare are health promotion, prevention, independence and meaningful activity. Children are supported to achieve these principles and, therefore, his or her optimal health.

The registered provider has ensured that a rights-based approach has been adopted to care delivery so that decisions are made with the children and not for the children. In a practical sense, this involves the children making informed decisions about the care, support or treatment that he or she receives. The child's ability to be autonomous and make decisions is supported and developed.

Children are supported to live healthily and take responsibility for their health and have their rights respected. The health and wellbeing of each child is promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities. Initiatives to promote children's health and development are produced and delivered in accordance with the centre objectives and in consultation with children and their families/representatives, where applicable. Information in an accessible and age appropriate format is provided to children to enable them to participate in health education programmes and to assist them in making informed decisions.

Children are encouraged to access appropriate health information and education, including information on diet and nutrition, mental health, the risks associated with smoking, alcohol and drug consumption, exercise and physical activity, and sexual relationships and sexual health. Children articulate that appropriate information has been given to them.

Children have timely access to healthcare services based on their assessed needs. Where appropriate, there is continuity of medical and healthcare. Children's health needs are reviewed on an ongoing basis. Staff demonstrate their knowledge and understanding of children's health needs. Children are active participants in their healthcare choices, where possible, and their choices are respected.

Management and staff are proactive in referring children to healthcare professionals and have an excellent working partnership with them. Children receive appropriate child-centred care and have access to a medical practitioner, such as a general practitioner (GP), of their choice or where this is not possible, they are happy with the GP they have access to. In addition, children have access to specialist services, alternative therapies and assistive equipment according to their needs. There is effective communication between all professionals involved in the child's care and treatment, with due regard for the child's wishes about the sharing of

their information. The child's care records should contain details of any referrals made or services provided to the child. Any service provided by a health professional creates the least disruption to the child's life, maximises the opportunities for continuity of treatment and has taken into consideration their wishes.

The child's right to give consent along with those lawfully acting on their behalf has underpinned the care and treatment that is provided. Providers have ensured that consent is obtained lawfully and that the person who obtains the consent has the necessary knowledge and understanding of the care and or treatment that they are asking consent for. Where a child refuses medical treatment, such refusal is recorded and the child's medical practitioner and other relevant parties are notified.

Medication management is governed by professional guidance and robust application of associated regulations. This informs the policy on medication management relating to the ordering, receipt, prescribing, storing and administration of medicines and the policy on handling and disposal of unused or out-of-date medicines. Medication management policy and procedures are implemented to manage the safe and appropriate prescribing, supplying, dispensing, administration, monitoring, review, storage, disposal and medicine reconciliation in order to comply with legislation and professional regulatory requirements or guidelines/guidance. The policy has been adopted and implemented and it is reflected in practice. These policies are kept under review at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice.

Medicines are used in special care units for their therapeutic benefits and to support and improve children's health and wellbeing. Medicines management, monitoring and review as part of a quality use-of-medicines approach has reduced medicine related incidents and adverse events.

Medicines are prescribed by a registered prescriber, and, where complementary and alternative medicines are given, this is done so in a safe and effective manner. Each child's medicines is administered and monitored according to best practice as individually and clinically indicated to increase the quality of the child's life. Any allergies that a child may have are also documented on all relevant records. Staff actively promote each child's understanding of their medicines and health needs. Each child receives accessible information in relation to their medicines.

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

Where appropriately assessed, children may retain control of their own medication management. Staff support self-administration programmes for children staying in the special care unit which contribute to children's independence and self-esteem. The registered

provider and person in charge ensure that the child receives effective and safe support to manage their medicines when such assistance is required. They also ensure that staff are competent to administer medicines. Policies and procedures outlining the parameters of the assistance that can be provided are in place to support this.

Children can consult with their pharmacist and or GP about medicines prescribed. Where a pharmacist has provided a record of medication related interventions for a child, the record is maintained and is accessible.

There are also systems in place to support out-of-hours access to the GP and pharmacist. There are safeguards to ensure robust measures relating to medicines are in place when children are transferred within the special care unit and when they are transferred to or from other residential services or the child's home.

Medication management forms part of the continuous quality improvement cycle. Medication reconciliation is in place to mitigate medication errors. There is a culture of openness and transparency which encourages reporting to enable learning and to mitigate recurrences. Near-misses, medication errors and adverse drug events are recorded, and these feed into a quality improvement mechanism. Medication management is audited regularly to demonstrate adherence to professional guidelines and the policy on medication management.

All medication errors, suspected adverse reactions and incidents are recorded, reported and analyzed within an open culture of reporting. Learning is fed back to improve each child's safety and to prevent reoccurrence.

Evaluation of the effectiveness of healthcare for each child and the effectiveness of medicines management consists of elements of the continuous quality improvement cycle, which, in turn, forms part of the annual review, in compliance with the regulations.

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

Through observation

Inspectors will observe:

- practice to see if the child's healthcare meets their individual needs and has regard to his or her programme of care
- if staff implement recommendations of allied health professionals and where this does not happen establish why
- how staff support children throughout the day and how they deliver care whilst having cognisance of the children's privacy and dignity. For example, listening to the decision making process to determine if children are actively involved and given choice and independence
- if the registered provider has supported access to allied health professionals when required by observing how effectively children use the service, for instance, are

children attending appointments with the Assessment Consultation Therapy Service team

- how staff support children to access relevant information and education in areas such as nutrition, mental health, exercise and physical activity, sexual relationships and sexual health
- that policies and procedures on medicines management are reflected in practice
- that self-administration is considered for children, where appropriate
- who can access medicines and whether they are secure and safe from unauthorized access
- the procedure for key holding. For example, staff who are in possession of keys are trained in medicines management, keys for medicines are not part of the general master key system and keys are stored securely when the centre is not open. Staff clearly understand the responsibility of being the key holder.
- that medicines are appropriately stored, including current medicines, medicines that need refrigeration, out-of-date/discontinued medicines and controlled drugs. For example, current medicines may be stored in the child's bedroom especially if the child looks after and self-administers their medicines.
- to determine that the method of disposal of such medicines is in line with legislation and guidelines
- to establish if the 10 rights of medicines administration are followed and whether residents receive their medicines safely and at the correct time.

Through communication

Inspectors will communicate:

- with children to find out their views on and experience of the healthcare received. For example, are children satisfied with the GP they attend and how quickly do they see the medical practitioner?
- with children, staff and the person in charge to find out the level of the child's involvement and support in making decisions about their care and treatment. How do children access allied health professionals and specialist support?
- to establish if any children have exercised their right to refuse medical treatment and determine how this matter was managed
- with the person in charge and staff to ascertain what they understand about the healthcare and support that children need, how they ensure children receive the best possible healthcare, any training they may have received and how this is put into practice.
- with the person in charge to check how children's healthcare needs are reviewed
- with children to find out if they are satisfied that their medicines are managed appropriately. For example, are they administered on time and has it been explained what they are for?
- with children, staff and person in charge to determine if children are supported to self-medicate and how this is managed
- with the staff and person in charge involved in the management and administration of

medicines to determine what they understand to be safe medicines management and to determine their training/competencies and their knowledge of children's individual needs

- with staff that administer medicines and or provide medicine support to children to determine their understanding of medicines that are used, including possible side effects.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- appropriate policies in relation to healthcare
- key worker or direct work records on health education programmes
- a sample of children's programmes of care regarding healthcare needs
- a sample of children's admission records detailing the health screening assessments and medical needs, where appropriate
- a sample of children's medical care records, their condition and any treatment or other intervention, where applicable
- records of a child's refusal of medical treatment
- records of referrals and follow-up appointments
- specialist reviews and reports
- policies and procedures on medicines management, including on controlled drugs, if appropriate
- medication ordering, delivery and receipt process records
- prescriptions and medication administration records
- risk assessments and arrangements on self-administration
- children's programmes of care, checking, for example, where a child self-administers if the level of support and resulting responsibility of the staff is documented
- medicines reconciliation records
- temperature records for medicines that require refrigeration
- records for the disposal of medicines
- any special arrangements in place for high alert medicines such as insulin,
- medicine audits and reviews
- staff training records and competency assessments.

Additional documents that may be reviewed include:

- any internal policies, procedures or guidelines relating to healthcare
- the accidents and incidents register
- audits and surveys relating to healthcare and medication management
- the annual review.

Note:

It is important to differentiate between the obligations of the provider and or person in charge to ensure timely referrals to additional medical or allied health services for children to ensure

compliance with the regulations and the lack of provision of those services by the Health Service Executive/Tusla.

Compliance indicators

Indicators of compliance include:

- appropriate healthcare is made available for each child, having regard to that child's programme of care
- a GP of the child's choice or acceptable to the child and or their family/representative is made available to the child
- where medical treatment is recommended and agreed by the child and or their family/representative, such treatment is facilitated
- the child's right to refuse medical treatment is respected and such refusal is documented and the matter brought to the attention of the child's medical practitioner
- when a child requires services provided by allied health professionals, access to such services is provided by the registered provider
- children are supported to access appropriate health information
- children receive support at times of illness which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes
- the registered provider has adequate arrangements in place for the child to access a health screening assessment, GP, and psychological services
- the registered provider has adequate arrangements in place for the child to be referred to medical, psychiatric, dental and ophthalmic or other specialist services to meet the child's needs. In assessing compliance with this regulation, the service-level agreement and statement of purpose should be taken into account, where applicable. Where every effort has been made by the registered provider to arrange access to such services, then the registered provider is in compliance with the regulations
- records of medicine-related interventions by the pharmacist are kept in a safe and accessible place
- practice relating to the ordering; receipt; prescribing; storing, including medicinal refrigeration; disposal; and administration of medicines is appropriate
- the processes in place for the handling of medicines, including controlled drugs, are safe and in accordance with current legislation and guidelines
- medicines are administered as prescribed
- medicines are administered to the child for whom they are prescribed
- there are appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs
- children have responsibility for their own medicines following appropriate assessments
- safe medicines management practices are reviewed and monitored.

Indicators of substantial compliance include:

- while concerted efforts have been made, not all children have access to a GP of their choice or one that is acceptable to them
- when a child requires services provided by allied health professionals, access to such

- services is not arranged in a timely manner by the provider
- most children have access to appropriate health information but occasionally some health information relevant to specific children is not made available
- there were some gaps evident in the maintenance of documentation but care was delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- children do not have access to a GP
- consent is not obtained in decision-making where necessary
- medical treatment is recommended and agreed by the child and his or her family/representative but not facilitated
- some or all of children's health needs were not met
- children's programmes of care were not implemented into practice
- the part of the programme of care that relates to health does not reflect the actual and or assessed needs of the child
- there is insufficient or no evidence that the registered provider explored opportunities to facilitate children's access to allied health services
- there is no record of children being referred to allied health services such as dental and ophthalmic or other specialist services, where required
- children's right to refuse medical treatment is not respected
- where children have refused medical treatment, there is not enough evidence that this has been documented and brought to the attention of their medical practitioner
- generally, children's healthcare needs are met; however, there are significant deficiencies in documentation
- records of medicines related interventions provided by a pharmacist were not kept in a safe and accessible place
- practice relating to the ordering; receipt; prescribing; storing, including medicinal refrigeration; disposal; and administration of medicines is not appropriate
- medicines are not administered as prescribed to the child for whom they are prescribed
- medicines are not administered in accordance with advice provided by the pharmacist
- medicines are crushed without individual authorisation from the prescriber
- medicines being used as part of the therapeutic response to behaviour that challenges are not reviewed regularly to ensure that it continues to meet the needs of the child
- out-of-date medicines or medicines for return are not appropriately managed in line with relevant national legislation or guidance
- the storage and disposal of out-of-date or unused controlled drugs is not in line with relevant regulations
- where children self-medicate, there is no evidence that appropriate assessments have been carried out in relation to their capacity
- children are not supported to manage their own medicines in line with their wishes and or preferences
- children who self-medicate are not provided with secure storage for their medicines.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 9	Education, individual needs, religion, ethnicity, culture and language
Standard 1.1	The rights and diversity of each child are respected and promoted.
Standard 1.2	The privacy and dignity of each child are respected.
Standard 1.3	Each child exercises choice and experiences effective care as part of a programme of special care.
Standard 1.4	Each child has access to information, provided in an accessible format that takes account of their communication needs.
Standard 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
Standard 4.3	Educational opportunities are provided to each child to maximise their individual strengths and abilities.

What a service striving for quality improvement looks like

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

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

Children know their rights, and the registered provider ensures that staff understand these rights and that they support children to exercise their rights. The provider, person in charge and staff are fully cognisant that it is the child's living environment and, therefore, support the children to make requests as part of the normal running of the service.

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

Children's privacy and dignity is respected at all times, particularly in relation to personal communications. This is evident in the respectful way in which staff communicate with the

children. Each child is listened to with care and respect by staff. Children receive clear information in a way they can understand when any proposed action is being considered in order to help them make informed choices and decisions. Their views are taken into account in all decisions, and children have choice in how to spend their day. Children are facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Children are encouraged and supported to direct how he or she lives on a day-to-day basis according to personal values, beliefs and preferences.

A sensible balance is made between the reasonable risks children want to take and their safety. Each child is encouraged to work out a structure to their daily lives that best reflects their goals, activities and needs and are assisted in doing so, if required. Children are consulted about and make decisions regarding the services and supports they receive, and their views are actively and regularly sought by the service. Children's meetings are held regularly. Children report that they are consulted with and enabled to participate in the organisation of the unit. They are aware of independent advocacy services and have access to these services.

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

The special care unit values diversity and is inclusive of all groups of children who may be in a minority as a result of their ethnicity and culture.

Religious practices are facilitated in so far as is reasonably practicable and a record of the manner in which such practice is facilitated is maintained as part of the child's care record.

Children are assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. They are encouraged to feel valued and supported to reach their potential. Children receive educational and vocational guidance suited to personal aptitude and interests.

The service promotes and encourages the educational welfare of children whilst in the special care unit. Children's educational needs are assessed and inform the programme of special care, which includes an individual education plan. Records of educational progress are maintained for each child. There are adequate arrangements in place for children to access educational facilities, supports and services appropriate to meet their assessed needs.

Children are encouraged and supported to complete state examinations and participate in further education/vocational training. Education programmes should include key skills such as literacy and numeracy, in addition to the development of life skills for children detained in the

special care unit. Children are provided with assistance to manage transitions between educational establishments on admission and or discharge from the special care unit.

Children's educational progress is monitored and reviewed through their programme of special care, including their attendance at school in line with legislative requirements. There is good communication and engagement between the programme of special care contributors, which include social workers, special care unit staff, teaching staff, Assessment Consultation Therapy Service clinicians and other relevant professionals.

The registered provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of practices to support children's rights and education consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review, in compliance with the regulations.

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

Through observation

Inspectors will observe:

- how staff and children interact, for example, staff response to queries or concerns of children who use the service
- whether language used is appropriate to the child
- the decision-making process to see if children are supported and actively involved and given the freedom to exercise autonomy, choice and independence. For example, day-to-day decisions that form part of the child's daily routine, including household tasks or activities
- whether there is a sensible balance between the choices children make, the risks involved and the children's safety
- whether children are consulted with and participated in how the centre is run
- if children have access to advocacy and information about their rights in a way they can understand
- whether children's rights are promoted by staff and social workers
- children's meetings
- if staff speak in a respectful and caring way about children
- any interpretative services used by children and their families
- whether children can attend religious/spiritual services if they wish
- how children's privacy and dignity is promoted and supported. For example, whether the design, layout and facilities supports privacy and dignity and, if closed-circuit television (CCTV) is installed, where it is located and how it is used
- how privacy and dignity is respected in relation to care provision, communications and personal information. For example, are children respected during personal care, do staff knock and seek permission before entering children's bedrooms and is information about children communicated discretely during staff handover
- if children's personal plans are implemented in practice in relation to their assessed

- needs in areas such as activities and education requirements and wishes
- if there is access to facilities for occupation and recreation both within the centre and externally
- if children can participate in activities that suit their interests, capacities and developmental needs
- if children have appropriate access to a telephone, television, newspapers and the Internet in accordance with policies set out in Schedule 2
- the programme of special care planning and review meetings
- daily routines in the unit for homework and school attendance
- communication between school and unit staff.

Through communication

Inspectors will communicate with children to:

- find out if they get to enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences. For example, can children make choices about the services and supports they use and how they use them. Are different beliefs provided for?
- determine if they require any interpretative services
- explore their knowledge of rights, policies and procedures and if these have been implemented consistently and how they exercise choice
- determine if they can access advocacy services and information on their rights
- check if children are aware that CCTV is in use, where applicable
- find out whether children are given explanations when they need them and in a way that they understand
- establish how consent is sought and how children are involved in decision making
- determine if they are supported to take part in activities that they enjoy and are meaningful to them. Are there opportunities for new experiences and social participation?
- establish if they have opportunities for play and age-appropriate opportunities to be alone
- determine if they attend an education/vocational training programme
- determine if children have an education plan and if they are consulted about it
- determine if their educational needs are being met
- determine if children are encouraged to pursue third-level education or vocational programmes as appropriate to their abilities, interests and aspirations
- determine daily routines for homework and school attendance.

Inspectors will communicate with staff and managers to:

- determine if children attend an education/vocational training programme
- determine if children have an education plan and if they were consulted about it
- determine if children's educational needs are being met
- determine if children are encouraged to pursue third-level education or vocational

- programmes as appropriate to their abilities, interests and aspirations
- determine daily routines for homework and school attendance
- explore how they promote and respect children's rights and children exercising choice
- determine what interpretative services are available if they be required and how are they accessed
- determine how children are facilitated in their religious practices
- explore their knowledge of rights, policies and procedures and if these have been implemented consistently
- explore how they support children to make decisions. For example, do they respect the choices that children made, treat children with kindness and listen to them
- determine how they support children's privacy, dignity and confidentiality
- establish how consent is sought and how children are involved in decision making
- ascertain how they support children to engage in activities.

Inspectors will communicate with the person in charge to:

- determine how appropriate care and support is provided in line with evidenced-based practice. How are children's preferred interests determined
- how residents can access opportunities for education, training and employment. Are there examples of where children have attained educational goals.

Through a review of documents

Inspectors will review documents such as:

- children questionnaires received prior to or during inspection
- information for children on their rights and advocacy services
- the policy on recreational programmes for children
- if CCTV is in used, the centre's policy on its use
- records of children's meetings
- records of advocacy arrangements/visits
- special care programmes
- school reports
- daily records
- records relating to personal and room searches and other restrictive practices
- individual records relating to facilitation of religious practices
- records relating to diversity
- satisfaction surveys and quality assurance feedback results.

Compliance indicators

Indicators of compliance include:

- the registered provider addresses any breach of rights promptly and systemically to

- ensure opportunities for improvement are captured
- service planning and delivery is responsive to diversity, including age, gender, sexual orientation, disability, family and civil status, race, religious beliefs and ethnic and cultural background of each child
 - the centre is managed in a way that maximizes children's capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting children's preferences
 - children are facilitated to exercise their civil, legal, and religious rights and can make informed decisions about the management of their care as they are provided with appropriate information
 - children are consulted and participate in how the centre is planned and run
 - children are informed of the daily arrangements in the centre
 - children are informed about how their personal information is managed
 - children have access to advocacy services and information about their rights
 - staff members treat children with dignity and respect
 - personal care practices respect children's privacy and dignity and children are encouraged to maintain their own privacy and dignity
 - the privacy of personal meetings and personal information in respect of each child is respected and, therefore, kept confidential, with information given to staff and others on a need to know basis
 - children have opportunities similar to their peers, consistent with the provision of safety and security
 - children are enabled to take reasonable risks within their day-to-day lives
 - there is good communication and engagement between the programme of special care contributors, children and their families
 - care practices promote and respect children's rights
 - children are consulted with and participate in activities that are meaningful to them
 - when children are admitted to a special care unit, their assessment includes appropriate education attainment targets
 - children approaching school-leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests
 - each child is provided with opportunities for play
 - each child is provided with age-appropriate opportunities to be alone
 - each child is provided with opportunities to develop life skills and help to prepare for adulthood.
 - children are provided with access to facilities for occupation and recreation
 - the educational welfare of children is promoted
 - educational needs are assessed and inform the programme of special care
 - a comprehensive individual education plan is in place
 - records of educational progress are maintained for each child
 - children have access to appropriate educational facilities, supports and services to meet their assessed needs
 - children are supported to access opportunities for education, training and employment
 - children are provided with assistance to manage transitions between educational

- establishments on admission and or discharge from the special care unit
- participation in state examinations and further education/vocational training is in place
- educational progress is monitored and reviewed through the child's programme of special care.

Indicators of substantial compliance include:

- children are not provided with enough information about choices
- children's rights are promoted in practice but appropriate information is not made available to children about their rights
- there are some gaps in documentation but care is delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- children do not participate in and or consent to decisions about their care and support
- children do not receive assistance where necessary to make decisions about their care and support
- children are not supported to exercise their rights
- children's individual choices are not always promoted
- there is no consultation with children
- children have no opportunity to participate in the running of the centre
- children's views are sought but there is no evidence that they are acted upon
- care is not provided to children in a way that respects their privacy and dignity
- some practices are not sensitive to children's needs and do not promote their privacy and dignity. For example, some phrases used to describe children's needs are inappropriate and staff enter children's bedrooms without permission or knocking
- children are not encouraged to maintain their own privacy and dignity
- information about children is not communicated privately by staff
- children are not enabled to make informed decisions about their lives
- routines, practices and facilities do not promote children's autonomy, independence and choice
- staff do not know children's individual preferences
- diversity, ethnicity and culture and language are not valued and interpretative services are not used where required
- religious practices are not facilitated in so far as is reasonably practicable and a record of the manner in which such practice is facilitated is not maintained as part of the child's care record
- the centre's information governance procedures do not protect children's privacy
- children do not have opportunities to be alone
- activities are task led by the routine and resources of the service rather than the child and their support needs and wishes
- some children have opportunities similar to their peers within services but some do not, and there is no clear reason for this difference.
- there is poor or no communication and engagement between the programme of special care contributors, children and their families

- children are not supported to understand their rights and their rights are not promoted
- children are not consulted about decisions affecting their lives or the running of the centre
- children are discriminated against
- children have no access to occupation and recreation facilities
- children have no opportunities to participate in activities
- children have opportunities to participate in activities but not in accordance with their interests, capacities and developmental needs
- the educational welfare of children is not promoted
- educational needs are not assessed and do not inform the programme of special care
- a comprehensive individual education plan is not in place
- records of educational progress are not maintained for each child
- children do not have access to appropriate educational facilities, supports and services to meet their assessed needs
- participation in state examinations and further education/vocational training is not encouraged or facilitated
- children approaching school-leaving age are not supported to participate in third-level education or relevant training programmes
- children are not provided with assistance to manage transitions between educational establishments on admission and or discharge from the special care unit
- educational progress is not monitored and reviewed through the child's programme of special care.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 10	Family contact and visiting arrangements
Standard 1.6	Each child develops and maintains positive attachments and links with family, the community and other significant people.

What a service striving for quality improvement looks like

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

Staff do not place restrictions on visits unless requested by the child or for specific reasons,

such as in the interests of safety, in adherence with a Court Order or where the family/guardian or social worker has requested the restriction.

Children are facilitated and encouraged to engage in social activities and leisure interests in the local community, consistent ensuring their safety and security.

The registered provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the visiting arrangements for each child consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review, in compliance with the regulations.

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

Through observation

Inspectors will observe:

- visiting arrangements, including any restrictions, for example, the way in which visits are facilitated, whether visitors are welcomed to the centre and if the visiting arrangements are flexible
- if there is any signage displayed restricting visits and the rationale for the restriction
- where visitors meet children and where inspectors are directed to communicate with children and or their representatives
- if there is suitable communal facilities and private areas available for children to receive visitors
- that family visits are supervised if required
- if direct contact is not possible, arrangements for telephone or alternative forms of contact are encouraged and facilitated.

Through communication

Inspectors will communicate with children to:

- establish what their wishes are on receiving visits and if these wishes are being met. For instance, can children receive visitors within the centre and what are the arrangements for visits outside the centre?
- ask if there are restrictions to visitors and explore the rationale for this
- establish if they have maintained links with the community.

Inspectors will communicate with staff, managers and social workers to:

- explore their understanding and responsibilities to ensure children maintain personal relationships and links with the community
- explore the level of contact children have with their families, significant others and the community

- ask about visiting arrangements.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the policy on visitors
- the visitors' sign in book
- children's court orders, special care programmes, daily logs and any associated documentation in relation to any restrictions in place.
- children's care records related to visits and contact by family members
- records of children's access to the community.

Compliance indicators

Indicators of compliance include:

- children meet with their visitors in private without any restrictions
- children can receive visitors unless there is a risk posed, the child has requested the restriction, a court order requires it, or where family/guardian or social worker has requested the restriction
- children can receive visitors in suitable communal facilities
- if required, children can receive visitors in a suitable private area which is not the child's bedroom
- children have access to the community, if appropriate.

Indicators of substantial compliance include:

- there is not enough suitable communal space for children to receive visitors
- children are facilitated to receive visitors but there is not enough private space for children to use.

Indicators of non-compliance include:

- appropriate arrangements are not in place to facilitate visiting and contact with the children
- there is no appropriate space for children to receive visitors in private if they so wish
- systematic restriction of visiting takes place
- visiting is restricted with no apparent rationale or risk assessment
- a record of visitors and contact with family and significant others is not maintained
- the rationale or risk relating to restricting a child's access to the community is not evident

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Note: In specific circumstances, the non-compliance can be risk rated red. For example, when first identified the non-compliance can be risk rated orange. If the non-compliance is repeated then the risk rating is red. Another example is where systematic restriction of visiting occurs.

Regulation 11	Positive behaviour support
Standard 3.2	Each child experiences care that supports positive behaviour and emotional wellbeing.
Standard 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.

What a service striving for quality improvement looks like

Children experience a programme of special care which promotes consistency, dignity, positive reinforcement and structure. The special care unit adopts a consistent approach to behaviour supports that promotes positive outcomes for children staying in the special care unit. These are based on staff knowing and understanding the child's behaviours and responses and means of communication and having an awareness of and ability to adapt the environment in response to such behaviours. There is effective consultation with children, their families and the child's social worker on how best to support children's emotional wellbeing and behaviour that challenges. This is reviewed as part of their programme of special care.

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

The care practices, operational policies and procedures relating to positive behavioural support prohibit corporal punishment, deprivation of food or drink, any treatment that would be detrimental to the physical, psychological and emotional wellbeing of a child, and any treatment that is cruel, inhumane or degrading. Written policies and procedures detail the use of restrictive procedures, including single separation and restraint. These policies are adopted and implemented and they are reflected in practice; they are kept under review at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice.

Staff are fully trained in all approved interventions used in the special care unit such as the use of restraint, single separation and de-escalation techniques. They have up-to-date knowledge and skills to identify underlying causes of behaviour to assist and support a child to manage their behaviour. Staff can anticipate certain behaviours and initiate pre-emptive actions to identify and alleviate the cause of the child's behaviour before the behaviours escalate. Alternative procedures are considered before any use of restrictive procedures. If a restrictive procedure is used, it is the least restrictive procedure for the shortest duration of time and this is managed in a dignified manner, in line with A national Policy on Single Separation Use in Secure Accommodation for Children: Special Care and Oberstown.

Staff are given all relevant information required to assist them in supporting children with behaviour that is challenging and have access to specialist advice and appropriate support,

including interventions designed to promote effective communication.

All instances of the use of restrictive procedures, including the reasons for, the nature and duration of any action taken and sanctions imposed on a child, are recorded in the child's care record.

The registered provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of positive behavioural support for each child consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review, in compliance with the regulations.

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

Through observation

Inspectors will observe:

- if staff actions demonstrate up-to-date knowledge and skills, appropriate to their role, in the area of behaviours that challenge.
- interventions used for behavioural supports, for example, distraction and de-escalating techniques, structured time away, restraints, single separation
- how staff positively support children in the management of their behaviour
- staff adherence to the requirements of the national guidance.

Through communication

Inspectors will communicate with children to:

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

Inspectors will speak with staff and person in charge to:

- explore their knowledge and understanding of behavioural supports, positive responses and restrictive practices
- determine if staff have up-to-date training on behavioural support
- determine how staff access advice and support in relation to therapeutic interventions
- determine how behaviours that challenge are monitored and reviewed

- determine how they monitor and review the behavioural support model implemented within the unit.

Inspectors will speak with parents to:

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

Inspectors will speak with other relevant professionals to:

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

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the policy on the provision of behavioural support
- the policy on the use of restrictive procedures and physical, chemical and environmental restraint
- a sample of records pertaining to the management of behaviours that challenge, including behavior support plans, children's care records, the log of restrictive practices and relevant audits
- a sample of staff training records on positive behavioural support
- medicine records relating to areas such as the use of chemical restraint
- a sample of serious incident review group meetings
- minutes of multidisciplinary team meetings
- the accident/injury log.

Compliance indicators

Indicators of compliance include:

- appropriate supports are in place for children with behaviours that challenge or children who are at risk from their own behaviour
- where required, therapeutic interventions are implemented with the informed consent of each child and his or her representative and are reviewed as part of the programme of care
- where restrictive procedures such as physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence-based practice
- staff have up-to-date knowledge and skills, appropriate to their role, to respond to

- behaviour that is challenging and to support children to manage their behaviour
- staff receive training in the management of behavior that is challenging, including de-escalation and intervention techniques
 - every effort is made to identify and alleviate the cause of a child’s behaviour that is challenging, all alternative measures are considered before a restrictive procedure is used and the least restrictive procedure, for the shortest duration necessary, is used.

Indicators of substantial compliance include:

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

Indicators of non-compliance include:

- restrictive procedures have not been applied in line with the national policy on restraint and evidence-based practice
- interventions used in the management of challenging behavior are not subject to monitoring, oversight and review
- staff have not demonstrated up-to-date knowledge and skills, appropriate to their role
- staff have not been trained in managing behaviour that is challenging
- restrictive procedures are the sole means of managing behaviour
- management of behavior that challenges is not informed by the child’s programme of care
- records are not sufficient to allow for accountability, monitoring and oversight.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 12**Protection**

Standard 3.1

Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

What a service striving for quality improvement looks like

Every individual has the right to feel protected and safe from all forms of abuse (physical, sexual, emotional, financial, institutional, neglect and discriminatory). Safeguarding is, first and foremost, about proactively protecting people. The culture espoused is one of openness and transparency, where children can raise and discuss any issues without prejudice.

Special care units are centred on the individual child and his or her care and support needs. Special care units promote a child-centred approach. The special care unit considers the child's need for protection and support, the safety and security requirements of secure accommodation in special care and any specific directions from the High Court in relation to the child's care.

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

Robust policies and supporting procedures are implemented that makes sure children are protected from all forms of abuse. Children are protected by practices that promote their safety in relation to:

- recruitment, selection, training, assignment and supervision of staff in accordance with the statement of purpose
- the duty of each staff member to report any concerns for the safety of the children
- the use of restrictive procedures
- access to an advocate or advocacy services
- children's private access to their representatives, family, advocates and external professionals
- robust reporting systems.

Children feel safe and are supported to develop the knowledge, self-awareness, understanding and skills for self-care and protection cognisant of their age, personal history and stage of development. Staff work in partnership with children, families and the child's social worker to promote the child's safety and wellbeing. Areas of vulnerability are identified and individual safeguards are put in place and recorded in each child's care record.

Staff have received the appropriate training and are knowledgeable about how to recognise and respond to the possibility of abuse or neglect to ensure effective steps are taken to protect a

child and to contribute to the ongoing safety of children, and they are clear on their roles as mandated persons, as applicable.

Where an allegation or concern has been made by or about a child within the unit, it is reported, and managed in line with relevant legislation, national guidance and policies. The person in charge takes all reasonable and proportionate interim measures to protect the child, pending the outcome of any assessment or investigation. Parents and guardians are informed and updated in relation to any incident, allegation, suspicion or investigation of abuse or neglect.

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

The registered provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the protection of children consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review, in compliance with the regulations.

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

Through observation

Inspectors will observe:

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

Through communication

Inspectors will communicate with children:

- to explore whether they feel safe in the unit and how they have been supported to develop their knowledge, self-awareness, understanding and skills required for self-care and protection
- to determine what children would do if they had concerns for their safety

- to determine whether they have raised any safeguarding concerns in the unit and how this was responded to.

Inspectors will communicate with the person in charge and staff:

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

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the policy on the prevention, detection and response to abuse, including reporting of concerns and or allegations of abuse to statutory agencies
- staff training records on safeguarding children
- written policies and procedures on safeguarding and child protection
- records documenting any incident, allegation or suspicion of abuse or neglect
- records of the investigation of any incident, allegation or suspicion of abuse or neglect
- minutes of meetings relating to allegations or suspicions of abuse or neglect
- reports from social workers
- children's care records.

Compliance indicators

Indicators of compliance include:

- the provider has prepared in writing, adopted and implemented a safeguarding policy and procedures on matters set out in the regulations
- the written policy and procedures are available to staff
- practices are in place to ensure that children are protected and safe from all forms of abuse
- staff have up-to-date knowledge and skills, appropriate to their roles, regarding protection and safeguarding children who use the service
- where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child, the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.

Indicators of substantial compliance include:

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

Indicators of non-compliance include:

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

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 17**Accommodation**

Standard 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.

What a service striving for quality improvement looks like

The children define what homely is to them, and the centre is tastefully decorated to meet their needs and wishes. The centre has to be clean but if the children do not wish to do certain tasks such as keeping their bedroom tidy this is respected as long as it does not pose a risk to children. The registered provider explores opportunities to balance risk management with the homeliness of the centre and the children's wishes for their own homely environment.

Each centre has its own special features and layout depending on the building and the needs of the children who live there. The design and layout of the premises ensures that each child can enjoy living in an accessible, safe, comfortable and homely environment. This enables the promotion of independence, recreation and leisure and enables an excellent quality of life for all who live there.

The living environment is stimulating and provides opportunities for rest and recreation. Appropriate and accessible indoor and outdoor recreational areas are provided in the service.

Prior to commencing any extensions to existing centres or in advance of building a new centre, the views of children using the service and staff are sought about what works well and what they would like to see improved. Noise levels are monitored to ensure there is no negative impact on children, especially during any renovations or extensions.

Where closed-circuit television (CCTV) systems are used, they do not intrude on children's privacy. There is a policy on the use of CCTV which is informed by relevant legislation. Children are informed of its use and are happy with it.

The registered provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of how the premises meets each child's needs and wishes consists of an element of the continuous quality improvement cycle, which in turn, forms part of the annual review, in compliance with the regulations.

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

Through observation

Inspectors will observe:

- by walking around of the centre and its grounds, how the design and layout impacts on the children's quality of life and protects children from harm
- if the relevant schedule requirements are met, including whether there are adequate services such as heating, lighting and ventilation
- if children can move unimpeded around the centre, taking into account factors such as accessibility and whether any alterations have been made. Do these enhance children's quality of life and safety
- if the internal and external areas of the premises are secure and safe
- whether there is evidence of an ongoing maintenance programme.

Through communication

Inspectors will communicate with children to:

- find out their views and experiences on how the premises meets their needs and impacts on their day-to-day life as well as the level of involvement they have in decision-making about any possible changes
- ask if they have their own bedroom and adequate secure storage space for their belongings
- ask if they are aware of the CCTV in the special care unit, if in place.

Inspectors will communicate with staff:

- to determine their views on whether the internal and external areas are suitable for the care, treatment and support of children and whether there are any planned changes
- ask if they are aware of the CCTV in the special care unit, if in place.

Inspectors will communicate with the registered provider/person in charge:

- to determine what measures are in place to ensure the premises meets children's needs
- to determine their views on the internal and external areas of the premises as to whether it is suitable for the care, treatment and support of children and whether there are any planned changes.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- maintenance and service records and contracts
- personal property and possessions of a child detained in the special care unit policy.

Additional documents that may be reviewed:

- accidents and incidents register
- minutes of children's meetings
- floor plans
- the statement of purpose
- audits relating to the premises
- the annual report.

Compliance indicators

Indicators of compliance include:

- the design and layout of the centre are in line with the statement of purpose
- there is adequate private and communal accommodation
- best practice is used to achieve and promote accessibility
- if needed, alterations are made to the centre to ensure it is accessible to all
- the physical environment is clean and kept in good structural and decorative repair
- the premises meets the needs of all children and the design and layout promotes children's safety, dignity, independence and wellbeing
- clear records of major repairs, capital works and maintenance works are kept
- the equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced where necessary
- facilities are serviced and maintained regularly
- there is suitable heating, lighting and ventilation in the premises
- each child has their own bedroom
- emergency call facilities are available in all bedrooms and all rooms used by children staying in the special care unit
- there is communal space for children suitable for social, cultural and religious activities
- adequate space and suitable storage facilities is available for the personal use of children
- there are enough toilets, bathrooms, showers to meet the needs of children
- there is a suitable indoor and outdoor recreational activities which are safe for use and appropriately maintained.

Indicators of substantial compliance include:

- an adequate number of baths, showers and toilets are available and do not pose a risk to children; however, some of these facilities are in need of renovation but there is a plan in place for the necessary work
- some areas of the centre had not been kept in a clean condition although there were cleaning systems in place. During the inspection, staff commenced cleaning these areas and most areas were cleaned before the end of the inspection.
- storage for children’s personal belongings is available but limited

Indicators of non-compliance include:

- the design and layout of the centre is not in line with the statement of purpose and does not meet children’s needs
- the centre is unclean and or not kept in a good state of repair
- schedule requirements are not met
- private and or communal accommodation does not meet children’s needs
- there is not enough suitable storage
- there are not enough toilet and washing facilities
- equipment is not maintained in good working order
- children are restricted in accessing areas due to the poor design of the building
- there is no review of the centre’s accessibility
- required alterations to make the centre accessible to all are not carried out
- emergency call facilities are unavailable in all bedrooms and all rooms used by children
- there is no suitable indoor or outdoor recreation facilities for children.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

What a service striving for quality improvement looks like

Eating and drinking well is viewed as an important part to play in the health and wellbeing of the children. Children are encouraged to eat a varied diet, and they are communicated with about their meals and their food preferences. Religious and cultural requirements around food are accommodated. Children can choose to participate in the preparation, cooking and serving of their meals.

Children are encouraged and supported to engage in healthy eating habits. All relevant staff are equipped with the appropriate level of knowledge, skills and competence to ensure the food and nutritional needs of each child are met. Children are referred to specialist services such as a dietician if the need arises. Staff take account of any advice provided by dietitians.

Food is prepared in a safe way, is appetising and is served in an appropriate way to ensure that children enjoy their food. Each child has plenty of time to eat and drink and mealtimes are, therefore, unrushed and a time of pleasant social sharing. To enhance the dining experience staff normally sit with children during meals and, where appropriate, share the same foods and drinks.

The registered provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of planning and managing food and nutritional care for children consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review, in compliance with the regulations.

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

Inspectors will observe:

- mealtimes, if appropriate to do so, in order to experience the atmosphere and determine if children are offered choice, receive adequate food and drink and get sufficient staff support
- if children's choices are respected regarding where they dine, where they sit, who they sit with and the meal they eat
- if children are included in the preparation of their own meals and if children are offered regular drinks and a choice of snacks outside mealtimes
- if the dining area is appropriate and that there are enough suitable storage arrangements for foodstuffs
- if there are sufficient quantities of food and drink available
- if the policy on food safety is evident in practice

- whether arrangements for children's specialist diets are met
- the way in which menu choices are communicated to children. For instance, are they discussed with children and displayed in an accessible format.

Through communication

Inspectors will communicate:

- with children to find out their views and experience of the food and mealtime, including the quality of the food and drink, whether children's dietary needs and preferences are met and how staff ensure that mealtimes are an enjoyable and sociable experience
- with staff, including the chef and or those involved in catering, to determine their knowledge of specialist diets and any child who is at nutritional risk and establish how they are meeting children's preferences.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the policy on food safety
- children's special care programmes
- records of allied health professions such as dietitians, where appropriate
- food records
- medical notes and reviews
- staff training records on areas relating to food and nutrition
- children's feedback from any questionnaires/surveys relating to food and nutrition.

Additional documents that may be reviewed:

- the complaints register
- minutes of children's meetings
- environmental health officer reports
- the annual review.

Compliance indicators

Indicators of compliance include:

- there are adequate amounts of food and drink which is wholesome, nutritious and offers choice at mealtimes
- food is available at times suitable to children
- meals, refreshments and snacks are available at reasonable times

- children are supported to buy and prepare their own meals if this is their preference and if they can do so
- the advice of dieticians and other specialists is implemented
- mealtimes are unrushed, positive and social events
- there is a separate kitchen area with appropriate cooking facilities
- there is suitable and sufficient kitchen equipment to store food appropriately and complete tasks such as dish washing
- there are adequate facilities to store food hygienically
- waste is disposed of appropriately.

Indicators of substantial compliance include:

- food is nutritious, varied and plentiful, but occasionally there is limited choice
- food is nutritious, varied and plentiful, but sometimes children’s preferences are not taken into consideration
- there were some gaps in documentation but food and nutritional care was delivered to a high standard and did not result in a medium to high risk to residents
- the kitchen has suitable and sufficient cooking facilities but there is not enough suitable kitchen equipment and tableware.

Indicators of non-compliance include:

- there are not adequate amounts of food and drink available to children
- food and drink is not wholesome and or nutritious
- there is no choice offered to children at mealtimes
- advice of dieticians and other specialists has not been considered, resulting in adverse outcomes for children
- children have no access to meals/refreshments/snacks at reasonable times
- children are prevented from buying, preparing or choosing meals as appropriate to their ability and preference
- there is inadequate storage provision for food
- staff are not responding to risk indicators such as a sudden weight loss
- the kitchen does not have suitable and sufficient cooking facilities, kitchen equipment and tableware
- general waste cannot be disposed of safely.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Regulation 25**Risk management procedures**

Standard 3.4

Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

What a service striving for quality improvement looks like

The registered provider has a good understanding of risk which relate to children detained in the special care unit as well as environmental and corporate risks. A culture of safe and appropriate care exists for children staying in the special care unit. Children are involved in their own risk assessments.

Through effective governance arrangements, the registered provider has created a culture of safe appropriate care and support in a safe environment. This has resulted in an appropriate balance between promoting each child's autonomy and maintaining their safety. Good risk management is informed by thorough and appropriate risk assessment. Staff understand the necessary balance between risks and the rights of children staying in the special care unit. There is a risk management policy in place and this is implemented. It includes the identification and assessment of risks throughout the special care unit and the measures and actions in place to control the risks identified.

A risk management framework is in place for dealing with situations where safety may be compromised. The registered provider has ensured that risk assessment takes place in conjunction with person-centred planning and implementation of necessary safeguards.

Staff can identify those risks they have control over and take appropriate measures to minimise those risks. There are arrangements in place for the identification, recording, investigation and learning from incidents involving children living in the special care unit.

Adequate arrangements are in place to guard against the risk of injury occurring on the premises particularly with regard to the structure and fabric of the special care unit and the storage of medicines, cleaning and other potential dangerous materials. Healthy and safe work practices are promoted. Hazardous materials are stored securely.

There is a plan in place for responding to any interruption of services, damage to property, incidents likely to cause death or injury and emergency situations, and all reasonable measures are taken to prevent accidents in and on the grounds of the special care unit.

Accidents, incidents, adverse events are reported and discussed with staff as part of their quality assurance strategy. Appropriate responses to reportable occurrences are demonstrated. These arrangements include a process for the appropriate reporting of notifiable events to HIQA in the required format. In addition, there is timely reporting of adverse events and incidents through national reporting systems, where they exist, and in line with national legislation, policy, guidelines and guidance.

The unit has policies for risk management, responding to emergencies, health and safety of children living in the special care unit, staff and visitors. These are adopted and implemented

and this is reflected in practice. These are reviewed at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice.

Risk management is monitored and evaluated as part of the continuous quality improvement cycle to ensure positive outcomes for children living in the special care unit. There is prompt and effective dissemination of the recommendations and learning from the management and review of adverse event and incidents.

The registered provider is in adherence with health and safety at work guidance produced by the Health and Safety Authority. A centre specific safety statement is in place that is signed by the responsible person and dated. Staff are aware of the safety statement, which is kept up to date and reviewed at least annually.

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

The safety of children is promoted through risk assessment, learning from adverse events and the implementation of policies and procedures designed to protect children. Evaluation of the effectiveness of the risk management procedures consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review to promote positive outcomes for children.

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

Through observation

Inspectors will observe:

- if the unit's risk management policy and individual risk management plans are implemented by staff
- whether there are appropriate arrangements in place to guard against injury
- if the environment is clean, if hazardous items are securely stored and if there are appropriate storage facilities
- whether equipment is suitable for its purpose and appropriately stored so as to prevent accidents
- the management of behaviours
- whether the learning from any investigation of serious incidents or adverse events has informed practice.

Through communication

Inspectors will communicate:

- with children to explore if they are involved in risk assessments
- with children to determine how risks associated with their care and support are managed

- with children to determine whether they feel safe in the unit
- with staff and the person in charge to determine their understanding of risk management, how they identify hazards and deal with emergencies
- with the person in charge and staff to determine if they have the appropriate knowledge and skills to provide a safe service
- with the person in charge and staff to determine how the service learns from accidents, incidents and adverse events and how they monitor these on an ongoing basis and use relevant information to inform practice
- with the person in charge and staff to confirm if they have received training in the area of risk management, including the use of any specialist equipment.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the policy on risk management
- the policy on the health and safety of children, staff and visitors
- the policy on incidents where a child goes missing from the unit
- the system for recording the assessment, management and ongoing review of risk
- any risk management plans in relation to individual children
- systems for responding to emergencies
- documentation to verify that transport vehicles provided by the registered provider are roadworthy, regularly serviced, insured and equipped with appropriate safety equipment
- audits relating to risk management and the premises
- accident and incident logs, near misses records, adverse events, notifications
- quality assurance audits
- records of any investigations undertaken and outcomes
- staff training records for health and safety and risk
- maintenance records
- complaints records that raised issues of risk
- children's care records.

Compliance indicators

Indicators of compliance include:

- arrangements are in place to ensure risk control measures are relative to the risk identified
- any risk control measures that might have an adverse impact on children's quality of life is considered
- the risk management policy includes all required information
- arrangements are in place for identifying, recording, investigating and learning from serious incidents/adverse events involving children
- there is a system in place for responding to emergencies

- there is a system in place for the assessment, management and ongoing review of emergencies
- reasonable measures are in place to prevent accidents
- vehicles used to transport children are regularly serviced, insured, roadworthy and suitably equipped
- children’s transportation is driven by persons who are properly licensed and trained
- before commencement of any planned building works or upgrades to the premises, the works are appropriately risk assessed.

Indicators of substantial compliance include:

- while there is a risk management policy and appropriate practices in place, some gaps are evident in documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- there is no risk management policy and or emergency planning arrangements for the centre
- a risk management policy is in place but some hazards in the centre have not been risk assessed
- the risk management policy does not include all the required information
- there are a number of hazards which could cause injury
- there is no evidence of learning following adverse incidents to prevent reoccurrence
- there is no effective system for investigating and learning from all incidents and accidents
- vehicles used to transport children are not roadworthy and suitably equipped
- children’s transportation is driven by persons who are not properly licensed or trained
- there is a system for responding to emergencies but staff are not familiar with how to respond
- there is no system to ensure that control measures identified from risk assessments are implemented
- risk-adverse practices inhibit children exercising independence and autonomy
- building works and or upgrades to the premises were commenced before an appropriate risk assessment was conducted.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

What a service striving for quality improvement looks like

All staff have received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements are in place for making children aware of the procedure to follow.

The registered provider has sought appropriate advice from a competent person when required and has applied appropriate fire safety guidance documents. The risk posed by fire is subject to ongoing risk assessment in the centre and, as a result, fire precautions that are implemented reflect current best practice as far as possible.

There are a range of appropriate fire precautions in place, including excellent housekeeping. There is evidence that the registered provider and person in charge understand the importance of housekeeping as being an integral part of an efficient fire safety regime. The registered provider has ensured that all fire equipment and building services are provided and maintained in accordance with the associated standard and by competent service personnel. Fire safety checks take place regularly and are recorded.

The registered provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the fire precautions that are in place consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review, in compliance with the regulations.

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

Inspectors will observe:

- what fire safety precautions are in place, for example, fire-fighting equipment, including fire detection and alarm system, emergency lighting and fire extinguishers, and whether escape routes are kept clear of obstructions
- whether the procedures to be followed in the event of fire are displayed appropriately
- whether arrangements for calling the fire service and evacuation of the centre are included and are correct
- whether signage is displayed where required, for example, illuminated emergency exit signage
- whether the building is adequately subdivided with fire resistant construction such as fire doors, as appropriate
- the way in which equipment is maintained, for example, laundry and kitchen equipment such as dryers, extractors
- how combustible materials are stored

- whether beddings and furnishings are made from flammable materials, especially if a child smokes or has behaviour that challenges that may lead to them lighting fires.

Through communication

Inspectors will communicate:

- with children to establish their knowledge of the centre's evacuation procedures and level of involvement in fire drills
- with the registered provider, the person in charge and or staff about the fire safety management system. For example, determine if fire precautions are reviewed for adequacy and any learning from training, drills or adverse events are integrated into fire precautions.
- with staff about training received and participation in drills to establish their level of understanding regarding the fire safety arrangements in place
- with the person in charge and staff to confirm when and how fire drills take place.

Through a review of documents

Inspectors will review documents such as:

- procedures to be followed in the event of fire
- fire-fighting equipment records, including fire extinguishers, fire alarm, emergency lighting and house fire safety/housekeeping checks carried out by staff
- records of fire drills, checking that drills are used to determine if the fire procedure is fit for purpose and are used to identify training, staff and equipment needs
- staff training records on fire safety, checking if training takes places annually or more often depending on changes in working practices/processes or staff responsibilities, risk assessment and staff turnover
- risk assessments, where applicable
- assessments of the needs and capabilities of the children for evacuation.

Additional documents that may be reviewed include:

- staff rosters
- audits relating to fire safety
- fire safety reports/risk assessments carried out by external competent person
- correspondence from the local fire department
- building service installation and maintenance records, including electrical installation/appliances, gas installation/appliances, heating appliances, furniture and fittings
- the annual review.

Compliance indicators

Indicators of compliance include:

- suitable fire equipment is provided and serviced when required, for example, the fire alarm is serviced on a quarterly basis and fire-fighting equipment is serviced on an annual basis
- there is adequate means of escape, including emergency lighting. For example, escape routes are clear from obstruction
- there is a procedure for the safe evacuation of children and staff in the event of fire prominently displayed and or readily available, as appropriate
- children are involved in fire drills whenever possible
- staff are trained annually or more frequently if required
- staff know what to do in the event of a fire
- there are fire drills at suitable intervals, usually twice yearly or more often if required
- fire records are kept which include details of fire drills, fire alarm tests, fire-fighting equipment, regular checks of escape routes, exits and fire doors
- appropriate maintenance of laundry equipment and proper ventilation of dryers
- appropriate storage of equipment such as combustible material.

Indicators of substantial compliance include:

- while there is evidence of adequate training and fire drills and children are aware of the procedure to follow in the event of fire, children are not part of fire drills
- staff have received fire training and are knowledgeable of fire safety arrangements but some require refresher training
- staff show enough knowledge and understanding of what to do in the event of fire; however, regular fire drills are not taking place or fire drills are not reflective of possible fire scenarios
- some new staff have not yet received fire safety training but there is adequate supervision in place for these staff members
- while there are adequate policies, procedures and appropriate practices in place, there are some gaps in how the documents are maintained that do not result in a medium or high risk to children using the service
- maintenance records for fire safety equipment are incomplete although all equipment appears free from fault and is fully functional.

Indicators of non-compliance include:

- the evacuation procedure for the centre is not fit for purpose, for example, the procedure includes children remaining in their bedroom to await rescue by the fire service
- children do not know what to do in the event of a fire
- escape routes are obstructed or not suitable for the children, staff and visitors expected to use them
- there are no records of regular fire drills, fire alarm tests or maintenance of equipment
- fire safety equipment has not been serviced in the previous 12 months

- some fire doors are wedged open
- the building is not adequately subdivided with fire resistant construction such as fire doors as appropriate
- poor housekeeping and or inappropriate storage or use of combustible materials, represents an unnecessary risk of fire in the centre
- an adequate fire alarm has not been provided
- an adequate emergency lighting system has not been provided
- staff do not know what to do in the event of a fire
- staff are not trained in fire safety
- fire evacuation procedures are not prominently displayed throughout the building, as appropriate.

Guide for risk rating:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or red

Appendix 1 — Related regulations

Capacity and capability dimension	
Primary regulation being reviewed	Possible associated regulations
Regulation 5: Statement of purpose	Regulation 17, 19, 24, 25, 26, 29
Regulation 6: Care practices, operational policies and procedures	Regulation 5, 8, 9, 11, 12, 13, 14, 18, 19, 21, 24
Regulation 13: Person in charge	Regulation 5, 6, 20, 24, 28
Regulation 14: Staff members and others working in the special care unit	Regulation 6, 13, 22, 24
Regulation 15: Training and staff development	Regulation 6, 13, 22, 24
Regulation 16: Staff supervision and support	Regulation 6, 13, 22, 24
Regulation 19: Care record	Regulation 5, 6, 8, 9, 10, 11, 18, 20, 24, 25, 26, 29
Regulation 20: Maintenance of records	Regulation 5, 6, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 21, 22, 25, 26, 27, 28, 29
Regulation 21: Register of children detained in special care unit	Regulation 20, 24
Regulation 22: Records of staff employed	Regulation 14, 20, 24
Regulation 23: Insurance	Regulation 6, 11, 24, 25, 27
Regulation 24: Governance and management	All the regulations
Regulation 27: Notification of incidents	Regulation 19, 20, 24
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent	Regulation 13, 24
Regulation 29: Complaints procedure	Regulation 5, 6, 19, 20, 24
Quality and safety dimension	
Primary regulation	Possible associated regulations
Regulation 7: Programme of care	Regulation 5, 6, 8, 9, 11, 12, 13, 14, 18, 19, 21, 24
Regulation 8: Healthcare	Regulation 7, 11, 18, 19
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Regulation 6, 19, 20
Regulation 10: Family contact and visiting arrangements	Regulation 6, 9, 17, 19
Regulation 11: Positive behaviour support	Regulation 6, 8, 19, 20, 24, 25, 29
Regulation 12: Protection	Regulation 5, 6, 7, 8, 11, 19, 27, 24, 25
Regulation 17: Accommodation	Regulation 5, 18, 23, 25, 26
Regulation 18: Food, nutrition and cooking facilities	Regulation 6, 8, 14, 19, 24, 25
Regulation 25: Risk management procedures	Regulation 5, 6, 8, 11, 19, 26
Regulation 26: Fire precautions	Regulation 6, 17, 20, 24, 25

Appendix 2 — Bibliography

▪ **Legislation and Regulations:**

- Health Act 2007 (as amended)
- Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 (as amended)
- Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017
- Child Care Act 1991
- Child Care (Amendment) Act 2011 (as amended)
- Child and Family Agency Act, 2013
- Children Act, 2001

▪ **HIQA National Standards:**

- Health Information and Quality Authority. *National Standards for Special Care Units: November 2014* (published in 2015). Dublin: Health Information and Quality Authority; 2015

▪ **HIQA Guidance Documents for providers:**

Annual Review Report — Assessing performance against the National Standards for Special Care Units: Regulation 24(d). See

<https://www.hiqa.ie/reports-and-publications/guide/scu-assessing-performance-against-national-standards-special-care>

Monitoring notifications handbook: Guidance for persons in charge of children’s special care designated centres. See

<https://www.hiqa.ie/reports-and-publications/guide/monitoring-notifications-handbook-scu>

Special Care Units Regulation 24 Six Monthly Unannounced Visit. See

<https://www.hiqa.ie/reports-and-publications/guide/special-care-units-regulation-24-six-monthly-unannounced-visit>

Guidance on the Statement of Purpose for Special Care Unit (SCU). See

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Revision history

Version number	Date	Version update comment
1	February 2018	First published
2	September 2020	Updated
2.1	July 2025	<p>Edited to reference amended care and welfare regulations, which now read:</p> <ul style="list-style-type: none">— Health Act 2007 (Care and Welfare of Children in Special Care units) Regulations 2017 (as amended) <p>Removal of references to obsolete HIQA guidance</p> <p>Updating of available HIQA guidance documents</p> <p>Updated 'About HIQA' and cover page templates</p> <p>Spelling review and additional punctuation.</p> <p>No other change to contents.</p>



Published by the Health Information and Quality Authority (HIQA).

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