



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Designated Centre Special Care Unit

Issued by the Chief Inspector

Name of designated centre:	Crannóg Nua
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Unannounced
Date of inspection:	29 - 30 July 2025
Centre ID:	OSV-0004216
Fieldwork ID	MON-0047718

About the centre

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

Aim:

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

Objectives:

To provide a high quality and standard of young person-centred care to young people who are detained under a high court order. The model of care advocates adherence to a set of principles to inform the staff approach rather than a prescriptive set of instructions. This assists in overcoming the difficulties commonly identified in responding to the broad range of needs and risks presented by young people within residential care through a multi-disciplinary approach. This helps to provide a structured, strengths-based approach which guides the staff team to feel competent in their knowledge base and be flexible in their ability to adapt their interventions to the needs of the young people in their care.

This model of care also helps to ensure that young people's behaviours are always placed in the context of their experiences of trauma, attachments, and wellbeing. This approach requires the application of individualised intervention programme, which promote inclusion of the multi-disciplinary team and provide clear evidence of wellbeing outcomes.

Ethos:

That the rights of all children and young people in Crannóg Nua are respected, protected, and fulfilled; their voices heard, and they are supported to realise their maximum potential and develop their hope.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	5
---	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

Compliance classifications

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
29 July 2025	14:00hrs to 24:00hrs	Rachel Kane	Lead Inspector
		Sharron Austin	Support Inspector
		Mary Lillis	Support Inspector
30 July 2025	09:00hrs to 14.30hrs	Sharron Austin	Support Inspector
	10:00hrs to 18.30hrs	Rachel Kane	Lead Inspector

What children told us and what inspectors observed

Listening to the voices of young people is an important part of the inspection process as it provides inspectors with an opportunity to understand their experience of the service. There were five young people living in the special care unit at the time of the inspection. Two young people chose to speak with inspectors as part of this inspection. The other three young people completed surveys to give their feedback as part of the inspection. Inspectors also had the opportunity to observe staff interacting with young people during the course of the onsite inspection.

Overall, the feedback from young people about their experiences of living in the special care unit was positive. Young people said that they felt safe living in the special care unit. Young people described being able to talk to staff if they had any worries or concerns. Some of the young people's comments included;

- "I can talk to staff"
- "I like my keyworkers, can talk to them"

Most of the young people indicated that they attended planning meetings, such as their child-in-care reviews and felt that they were listened to. The young people indicated that they were aware of their rights and that they knew how to make a complaint. One young person indicated that they made a complaint and that they were satisfied with the outcome.

Overall, young people indicated that they saw enough of their family and friends, however, one young person said that they would like more contact with family and friends and another young person said that they would like more contact with their friends.

Young people told inspectors that they got on well with staff. One young person described how they "get on with some staff more than others". Another young person described how it could be difficult to build trust with new staff, "at the beginning very hard, hard to trust them". A young person described the staff as "amazing" describing how "they are always calm" and "don't give out". Another young person told inspectors that staff "talk to me to help me understand what is happening".

Inspectors observed respectful and caring interactions between staff and young people in the two units that were in use at the time of the inspection. Three young people, who had been temporarily moved from their unit on the campus while fire upgrade works were being done, were in the process of moving back to their regular unit. Inspectors observed a lot of activity during the inspection to get everything set back up for young people's return. The unit was clean and tidy with

colourful artwork and murals on display in the communal areas. The staff were supporting the young people with unpacking and re-organising their belongings. Inspectors viewed one young person's bedroom and observed staff helping them to put away their belongings and plans were made for the young person's own personal artwork to be hung back up in their bedroom. Inspectors also observed young people having dinner with staff where there was a relaxed and warm atmosphere.

There were two young people living in the second unit. The two young people in this unit were living in separate parts of the building as one of them was living in a single occupancy arrangement. Inspectors observed both of the young people watching television with staff in separate parts of the unit. Inspectors observed a relaxed atmosphere in this unit also. One young person gave staff permission to show inspectors their bedroom. The young person's bedroom was beautifully decorated with lots of photographs on display and their bathroom was decorated colourfully also.

Young people were provided with their meals in the units. However, one young person, who did not have access to the kitchen in the unit, told inspectors that they would like access to this as they currently only had access to a toaster and kettle in another room for preparing their own food. The young person also told inspectors that they understood the reasons for such restrictions being in place. The management team were aware of this young person's wishes to access the kitchen and were regularly reviewing restrictions in place to lessen these where possible.

Staff had made creative use of the walls in the communal spaces in this unit to display useful information for young people. One noticeboard had information on emotional awareness and steps on how to stay calm which included an emotional thermometer. Another notice board displayed photographs and profiles of staff in a child friendly manner which were helpful for new young people to get to know staff and for all young people to get to know new staff.

One of the young people told inspectors of their worries about not having an onward placement confirmed. Although this was causing the young person a lot of concern they also told inspectors that they knew this was not the fault of the staff in the special care unit. The management team were aware of the young person's concerns and they were working collaboratively with the young person's social worker to secure an onward placement. A lack of appropriate move on placements was on the special care unit's risk register and this will be discussed further under regulation 25: Risk management.

Inspectors spoke with external professionals who support the young people living in the special care unit. Inspectors spoke with four social workers and four guardian ad litem's¹ (GALs) to get their feedback on the quality of care the young people have been receiving.

Four of the external professionals told inspectors of their concerns in relation to the lack of suitable onward placements for young people leaving special care. Some of their comments included;

- The lack of step down placement is a "massive risk" resulting in "loss of hope" for a young person.
- "it is a real concern where this young person goes next".

One of the external professionals acknowledged that despite the national challenges with the lack of suitable placements for young people leaving special care, the team in Crannóg Nua were "very focused on turning the young person around as quickly as possible" and were "very committed" to young people "not being detained for too long".

All of the external professionals spoke highly of the staff's experience and skills in supporting young people. They commented on the staff's ability to build trusting relationships with the young people. One professional said that the staff understood the young person "remarkably well" and that they were "really fond of (young person) and got to know (young person) so well". Another professional told inspectors that the staff had "constant positive regard" for the young person.

The professionals described to inspectors a team that were confident and skilled in supporting young people. Professionals described how staff "take on board what worked in the past" and "are very attuned" to young people's needs. One professional described how staff were "really good around the young person's sensory needs".

All of the external professionals told inspectors that they felt that the young people were being kept safe and that risks were well managed in the special care unit. One professional told inspectors, "the young person has a sense of safety and feels looked after". Another professional described how the staff involved young people in their risk management plans and "everything is discussed and explained to the young person". Some of the external professionals told inspectors that staff were constantly trying to balance managing risk with looking to reduce restrictions where possible.

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

Most of the external professionals told inspectors that they thought that there was adequate staffing levels to meet the needs of the young people and keep them safe. One professional said that they were aware that on occasion plans for the young person changed due to staffing shortages. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the special care unit, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a risk based unannounced inspection undertaken on foot of concerns brought to the attention of the Chief Inspector through the receipt of unsolicited information and notifications of allegations of staff misconduct. The inspection focused primarily on programmes of care, protection, staffing, risk management and governance and management. Overall, the special care unit demonstrated a good level of compliance with the regulations. Five regulations were examined, four of which were judged as compliant and one was judged as substantially compliant. Although the statement of purpose (SOP), at the time of the inspection stated a capacity for six young people, the service reduced their capacity to five in order to meet the needs of young people who required additional staffing and higher levels of supervision.

Inspectors observed a culture that was open, supportive and reflective in the special care unit. The management team and staff demonstrated a commitment to delivering child-centred and individualised care in order to keep young people safe and to support them to achieve their full potential. Governance and management structures were well-embedded, clear and set out the lines of authority and accountability.

Social care managers had good oversight of care practices within their units and were routinely present within the units and available to support staff.

Communication systems in place effectively ensured safe and child-centred care for each young person. Important information about young people's presentation, needs and emerging risks were communicated effectively.

Overall, staff had the appropriate skills, knowledge and experience to meet the needs of the young people. Training registers were maintained to ensure that all staff had the necessary mandatory training completed including refreshers when required. Supervision registers were also maintained to oversee the frequency of supervision and overall, staff received regular and good quality supervision. Young people were provided with external additional supports where required, such as occupational therapy, art therapy and psychiatry.

A practice register was in operation where any concerns about staff's practice were recorded and trends in this regard were monitored by the PIC and managers. Where necessary staff were supported to improve their practice through supervision and performance improvement plans. Incidents of staff misconduct were investigated appropriately.

The registered provider had effective arrangements in place to facilitate staff in the special care unit to raise concerns about the quality and safety of the special care unit. However, improvements were required in some staff's knowledge of the protected disclosures policy and procedure.

Managers maintained a complaints register which showed that complaints were investigated promptly and young people were satisfied with the outcomes.

There were robust management and oversight systems in place in relation to all incidents and restrictive practices including the use of physical restraints. The significant event review group (SERG) meetings were utilized well in identifying learnings from incidents to improve interventions for young people in order to better meet their needs.

The special care unit had effective systems in place to monitor compliance with the regulations in order to ensure that the safety and welfare of each young person was promoted. These systems included both internal and external audits and reviews of the service's compliance with the regulations. Where areas of improvement were identified, action plans were implemented to address these.

There were robust systems in place to ensure that there was adequate staffing in place to meet the needs of the young people and maintain safety at all times. Managers rigorously reviewed the roster to ensure that minimum staffing levels required were maintained. However, staff told inspectors that staffing levels could be very tight at times and that social care leaders and managers sometimes had to step in to cover staff absences. That said, the majority of staff also told inspectors that staffing deficits had not led to unsafe situations. From a sample of rosters reviewed by inspectors, it was clear that staffing levels were increased at times to support young people and reduce risk where required.

The registered provider had recruitment and retention strategies in place. In 2025, an increased rate of pay was implemented for social care workers working in special care. While this was a welcome development in terms of recruiting new staff, staff and management highlighted concerns about other incoming changes to staffing and management structures in special care and the potential impact these changes could have on staff retention.

The PIC escalated the staffing challenges to the director of special care on a regular basis and the special care unit had reduced their capacity from six to five

young people since May 2025, in order to meet the needs of young people who required additional staff and increased levels of supervision.

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

This inspection found that the special care unit was experiencing ongoing challenges in recruiting and retaining adequate levels of staffing to be able to cater for six young people, as per their SOP. The social care unit had reduced their capacity to five young people in May 2025 in order to meet the needs of young people who required additional staffing and higher levels of supervision. This inspection found that despite these challenges, there was adequate staffing levels with the required experience, knowledge and skills to provide good quality care to the five young people detained in the special care unit at that time.

At the time of the inspection, there were five vacant social care leader posts and 23 vacant social care worker posts. Since January 2024 the service have recruited nine new staff members. However, 15 staff had resigned and seven staff had transferred out of the service. The PIC informed inspectors that a common reason for staff leaving was due to the challenging nature of the work. In addition, there were nine staff unavailable to work due to long term leave such as sick leave, injury leave, maternity leave and career break. At the time of the inspection there was a total of 41.6 whole time equivalent staff available to work. The PIC escalated the staffing challenges to the director of special care through the risk escalation process of '*Need to Know*²'.

Despite these ongoing challenges, the minimum staffing levels were maintained through the use of agency staff, managers covering for staff, staff's flexibility and overtime. Inspectors spoke with 25 staff members including social care workers, social care leaders, managers and the PIC. Some of the social care workers were employed directly by Tusla and some were employed through external agencies. The majority of staff who spoke with inspectors acknowledged that at times staffing levels could be very tight. However, staff told inspectors that staffing deficits had not impacted on safety being maintained. Staff described situations when social care leaders or managers supported them, either due to last minute staffing absences or where additional support was needed in challenging situations with young people. Staff described an "all hands on deck" culture in the service where staff at all levels worked together to ensure the young people's needs were met and safety was maintained. Concerns expressed by staff about off-site activities being facilitated by one staff member were communicated to the PIC by

² Tusla's system for informing senior managers about significant risks to the safety and welfare of children.

inspectors who confirmed comprehensive risk assessments were carried out in relation to off-site activity staffing ratios.

Inspectors reviewed a sample of 12 rosters and found that overall, there was a balance of experienced and newer staff members on shift together. In general, at night time, when young people were settled in their bedrooms, staffing numbers were reduced. Where additional staffing was required at night time this was facilitated. The rosters showed that a social care leader was not always on shift at night time. Managers aimed to have a social care leader on shift during the night, in particular during times when it was more likely that additional support may be required. Where this was not possible, managers ensured that there was a social care worker with a good level of experience on shift.

Managers were present on the campus six days a week. There was an effective on-call system and policy in operation for times when management were not present in the service.

The registered provider had appropriate arrangements in place to ensure continuity of care and support to young people. For example, the provider only used a consistent group of agency staff that were familiar with the service. The agency staff who spoke with inspectors had adequate knowledge and understanding of their responsibilities to keep young people safe.

Staff and managers who spoke with inspectors identified that the turnover of staff was a challenge as it took time for new staff to become familiar with the unique setting of special care. The PIC ensured that new staff who were still in training and were on induction were on the rosters as extra staff and not included in the required staff-to-young people ratios.

All new staff underwent an induction which included a period of shadowing experienced staff members. The induction period was generally four to six weeks, however, this was extended when necessary for further learning opportunities, as well as for management to determine the suitability of staff to effectively meet the needs of the young people. An enhanced staff induction with specific components aimed at bridging knowledge gaps for overseas social care workers had been developed.

There were adequate systems in place to ensure safe staff recruitment. Inspectors reviewed a sample of staff files for staff employed directly by Tusla and staff employed by external agencies. The relevant records and documents related to staff as required under the regulations were obtained and held centrally by Tusla. While not a requirement at the time of the inspection, social care workers must have applied for professional registration by the end of November 2025. Evidence that this was complete or in progress was absent from the files sampled by inspectors. The person in charge (PIC) told inspectors that while some staff had

already registered, others had not yet completed the registration process. Given the ongoing staffing challenges in the service, it is important that all relevant staff have applied for professional registration in advance of the deadline to prevent further staffing difficulties arising.

Overall, staff received regular and good-quality supervision. Formal supervision was happening every 6-8 weeks and staff were required to complete reflective practice pieces of work in between formal supervisions. There was a variation in the level of reflective practice recorded in the supervision folders sampled by inspectors, indicating that some staff were more consistent than others with completing this aspect of supervision. New staff members received monthly supervision provided by deputy social care managers. Supervision registers were maintained to oversee the frequency of supervision and any gaps were recorded with an explanation.

The special care unit had reduced their capacity to five young people in order to meet the needs of young people who required higher levels of staffing. Therefore, the service could not cater for six young people as per their registration. It is for this reason that the service was found to be substantially compliant with this regulation.

Judgment: Substantially Compliant

Regulation 24: Governance and management

There was an effective leadership, governance and management system in place that promoted good quality and safe care in the special care unit. The management team were appropriately experienced and skilled. Governance and management structures were well-established, clear and set out the lines of authority and responsibility. The PIC was responsible for the day-to-day operational management of the special care unit. The PIC reported to the director of special care.

There was a written record of the delegated duties maintained. The PIC was supported by two social care managers. Each social care manager had responsibility for the day-to-day operations of a residential unit. In addition to social care managers, there were six deputy social care managers and nine social care leaders in post. Social care managers had good oversight of care practices within their units and were consistently present within the units and available to provide support to staff. Management meetings took place weekly where clear decision-making, review of young people's progress, significant events and discussion of staffing issues were evident.

All staff who inspectors spoke with said that managers were very supportive and approachable. Staff described the managers and the PIC as 'hands on' and described numerous times that they helped out in challenging situations. Staff spoke highly of the support they received from both formal and informal supervision and they particularly valued the debrief sessions that happened after incidents. Staff described a supportive, caring and learning culture where everyone worked together to try to achieve the best possible outcomes for the young people.

Day-to-day communication systems in place effectively ensured safe, child-centered and individualised care for each young person. These systems included; daily handovers, team meetings and management meetings. Important information about young people's presentation, needs and emerging risks were communicated through these mechanisms. Inspectors observed handover meetings in each unit. Both meetings were very comprehensive and efficient and clear plans were made for the shift ahead. Young people's placement support plans and risk management plans were updated to reflect their changing needs.

The special care unit had adequate staffing resources in place to meet the needs of the five young people at the time of the inspection. As already discussed, the special care unit had experienced ongoing challenges in recruiting and retaining staff. The registered provider had retention strategies in place such as an employee assistance programme and a critical incident stress management procedure. In 2025, an increased rate of pay was implemented for social care workers working in special care. In addition, staff and managers told inspectors that the service provider were planning on making changes to the roles of the social care leader and deputy social care managers across special care. While the increased rate of pay was a welcome development in terms of recruiting new staff, staff at all levels in the service expressed concerns about the incoming changes to staffing and management structures in special care and the impact these changes may have on staff retention.

Young people were provided with external additional supports where required. At the time of the inspection some young people were in receipt of support from an occupational therapist and an art therapist. Support from a general practitioner and a psychiatrist were also available to young people where necessary.

Overall, staff had the appropriate skills, knowledge and experience to meet the needs of the young people. Managers maintained training registers to ensure that all staff had the necessary mandatory training completed including refreshers when required. Many of the staff were training facilitators in areas such as Tusla's approved behavior management approach, the use of safety pods³ and manual

³ A safety pod is a specially designed bean bag that is deep and firm and is intended to provide safe and therapeutic means of supporting children in a caring and dignified manner during times of distress and risk.

handling. This strategy meant that training could be arranged promptly. One staff member's training in fire safety was out of date at the time of the inspection. Managers informed inspectors that the staff member had been unable to attend the last training but that they were booked into the fire training being run in August 2025.

A practice register was in operation where any concerns about staff's practice were recorded. The PIC and managers had oversight of this register and trends in practice issues were monitored. Where necessary staff were supported to improve their practice through supervision and performance improvement plans. If investigations were warranted, these happened in a timely manner and were dealt with under the organisation's disciplinary procedure if necessary.

The registered provider had effective arrangements in place to facilitate staff in the special care unit to raise concerns about the quality and safety of the special care unit as per the regulations which included the protected disclosures policy and procedure. Improvements were required in some staff's knowledge of the protected disclosures procedure as not all staff were clear on how to make one should they ever need to. However, the majority of staff told inspectors that they did not feel that they would ever need to make a protected disclosure as they would discuss any concerns they had with management internally.

A complaints register was maintained by the managers in the special care unit. There were two complaints in 2025 and three complaints in 2024. Each complaint was investigated promptly. The complaints register indicated that all of these complaints were now closed and the young people were satisfied with the outcomes.

There were robust management and oversight systems in place in relation to all incidents and restrictive practices including the use of physical restraints. Inspectors reviewed minutes from significant event review group (SERG) meetings and found that these were effective in identifying learning from incidents. For example, in one meeting, it was identified that the young person could have been supported better by staff and that there should have been more focus on their placement support plan. Learning from SERGs were communicated to staff in team meetings and supervision.

The special care unit had effective systems in place to monitor compliance with the regulations in order to ensure that the safety and welfare of each young person was promoted. The centre management team conducted regular audits on aspects of the service such as; protection, staffing and programmes of care. Where gaps were identified plans were made to address them.

The regulations require that the provider ensures the quality and safety of special care is monitored and reviewed. Tusla's Practice Assurance and Service Monitoring

(PASM) team had carried out a review of staff supervision in the service in May 2025. Overall, the review found that the quality of supervision provided to the social care team was completed to a high standard. The review made two recommendations. The first recommendation was for supervision schedules to be added to all deputy social care managers folders which was completed. The second recommendation was that the supervision schedule on file should align to staff's supervision contracts and completed supervisions, the actions linked to this were completed or ongoing.

Judgment: Compliant

Quality and safety

There was high quality care and support provided to young people in the special care unit. The safety of the young people was prioritised and staff were attuned to the emotional well-being of the young people. Young people's safety and wellbeing was a paramount consideration in all decisions that were made about their care and the interventions that were implemented to help each young person to fulfil their potential.

Each young person had a programme of care which outlined details of all required interventions in accordance with their identified needs. Staff's knowledge of young people was evident in their programmes of care which were comprehensive, detailed and individualised. The programmes of care were updated as required and as staff got to know the young people better. The staff team were creative in how they supported young people and adapted their approach to suit the needs of each individual young person.

Young people's placement plans were developed in collaboration with multidisciplinary teams, as well as the young people themselves, who were encouraged and supported to participate in planning for their care. Where restrictive practices were in place as part of young people's programmes of care, the use of such interventions was found to be proportionate and in line with policy.

There was effective management oversight of child protection and welfare concerns in the special care unit and appropriate management of allegations of misconduct against staff. Child protection concerns were reported appropriately, in a timely manner and all relevant persons were notified as required.

The provider had arrangements in place for the identification, management and ongoing review of risk. The approach to risk-management was child-centred and balanced safety with respecting and promoting young people's rights. Staff had good knowledge and understanding of the risk management policy. Risk was

assessed continually within the special care unit. Records demonstrated staff's knowledge of young people and the individual risks that presented for them.

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

Regulation 7: Programme of care

Each young person had a programme of care which outlined details of all required interventions in accordance with their identified needs. Inspectors reviewed a sample of three young people's programmes of care. Each young person's file contained an up-to-date care plan, placement plan, placement support plan, and therapeutic plan. The young people's programmes of care were overseen by the PIC. Records of their care were securely held and updated as required. Staff worked within an agreed framework of care which guided them in their practice and interventions.

Records in relation to young people's programmes of care were maintained to a high standard. All required components of the programmes of care were in place and were up-to-date, as required by the regulations. It was clear that staff knew the young people well as this was reflected in their programmes of care which were comprehensive, detailed and individualised.

The programmes of care were continually adjusted as staff got to know the young people better and staff demonstrated an ability to 'think outside the box' in order to best meet their needs. For example, the standard approach to completing one-to-one work with a young person following an incident was adjusted so that it was more suitable to the young person's specific learning needs. This resulted in an increase in the young person's engagement with staff following incidents. The child-in-care review forms were also adapted to make it easier for a young person to understand and be able to complete them with support from staff.

Young people's placement plans were devised with input from multidisciplinary teams of professionals, as well as the young people themselves, who were encouraged and supported to participate in planning for their care. Child-in-care reviews and multidisciplinary meetings were held monthly. Where required, additional reviews of young people's care were convened. Reviews of young people's care showed that these meetings comprehensively evaluated the effectiveness of interventions to achieve identified goals for young people.

The special care unit worked collaboratively with Tusla's Assessment, Consultation and Therapy Service (ACTS) to best meet young people's therapeutic needs. Each

young person had a therapeutic plan in place devised by ACTs in collaboration with the young people. The ACTs team carried out workshops with the staff teams to support them in implementing the therapeutic plans for young people. The staff team also engaged with other professionals such as occupational therapists to support them to effectively tailor and implement programmes of care to best meet the needs of each individual young person.

Where restrictive practices were in place as part of young people's programme of care, the use of such interventions was found to be proportionate and in line with policy. Inspectors reviewed the use of single occupancy that has been ongoing for a young person since May 2025. The single occupancy arrangement was being reviewed every 72 hours, as per policy. These reviews were comprehensive, involved the young person's multi-disciplinary team and clearly outlined the rationale for the continuation of single occupancy. Improvement was required in the recording of the young person's view of being in single occupancy as part of the reviews as staff were recording that the young person had been consulted rather than what the young person's actual view was. This was highlighted to the PIC during the inspection who put a plan in place to address this.

Inspectors also reviewed a sample of significant events which demonstrated the staff's skills in effectively implementing young people's placement support plans and individual crisis support plans where necessary to help young people through difficult incidents.

Judgment: Compliant

Regulation 12: Protection

There was effective management oversight of child protection and welfare concerns in the special care unit and appropriate management of allegations of misconduct against staff.

All staff had up-to-date training in Children First: National Guidance for the Protection and Welfare of Children (2017). Child protection concerns were reported appropriately, in a timely manner and parents, GALs and the Chief Inspector were notified as required.

Staff were knowledgeable about Children First (2017) and the national policies and procedures underpinning their safeguarding practice. There were clear systems in place for reporting child protection concerns and staff understood their role as mandated reporters.

There were 19 child protection concerns recorded on the child protection register in 2024 all of which were closed. There were eight child protection concerns

recorded on the risk register for 2025 so far, six of which were closed and two were open. The management team maintained regular contact with social work departments regarding any concerns raised.

The management team adhered to the Child Protection and Welfare Allegations against Tusla Staff Policy and Procedure. However, inspectors noted that the service provider had not reviewed this policy since July 2022 despite it being due to be reviewed in July 2023.

There was one concern in relation to staff since the previous inspection that met the threshold to be investigated under Tusla's Child Abuse Substantiation Policy (CASP). Managers and the PIC responded appropriately to this concern which was under investigation at the time of the inspection. Appropriate action was taken to safeguard young people.

Judgment: Compliant

Regulation 25: Risk Management

Care approaches and interventions were risk-assessed for each young person. The approach to risk-management was child-centred and balanced safety with respecting and promoting young people's rights. For some young people, risk management was very restrictive at times. However, there was clear rationale documented for the decision making and responses required to maintain young people's safety.

The provider had a risk management policy in place which was being effectively implemented by management and staff in the special care unit. The PIC maintained appropriate records relating to incidents and accidents.

The provider had effective arrangements in place for the identification, management and ongoing review of risk. For example, management completed comprehensive reviews of all incidents, including reviewing closed circuit television (CCTV) if necessary. In addition, there were regular SERG meetings to ensure quality management, risk management and service improvement.

Staff had good knowledge and understanding of the risk management policy and how this underpinned their day-to-day tasks and the care they provided to young people in order to keep them safe. Risk was assessed on an ongoing basis within the special care unit. Inspectors reviewed a sample of individual risk assessments and young people's individual situation risk management plans. These records were very detailed and comprehensive. The records demonstrated staff's knowledge of young people and the individual risks that presented for them as well as clear plans to mitigate risks and keep young people safe.

The PIC maintained good oversight of risks for the service and escalated matters where required. A risk register was maintained by the PIC which was reviewed on a quarterly basis or more often if required. At the time of the inspection there were nine risks listed on the register. One of the risks was in relation to delays in the special care unit receiving updated special care orders, following court hearings for some young people. This was escalated by the PIC through the '*Need to Know*' process to the director of special care and the issue had been addressed.

Two risks on the register related to the shortage of appropriately skilled staff and the lack of onward placements for young people leaving special care. Both of these risks had a number of controls in place to mitigate against them, however, the issues were ongoing and the PIC had appropriately escalated them to senior management through the '*Need to Know*' process on a number of occasions.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

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

Standard Title	Judgment
Capacity and capability	
Regulation 14: Staff members and others working in the Special Care Unit	Substantially compliant
Regulation 24: Governance and management	Compliant
Quality and safety	
Regulation 7: Programme of care	Compliant
Regulation 12: Protection	Compliant
Regulation 25: Risk management	Compliant

Compliance Plan

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

Provider's response to Inspection Report No:	MON-0047118
Centre Type:	Special Care Unit
Date of inspection:	29 July 2025
Date of response:	29 September 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation 14: Staff members and others working in the special care unit	Judgment: Substantially compliant
Outline how you are going to come into compliance with Regulation 14: • Crannog Nua will continue to actively engage in all recruitment process including the required and scheduled interviews for potential staff. • Crannog Nua will continue to engage in the screening and interviewing process for overseas staff. • There will be ongoing review for all young people on 2:1 staffing ratios based on risk assessments completed. • Crannog Nua will continue to review staffing capacity based on admissions and discharges to the centre. • There will be an ongoing review with the Registered Provider regarding the occupancy rate outlined in the Statement of Purpose.	
Proposed timescale: 28 February 2026	Person responsible: PIC & Registered Provider

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(1)	The registered provider shall ensure that the number, qualifications, experience, suitability and availability of staff members in the special care unit is appropriate, having regard to the number and assessed need of children detained in the special care unit, the statement of purpose and the size and layout of the special care unit.	Substantially compliant	Yellow	28/02/2026

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

For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie

© Health Information and Quality Authority 2023