



**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:	Ballydowd Special Care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Unannounced
Date of inspection:	18 June 2025
Centre ID:	OSV-004221
Fieldwork ID	MON-0047474

## About the centre

The following information has been submitted by the special care unit and describes the service they provide.

Our aim is to provide a safe, secure and therapeutic environment where young people learn to reduce their risk taking behaviours while developing their wellbeing. We aim to enable and support the young person to return to a less secure placement as soon as possible, based on the individual needs of that young person.

The objective is to provide a high quality standard of young person centred care to young people who are detained under a High Court special care order. This will be achieved via a model of care which has an evidence base in best practice. Our objective is to ensure young people live in a comfortable, clean and safe environment, that the environment promotes the wellbeing, health, education rights, independence and individual needs of the young person in Ballydowd Special Care Unit. This in turn should assist in reducing their risk taking behaviour. The service will ensure that the young people's human rights are upheld with our aim for them to return them to a non-secure environment as soon as possible.

The ethos of the service is that the individual rights of all children and young people in Ballydowd are respected, promoted, protected and fulfilled; that their voices are heard and that they are supported to realise their maximum potential and develop hope for their future.

**The following information outlines some additional data of this unit.**

<b>Number of children on the date of inspection</b>	06
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

## 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
18 June 2025 - 19 June 2025	19:30hrs to 03:30hrs	Lorraine O'Reilly	Lead Inspector
		Erin Byrne	Inspector
19 June 2025	07:30hrs to 13:15hrs	Rachel Kane	Inspector

## What children told us and what inspectors observed

Listening to the voices of young people was an important part of the inspection as it provided inspectors with the opportunity to understand their experience of the service. There were six children living in the special care unit at the time of inspection and four chose to meet with inspectors. Inspectors also had the opportunity to observe interactions between children and staff while onsite at the unit.

Children had mixed feedback and experiences about what it was like to live in the special care unit. When asked about their experiences within the special care unit, children said that it was "very peaceful" there and it gave them the "headspace" to think. They also said "it can be lonely at night" but that was also good as they were approaching adulthood. Children appeared to talk with staff in a relaxed and casual manner while sitting with them watching television and with other staff walking through the unit with inspectors. Children briefly spoke about their evening plans and said that they had their own night-time routines.

Children described staff as "brilliant", "firm but fair" and said "they care about you". They said staff explain the reasons for decisions being made. They said "you know where you stand". They told inspectors "I feel like I'm learning for the future here". They said that staff were "really doing a lot to help me" and "staff are really good and there's lots I can talk to about things".

When asked about what changes they would make to the special care unit, children said they would make it more homely as it was "more like cells and not comfortable". One child said that they spent long periods indoors due to not being allowed to spend time with other residents. Children wanted to have the windows open throughout the special care unit to let more fresh air into the buildings. Another child told inspectors they were waiting on their bedroom allowance to decorate their room although they had been in there a number of weeks. Some children told inspectors that some staff did not participate or engage in activities as much as other staff. All of these issues were brought to the attention of centre management and were being addressed at the time of the inspection.

Some children told inspectors that making complaints worked well for them while others felt they were pointless. One child spoke about delays in responding to requests for items in their bedroom and two talked about not being allowed drinks in their rooms after bedtime. Some children told inspectors that they felt this issue, of not being allowed to have drinks in their rooms, might be due to new staff who did not know the rules about what happened in the special care unit.

Some children had experienced being physically restrained while others had not. Although some children had not experienced this happening to them, they had seen incidents of this happening to other children.

Children spoke about their care planning meetings. Some attended and felt that staff advocated for them and also supported children to advocate for themselves. For example, they were included in discussions about where they would move to from the special care unit. Another child told inspectors that they were not allowed to attend their review meeting but attended the end of it "I go up and everyone is gone, only my social worker there".

Inspectors were present in the special care unit as the staff teams were changing from day to night shift and found that information was succinct, relevant and clearly communicated. Inspectors observed the handover of information to staff for the night-time period and talked through the night-time routine with staff. An overview of children's day activities were discussed as well as evening activities and plans for the following day.

Inspectors observed staff through the various living spaces across the units and found that the units were minimally staffed with two social care staff only in each of the three units. Inspectors were provided with staff rosters and staff confirmed arrangements for their shifts. For example, at night-time, there were typically two dedicated night staff in each unit with an additional staff member working across the various units, depending on where staffing support was most required. Staff explained that this additional staff member was often used as extra support when an incident occurred overnight. There were no social care managers or person participating in management working on site out of hours. This was a concern for staff, managers and inspectors.

Inspectors spoke with external professionals including children's social workers and guardians-ad-litem following the inspection. A guardian ad litem refers to a person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests. Feedback from external professionals was positive. They said that communication with the unit was good and that they were informed of incidents in a timely manner. Professionals said that children had good relationships with staff and that children's confidence and optimism had grown through staff supporting them to meet their goals.

Positive feedback provided by children, staff and external professionals was highlighted to the management team and any concerns raised by children and staff were followed up promptly by inspectors.

## Capacity and capability

This was a risk-based inspection focussed primarily on the management of incidents within the unit, staffing, restrictive practices and protection. Five regulations were examined, three of which were judged as compliant and two were judged as substantially compliant.

Since the previous inspection in June 2024, the Child and Family Agency (Tusla) sought to increase the bed numbers in this special care unit from five to six. Assurances were provided to the Chief Inspector of Social Services, prior to this increase, with regard to sufficient staffing, capacity to respond to behaviours that challenge and about the governance and management arrangements within the special care unit. Adequate assurances were provided and the special care unit increased its capacity to six beds in May 2025.

The special care unit submitted 22 notifications to the Chief Inspector in the period from May 2025 to the time of the inspection in June 2025. This was a significant increase compared to seven notifications of a similar nature being received from January to April 2025. The majority (14 of 22) of these notifications related to allegations of staff misconduct and allegations of suspected or confirmed abuse of a resident. While some of these related to children before they were detained in special care (four of 14), the remaining 10 related to allegations against staff members in the special care unit. As part of ongoing monitoring and regulation, and a thorough examination and review of information received and concerns being notified, a decision was made to carry out this risk-based inspection. Inspectors found that improvements were required and some actions needed to be taken to be fully compliant with regulations.

There was strong governance and oversight within the special care unit which ensured timely notification, responses and review of incidents and practice issues. Complaints were managed effectively. There were adequate processes in place to assist and support good local oversight within the special care unit. There were regular management meetings which focussed on the children, training, audits, supervision, compliance with regulations and issues requiring action to address, such as quality improvement pieces of work, availability of an adequate number of staff with appropriate skills and experience and the management of any staff performance issues.

Despite some of the actions taken and controls put in place by management, the shortage of adequate and appropriate staffing remained a risk within the special care unit. This had an impact on the daily living and activities of children which were not always prioritised based on their individual needs but rather on what resources, such as staffing, could facilitate. Addressing this risk required a national

response to ensure a safe service which has the capacity to meet the individual needs of children detained in the special care unit.

The management of complaints was in line with Tusla's policy and met the requirements of this regulation. Complaints were investigated and managed in a timely manner with good management oversight. There was documentation in place to demonstrate good management of complaints.

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

The registered provider was extremely challenged in ensuring that the number of suitably experienced and skilled staff were available to meet the needs of the children detained in the special care unit. In some instances, there were no social care leaders available to lead shifts and this led to social care workers taking on the role of 'shift coordinators'. In addition to this, staffing was more restricted at night-time and this posed a risk to the care provided within the unit, particularly the staff capacity to respond safely and promptly when issues arose. When incidents occurred or additional safety measures were put in place, this placed increased pressure on staff to safely monitor and supervise children in the special care unit.

The special care unit had increased its bed numbers from five to six in the weeks prior to the inspection. This meant that they had adequate staffing to meet the needs of six children within the special care unit, in line with the requirement of this regulation. However, despite recruitment and retention efforts, staffing deficits remained a significant risk and the highest priority for the service at the time of this inspection.

There were four social care leader posts and 22 social care worker posts vacant at the time of the inspection. Since January 2025, there had been 12 new recruits consisting of one social care leader and 11 social care workers. Over the same time period, two staff had left the service and two further resignations had been received.

Measures had been taken to enhance the service's capacity to recruit and retain the most suitable staff, such as increasing involvement of unit management in the recruitment of staff to ensure the individuals recruited had the necessary skills and knowledge to fulfil their duties within the special care unit. These were in addition to the general recruitment practices in place by the provider.

There were adequate systems in place to ensure safe staff recruitment. The relevant records and documents related to staff as required under the regulations



were obtained and held centrally by Tusla. A sample of these were reviewed by inspectors and all necessary documents were present as required. 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 in some of the files sampled by inspectors. The person in charge, as well as senior managers, had identified this as a risk, due to the potential for further reducing the availability of appropriate staffing to meet the needs of children detained in the unit.

While all staff recruited had the relevant qualifications, not all had the experience required to meet the assessed needs of children detained in the special care unit. Staff told inspectors that the special care environment took time to get used to working in and it was very different to other social care jobs. They said managers were supportive of them and explained the reasons for decisions being made. Since January 2025, five staff had completed induction, six were in progress at the time of the inspection and one new recruit had resigned during the induction period. Appropriately, staff on induction or students on college placements were not considered when allocating resources and these were always additional to staff teams on the unit schedules.

On occasions, there were no social care leaders on shift and this meant that social care workers were required to take on this additional responsibility. There was less staff available and no managers on site during out-of-hour periods. To assist and support staff during these periods, management were available to provide guidance and support over the phone to less experienced staff. There was a risk in terms of additional support not being available should it be required to respond to events in an immediate manner.

There were some disruptions to the care and support provided to children particularly relating to staff employed on a less than full time basis or those newly recruited to the service. Children spoke with inspectors about new staff not being familiar with some of the rules in the special care unit. Staff and management agreed with this and had taken action to address this. For example, further improvements in providing staff with more comprehensive information guide for induction was in progress at the time of the inspection.

An enhanced staff induction for all new staff, with additional components specifically aimed at bridging knowledge gaps for overseas social care workers, were positive measures taken towards addressing this risk. The induction period had been extended from four weeks to six weeks for further learning opportunities, as well as for management of the service to determine the suitability of staff to effectively meet the needs of the children detained within the special care unit. Some staff required longer periods of induction to ensure they were fully aware of the service's role and remit. When this was necessary, this was

facilitated. This demonstrated that management placed emphasis on supporting staff learning through developing their skills and knowledge.

Staff had a good knowledge and understanding about the expectations on their shifts. There were specific tasks and duties for staff working at night time and they were aware of how to use the on call managers system that was in place. They spoke about a particular practice of constant observation, in place at the time of inspection, and explained that this had been split between all staff across the campus which they say had helped with the demands of night shift work, in the weeks prior to the inspection.

Roles and delegated duties were well established amongst the management team and staff were aware of these. The management team were competent in fulfilling their roles. Inspectors reviewed the list of delegated duties which stated who was responsible for each responsibility under the regulations. For example, the person in charge and social care managers had the responsibility for the oversight of complaints and social care managers had the delegated duty for maintaining supervision records.

The person in charge ensured that there was an appropriate level of professional supervision and support provided to staff members in the special care unit. There was additional oversight by delegating duties to ensure new staff had a good induction and a mentoring system. A sample of available supervision records demonstrated all required information was recorded. Records contained contracts, schedules, reflections with staff, key working and supervision records to date. A supervision tracker was also in place which provided management with good oversight of supervision being provided to staff. This recorded the details of the supervisor, supervisee, dates of when supervision had occurred and any gaps on a monthly basis. This meant that managers could track supervision occurring in line with regulations and ensured a timely response to address any gaps which arose.

There were appropriate numbers of staff in the special care unit to care for the children detained there. There were no managers or senior staff available on site at night and there was minimum staffing at night time. This increased risks associated with management of incidents. While managers made ongoing efforts to ensure controls were in place where possible, the risk remained.

**Judgment:** Substantially compliant

## **Regulation 24: Governance and management**

The registered provider was responsible for making improvements to the service and ensuring safety within the special care unit. Management actions taken did not effectively mitigate against some risks, for example; the provider had not ensured the service was adequately staffed at all times. Despite efforts made, gaps remained in recruiting and retaining staff to adequately meet the individual needs of children. While management within the special care unit had taken steps to provide a safe service and to mitigate against some of the risks, a more sustainable and comprehensive response was required from the registered provider which provided for safety, as well as continuity of care for children into the future.

The potential risk of failure to provide a continuity of service in the special care unit was identified and listed on the unit's risk register. This was due to factors including a lack of suitable candidates identified from recruitment campaigns and retention of staff. This had an impact on the care provided to children.

Staff told inspectors that more staff at night time would be beneficial as they didn't have support in the same way as when an incident occurred during the day. Another staff member commented that it was a struggle having to rely on agency staff. Staff described how this impacted children's behaviour as unfamiliar staff could be triggering for them. A further impact of having a limited number of staff meant that resources available to respond to the individual needs of children was less than ideal and made it more difficult for all children detained in the special care unit.

Staffing issues impacted on the service's capacity to provide a more individualised service to meet the needs of the children detained there. This was particularly evident when things escalated within the unit due to children presenting with behaviours that challenge or when children wished to avail of activities off-site. Due to staff numbers, facilitating children's activities was not always possible.

An example of good practice observed during the inspection was the use of a particular living area to provide a child with opportunities to develop their independent living skills prior to their transition to their onward placement. However, the unit manager told inspectors that it was unlikely this could be maintained, due to staffing shortages. Despite acknowledgement of the benefits of the arrangements for this young person, management could not guarantee that this arrangement could continue for the short period until the child's time of discharge, because staff were covering three different buildings rather than two in order to facilitate this. The lack of appropriate staffing levels directly impacted on the unit's capacity to meet the child's needs in a proactive and creative way.

The registered provider had not ensured that the special care unit had sufficient resources to ensure the effective delivery of special care. While the provider met some of the requirements of this regulation such as having a defined management structure in place, others were not met and the staffing shortages increased the possibility of risk to the safety of children and staff.

**Judgment:** Substantially compliant

### Regulation 29: Complaints

Complaints were managed in an appropriate manner. The registered provider had a complaints procedure in place with effective oversight. Children were provided with information about complaints and were supported by staff if they wanted to make a complaint. Inspectors sampled some of the 22 complaints made in 2025. The relevant parties were informed of the process and outcomes of the complaints. At the time of the inspection, six of the 22 complaints made in 2025 had been upheld. Complaints were made about issues including threats made between residents, some of the restrictions in place and staff not being familiar with some of the rules within the special care unit.

The complaints register in place was comprehensive. It documented the various steps of complaints management and was overseen by the person in charge. The register recorded the date the complaint was made, the nature of it and the resolution details. It tracked whether the complaint was upheld or not, the child's response and if it was resolved and closed. Children told inspectors that although they might not have liked the outcome, the reasons were explained to them.

**Judgment:** Compliant

### Quality and safety

Children's safety and welfare were strongly promoted and the special care unit strived to ensure that good quality care was provided and promoted consistently. Interventions and care approaches were risk-assessed for each child. The approach to risk-management was child centred and although it was restrictive at times, there was clear rationale documented for the decision making and responses required to maintain children's safety.

Inspectors reviewed records on the use of restrictive practice and found that good quality care and support was provided to children during times of escalated or challenging behaviour. Staff were diligent and committed in their efforts to calm

and reduce the impact of difficult situations, and records showed that restrictive measures were in place for the shortest duration necessary.

Child protection concerns and allegations against staff had good management oversight. All child protection concerns were reported as required and staff had completed mandatory safeguarding training. Incidents, allegations and suspicions of abuse or neglect were recognised, recorded and responded to promptly to ensure the safety of children. The relevant people involved in the child's care were informed and allegations were recorded in children's care records.

### **Regulation 11: Positive behavioural support**

Records of incidents and significant events for children reviewed by inspectors were found to be of good quality, showing a high level of care and support being provided to children during times of escalated or challenging behaviour. This demonstrated good, timely and comprehensive oversight by managers as well as the appropriate sharing of information with children's care teams and within risk management forums.

All staff completed training in the approved model of behavior management. This was completed as part of induction to the special care unit. Staff completed refreshers of this training every six months. Trainers were available both within this special care unit and from other units and centres. When staff completed training, it was recorded in a training log. This was updated regularly and was reviewed during the inspection.

Further training being introduced to the team was being undertaken based on themes arising in the special care unit. This training took place in 'crisis management workshops'. These were described as scenario-based training to ensuring staff understood the procedures in place and how to correctly follow them to fulfill their role competently. They included discussions and also undertaking activities, which may be required while working in the unit, such as completing room searches and restraint techniques. This meant that staff were receiving training to meet the specific needs of children who were detained in the special care unit.

Staff acknowledged that at times there were difficult situations to manage within the special care unit. They spoke about children requiring different responses and support throughout their time in the special care unit. Staff told inspectors that how they respond depended on their individual needs of children and this was documented in their records. Staff members knew the children well and spoke positively about them.

All children had a placement support plan (PSP) which documented their individual needs and included how to best respond to children. Placement Support Plans (PSP) formed part of children's programme of care and were informed in consultation with multi-disciplinary (MDT) teams. MDT consisted of a number of professionals who provided an insight into children's behaviours. Meetings, discussions and recommendations were clearly documented on children's records. This meant that staff were then provided with relevant information and practice guidance to best support children in the safest way possible. These were reviewed on a regular basis. Any changes to the plans were highlighted for staff to ensure that there was ease in accessing the updated required information as children's needs changed and risk assessments were completed.

At times, following significant events, particularly incidents involving violence or aggression, decisions were made to implement certain restrictive practices as safety measures within the unit. From speaking with staff and reviewing documents, inspectors found that incidents were clearly recorded. Restrictive conditions reviewed, demonstrated that they were risk-assessed and prioritised children's safety. Restrictions were in place for the shortest time possible and were reviewed within the required timeframes. When incidents occurred, this included a review of close circuit television (CCTV). There were clear and appropriate mechanisms in place for facilitating review of CCTV, access was restricted to managers only and CCTV could only be reviewed within a particular area of the special care unit. When any issues arose from these reviews of significant events, various actions took place, depending on the nature of the issue. For example, supporting staff in building confidence, discussing with the team what could have been done differently and also acknowledging when the team worked really well in managing incidents. Manager reviews of incidents were documented and completed with recommendations and observations communicated to staff. Incident reviews involved input from children when appropriate and this was also evident on children's records.

Support was offered to staff following serious incidents within the special care unit. This included increased supervision support, counselling and debriefs with management and also with the team.

Restrictive practices were carried out in accordance with the policy. Staff were aware of the use of restrictive practices and received adequate training for when restrictions were required for safety reasons. Restrictive practices reviewed by inspectors were found to be proportionate, adequately reviewed with good oversight by management.

**Judgment:** Compliant

## Regulation 12: Protection

There was effective management oversight of child protection and welfare concerns in the unit and good management of allegations of misconduct against staff. All staff had the capacity to submit child protection concerns should a concern be raised with them and had completed mandatory safeguarding training. There was also managerial oversight in place with incident reviews occurring in a timely manner, a child protection concern register and overall, a shared responsibility among the team in keeping children safe.

The provider had arrangements for the identification, management and ongoing review of risk. For example, there was a significant event review group meeting to ensure quality management, risk management and service improvement. In addition, management completed a comprehensive review of all incidents, including reviewing CCTV if appropriate.

Risk was assessed on an ongoing basis within the special care unit. For example, observations of children at night increased following a serious incident within the unit to protect against further risk and likelihood of harm. This was risk-assessed and the frequency was dependent on each child's needs.

The special care unit maintained a risk register which was updated regularly to reflect risks in the special care unit. The risk management policy for the unit was a general Tusla risk management policy which was supplemented by unit specific procedures.

The provider had developed systems to monitor the safety and effectiveness and care provided to children. When management were satisfied that the risk was appropriately managed, following a review of the risk with the team, safety measures were appropriately revised. This demonstrated appropriate management response to reviewing and updating practices within the unit as required and dependent on the safety needs of the children.

The safety and welfare of children was protected and promoted within the service. There was effective oversight and systems in place which ensured timely responses to concerns and allegations.

**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
<b>Capacity and capability</b>	
Regulation 14: Staff members and others working in the Special Care Unit	Substantially compliant
Regulation 24: Governance and management	Substantially compliant
Regulation 29: Complaints	Compliant
<b>Quality and safety</b>	
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	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.**

<b>Provider's response to Inspection Report No:</b>	MON-0047474
<b>Centre Type:</b>	Special Care
<b>Date of inspection:</b>	18 June 2025
<b>Date of response:</b>	08 August 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
<p><b>Outline how you are going to come into compliance with Regulation 14 14 (2): The registered provider shall ensure that the children receive continuity of care and support, particularly in circumstances where staff are employed on a less than full time basis.</b></p> <ul style="list-style-type: none"> <li>• TUSLA continues to recruit full-time pensionable staff to include social care worker's and social care leader's to fulfill roles in Ballydowd Special Care Unit.</li> <li>• Ballydowd Special Care Unit will only recruit agency staff from procured approved providers.</li> <li>• All agency staff will be afforded the same opportunity to complete a comprehensive training plan and induction as their TUSLA colleagues.</li> <li>• All new agency staff are assigned to work a mix of day and night shifts to ensure management can observe their professional practice and address any deficits in a timely manner.</li> <li>• Ballydowd Special Care Unit have recently completed a permanent social care leader campaign to appoint and increase the number of leaders within the centre. All Team Leader posts will be filled by the end of Quarter 3 2025. This will ensure increased governance and support will be available onsite at all times during non-core office hours with full access available to on-call management for further support.</li> <li>• Staff practices are discussed at the weekly management meetings to include the use of restrictive practices to ensure they are measured and proportionate. Unit rosters are discussed at the weekly management meeting to ensure a balanced skill set and appropriate numbers are onsite at all times.</li> </ul>	

- Substantial governance and oversight are provided by unit management in relation to rosters;
  - Rosters reviewed by social care manager daily.
  - Social Care Manager assist with shift plans & have governance of same.
  - Amendments completed following an identified gap in skills.
  - Management signs off on shift plan daily.
  - Weekend plans signed and approved by management prior.
  - All plans approved by person in charge.
- All agency staff receive enhanced supervision during their first six months in line with TUSLA's national supervision policy.
- Management have completed a staffing matrix outlining all staff to include their length of service, level of competency, skill set and availability, this will be reviewed weekly and updated at the weekly management meeting.
- A review was completed of all agency staff; this review will inform the planning of rostered staff ensuring that there is an appropriate balance of skills and experience on every shift.
- All staff will be rostered for a mixture of day and night shifts in order to be afforded the opportunity to form and build relationships with the young people and develop their skill set.
- All agency staff receive a comprehensive induction prior to commencing work with residents, All agency staff are met by the Person In Charge when they commence. All Agency staff complete a competency review with a member of management where any concerns regarding practice and suitability are discussed.
- All staff inclusive of Agency Staff receive a Tusla Email Account; Staff receive constant updates from unit management regarding young people and the service. This ensures all staff are aware of important information such as current peer dynamics, arising issues and brings full awareness of current situations to all staff. Any amendments made to young people's Placement Support Plans (PSP's) are communicated to all staff to ensure that they are aware of the new information or learning identified. This ensures all staff, regardless of shift pattern, are aware of all information as it arises and can further support the residents.
- All staff inclusive of Agency attend daily handover, daily debriefs, attend team meetings, are provided with routine supervision, regular support check ins from unit management and can avail of further supports provided by Tusla to ensure they are confident in completing their duties and have the ability to care for the Young People resident. Unit management are located within the unit daily where staff can escalate or discuss any concerns they may have.
- All staff complete Mandatory training which supports them to manage the environment and complete their role. Staff are provided with de-escalation techniques to support them in their daily tasks. This training includes a variety of online and practical training such as Therapeutic Crisis Intervention (TCI), Safety Pod Training, Ligature Training, Welltree Training, Violence Harassment & Aggression (VHA), Crisis Management

Training, Children First, Health & Safety Awareness and Critical Incident Stress Management Training (CISM).

- Staff complete Shadow Shifts when they commence onsite, this allows Staff the opportunity to gain tacit knowledge from experienced staff allowing them to effectively manage the environment and gain an increased skill set.
- Staff are encouraged to attend training courses external to Ballydowd Special Care Unit, attend meetings alongside management such as significant event review groups, attend young person's meetings to advocate on their behalf and engage in clinical formulations with the Multi-Disciplinary Team to support continuous professional development, improve their skill set and promote retention from within by affording staff the opportunity to develop their career and progress to leadership roles.
- Ballydowd maintain a comprehensive safeguarding register, this is reviewed during weekly management meetings to identify re-occurring issues pertaining to staff. Staff are supported through increased supervision, the use of PDP and performance management; if a reoccurring concern persists despite the above support provided by management, a joint discussion is had regarding progressing to the disciplinary procedure. All staff safeguarding or practice concerns are discussed and recorded within the weekly Management Meeting where decisions are made regarding addressing concerns. The monitoring of this register ensures professional practice is displayed at all times by staff and any instances of poor practice are addressed promptly to ensure young people are receiving the highest standard of care.
- All young people have a designated case manager and a key team comprising of a variety of members who advocate on the young person's behalf ensuring continuity of care is provided to the young person at all times throughout their duration in special care.
- Where agency staff members are required to be utilised, Ballydowd avail of a cohort of social care workers who have history working in the service. Skill set and competency are reviewed prior to allowing an agency social care worker to complete shifts within the service. The use of Agency Staff is closely monitored by Ballydowd Senior Management.

**14(4):The registered provider shall ensure that there are appropriate numbers of staff members present in the special care unit at all times to supervise each child detained in the special care unit in accordance with the requirements of registration of the special care unit.**

- A weekly staff report is completed outlining all whole-time equivalent staff that is utilised to inform bed occupancy. The registered provider will ensure that the number of staff to supervise young people will always be appropriate and that no increase in bed numbers will occur until staff members have been deemed to meet the required level of competency and have successfully completed an induction period.
- Competencies of new staff members will be reviewed by unit management at the weekly management meeting.

- An agreed staffing ratio of 1:1 plus 1 will always remain in place during the young people's waking hours.
- Management will ensure a staffing ratio of 1:1 will always be in place at night.
- In an instance where a young person requires increased night time observations management will review staffing numbers and assign additional staff to support if deemed necessary.
- If there is a requirement to increase in the staffing ratio due the young person presenting with complex behaviours, a risk assessment will be completed by the person in charge. This may have an impact on staff resources and in some cases depending on the staff resources a reduction in the number of placements will be required. This will be reflected in the Statement of Purpose.
- Staff induction has increased from a period of four weeks to twelve weeks in order to embed practices and allow staff to form positive relationships with the young people. This period will allow staff to gain tacit knowledge, supporting them to work in the service.
- A competency review process has been developed and implemented for the three special care services to include regular reviews throughout this process to ensure that key competencies have been met prior to concluding the induction period and working 1:1 directly with young people.
- Staff retention has increased significantly over the previous three years. The average length of service based on staff members currently working in the unit is 42 months.
- Unit rosters are discussed at the weekly management meeting to ensure a balanced skill set and appropriate numbers are onsite at all times.
- Governance and oversight are provided by unit management in relation to rosters;
  - Rosters reviewed by social care manager daily.
  - Social care manager assist with shift plans & have governance of same.
  - Amendments completed following an identified gap in skills.
  - Management signs off on shift plan daily.
  - Weekend plans signed and approved by management prior.
  - All plans approved by person in charge in advance.

**Proposed timescale:**  
**31.09.25**

**Person responsible:**  
**Person in Charge/Service Director**

<b>Regulation 24:</b> Governance and management	<b>Judgment: Substantially compliant</b>
<p><b>Outline how you are going to come into compliance with Regulation 24:</b></p> <p><b>The registered provider shall ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose.</b></p> <ul style="list-style-type: none"> <li>• The registered provider will ensure that sufficient staffing resources will always be evident to ensure the effective delivery of special care in accordance with the statement of purpose. No increase in service capacity will occur until senior management are assured they have the appropriate resources require.</li> <li>• Should a change to the service occur the Statement of Purpose is updated promptly and submitted to the Chief Inspector to ensure the service consistently operates in compliance with the Statement of Purpose.</li> <li>• The person in charge has re-configured the resources in the service from operating three units to now operating two units which has allowed management to create a bespoke care approach for all young people on site.</li> <li>• The person in charge and the Director in consultation with the unit management review campus dynamics weekly in order to ensure that all young people are placed alongside peers that have positive interactions and does not hinder progression of the individual young person's intervention. Where any negative interactions occur between residents these are monitored and mitigations put in place where deemed necessary.</li> <li>• All young people have a daily plan which is developed in conjunction with the young person and the social care leader and is tailored to their cycle within their special care intervention.</li> <li>• All young people have a designated case manager and a key team comprising of a variety of members who advocate on the young person's behalf ensuring continuity of care is provided to the young person at all times throughout their duration in special care.</li> <li>• If deemed necessary young people can access the sole occupancy building in order to support and further enhance independent living skills or to provide a quiet living space away from their main peer group, this includes space to return to baseline, an area for family access, phone calls, quiet time or a place to allow the young person to regulate; promoting emotional and behavioural self-regulation skills. Where applicable this is reflected in the young person's placement plan.</li> <li>• The person in charge and the management team are currently reviewing external resources to further enhance living spaces for the young people to include an individual sensory profile and autism friendly environment.</li> <li>• A number of quality initiatives such as recreational activities, GAISCE and training courses are also utilised to further support the development of young people's independent life skills.</li> </ul>	

<b>Proposed timescale:</b>  <b>31.09.25</b>	<b>Person responsible:</b>  <b>Person in Charge/Service Director</b>
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## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 14(2)	The registered provider shall ensure that the children receive continuity of care and support, particularly in circumstances where staff are employed on a less than full time basis.	<b>Substantially compliant</b>	<b>Yellow</b>	<b>31.09.25</b>
Regulation 14(4)	The registered provider shall ensure that there are appropriate numbers of staff members present in the special care unit at all times to supervise each child detained in the special care unit in accordance with the requirements of registration of the special care unit.	<b>Substantially compliant</b>	<b>Yellow</b>	<b>31.09.25</b>

Regulation 24(1)(a)	The registered provider shall ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose.	<b>Substantially compliant</b>	<b>Yellow</b>	<b>31.09.25</b>
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