



# 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:	Portrane Dublin
Type of inspection:	Announced
Date of inspection:	21 and 22 June 2021
Centre ID:	OSV 0004216
Fieldwork ID	MON-0033056

## About the designated centre

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

In Crannog Nua Special Care Centre the young people are detained under a High Court order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Crannog Nua Special Care Centre caters for both male and female, aged between 11 and 17 years and the group living units are mixed gender.

Our 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.

Our objective is the provision of effective and safe services designed to address the underlying emotional disturbance; to reduce unsafe and risky behaviours by the young person and to help with successful reintegration into less secure settings in the community. This requires the design of an individual programme, which promotes inclusion of the multi-disciplinary team while simultaneously creating a powerful therapeutic milieu within the programme.

The campus is described as a secure unit meaning it is locked and the young people are not allowed to leave without permission. The young people that we provide a service to have usually had a long history of challenging and risk taking behaviour before entry into the special care programme, the young person must be deemed inappropriate to an intervention in a less secure setting due to the seriousness of the risk presented by their presentation.

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

Current registration end date:	01 November 2021
Number of children on the date of inspection:	6

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) 2017, and the Health Act 2007 (Registration of Designated Centres) (Special Care Units) 2017. To prepare for this inspection the inspector 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 and other unsolicited information 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 summarize 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.

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
21 June 2021	10:00hrs to 16:00hrs 10:00hrs to 16:00hrs 10:00hrs to 16:00hrs	Erin Byrne Jane Mc Carroll Bronagh Gibson	Lead Inspector Support Inspector Support Inspector
22 June 2021	09:30hrs to 15:30hrs 09:30hrs to 15:30hrs 09:00hrs to 15:30hrs	Erin Byrne Jane Mc Carroll Bronagh Gibson	Lead Inspector Support Inspector Support Inspector

## What children told us and what inspectors observed

This inspection found that children received good quality care and support that was child-centred, personalised and responsive to their individual needs. Children were observed to be relaxed and comfortable and appeared to have good relationships with staff. All children were encouraged and supported to speak with inspectors and share their views of the service. Children's right to participate in decision-making about their care was promoted and their involvement was routinely encouraged by staff.

Inspectors spent two days in Crannóg Nua and had the opportunity to meet and speak with five of six children resident in the centre. Inspectors spent time in all three units where children lived, as well as their school, and observed children and staff as they went about their daily routines. In addition, inspectors spoke with four parents, four guardian's ad litem and five social workers, in order to get their views and experiences of the service.

The centre itself was bright, colourful and warmly decorated. Children's artwork was used to decorate the walls of the entry way to each residential unit and children's creative talents were on display throughout. The communal living spaces, such as the television/sitting room, visitor's room, games room and dining room, while minimally furnished, were bright and colourful. Wall art including murals and quotations were scattered throughout and colourful cushions and bean bags created a friendly welcoming environment. The dining room and living room areas were large and had ample space for children and staff to eat and commune together. Two of three units had a kitchen in which children could bake and cook. The third unit did not have a cooking space, however alternative arrangements had been put in place for children in this unit to access cooking and baking facilities as required. One unit in the centre had a multi-sensory room which was decorated with specialised lighting and sensory equipment and furnishings.

In addition to the residential units there was a separate school building in the centre which housed a basketball court, weights gym and an internet room known as 'my space'. Children had access to these buildings outside of school hours, to complete scheduled activities and could request access through their staff also. There was a large outdoor space in the centre which was well maintained and had lots of room for outdoor activities. It was reported by children and staff the outdoor space did not get much use and there were plans in progress to improve outdoor activity facilities, as requested by children. Children did however use this area for walks and exercise throughout the day.

Each child in the centre had their own bedroom with a connected toilet and shower. Children had the opportunity to decorate their rooms with photographs, posters, stickers and person belongings. Some children said that they felt the rules around items which were or were not allowed in their rooms were strict, and they didn't fully understand the reasons

for decisions relating to permitted items in their rooms. Two children didn't like that they could not lock their bedroom doors themselves from the inside, and two other children said they would prefer if they didn't have to ask staff to unlock their doors for access to their bedrooms, if for example, they needed to use their toilet during the day or evening. Each bedroom door in the centre was equipped with a hatch which could be opened from the corridor and staff members could see and speak with children through this hatch when they were in their rooms. Children told inspectors that they did not like when the hatch was used to visually monitor them when necessary, or to communicate with them. They preferred if their door was opened, so they could talk directly with staff.

Inspectors observed warm and respectful interactions between children and staff over the course of the inspection visit. Children were observed engaging in activities with staff and they appeared relaxed and comfortable. Children spoke positively about the staff in the centre and some of their comments included, "I have good times here", "I get on well with staff, they do anything to help me", "Staff are really nice", "...there are people here I can talk to and will talk for me" and "...my keyworker, I can talk to him and he always has my back".

The environment was secure and children were supervised at all times while moving throughout the centre. Due to the individual needs of the children resident, some had limited opportunities to interact with their peers, and this was found to be proportionate to the level of risks involved. However, all children had some form of contact with their peers and the opportunity to engage in activities outside of the unit they lived in. Children participated in activities with staff and for the most part attended individual classes in school. Doors within the units were locked preventing free movement between communal areas and bedrooms, and children told inspectors that they found this difficult. Children said that they struggled with "...so many rules about moving around my own house", and being under constant observation by staff. Children also told inspectors, "I have a meeting with the manager to talk about my room, to see what I can have in it" and "...rules change all the time". Children could leave the unit if supervised by staff and this was a routine part of children's daily plans where appropriate. Children spoke positively about engaging in activities outside the unit and opportunities to do this were encouraged and well managed by staff.

Safeguarding practices and procedures in the centre were strong. Children's safety was a key priority for all staff and this was evident in their interactions, decision-making and from what children told inspectors. Staff were knowledgeable on policies and procedures in relation to safeguarding and there were good systems in place for monitoring and reviewing practices as the need arose. Children were safe as a result. All children who spoke with inspectors said that they would feel comfortable talking to staff members if they had a problem or concern.

Four of five children who spoke with staff had experience of restrictive practices during their time in the centre, such as being physically restrained, being singly separated from their peers or having structured time away from their peers and supervised by staff members. Children demonstrated an understanding of the need for these interventions on occasion to ensure their safety. Two of the children did not fully understand why restrictive measures had been taken in specific situations, but inspectors did not find any evidence to show excessive use of restrictive practices in the centre. Inspectors found that safeguarding practices were good and the use of restrictive practices were appropriate. Incidences were closely monitored and effectively overseen by the management team. In addition, there were regular reviews of children's plans and interventions, including the use of restrictive practices to support their progress during their time in the centre.

Children's participation in decision-making was routinely encouraged by staff and managers in the centre. Inspectors observed examples of children making choices about their evening activities and meals. Guardian's ad litem and social workers told inspectors that they were very satisfied that children's rights were supported and promoted, and that children were encouraged to participate in decisions about their care where appropriate. The person in charge had a system in place to gain the views of children after their placements ended in the centre, through exit interviews. Inspectors reviewed examples of these and found that suggestions for improvement by previous residents had informed the plans for improved outdoor activity facilities in the centre.

The need for improvements to the quality of food in the centre was a common theme in exit interviews with children by the PIC, and in conversations between children and inspectors. Some of the comments inspectors heard were, "...food used to be healthier", "[food] too spicy", "...so much beef", "I don't have food choices as much as I'd like" and "I don't like it, and I'd like to be asked more about food choices". In addition, a social worker and a parent expressed concerns about the choice, nutritional value and quality of food provided in the centre. Inspectors found that this was known to the person in charge who had taken steps to monitor the quality and variety of food available to children. Further action was required to ensure that concerns were fully addressed.

Children were supported to develop and maintain contact and relationships with their families. Family members visited children in the centre or met with them outside the centre, in line with children's agreed program of care. Children said that they were happy with their contact with their families, and social workers told inspectors that they were satisfied that the centre facilitated phone calls and visits as required. Parents were clear on the arrangements in place for visiting with their children and or going on activities outside of the centre. Where appropriate children were facilitated to attend family occasions and visit with siblings and extended family members. Parents who had to travel long distances were also facilitated and supported by the centre and social worker to do so. One parent was unhappy about visiting arrangements with their child, but inspectors were satisfied that the rationale for decisions in this regard were clearly considered and communicated.

Attendance at school formed a large part of children's daily routine and they were effectively supported and encouraged to attend. Children had individualised education plans tailored to their needs. All children actively attended school and reported to enjoy this. Children's particular interests were encouraged and their talents explored through key working sessions and communicated to the school where applicable. Children's religious beliefs and preferences were recorded on their files and they were offered opportunities to attend religious services where appropriate.

Children knew how to make a complaint and who to make it to. Children were informed about their rights in an age appropriate way through individual work by social care staff and keyworkers. Representatives of an independent advocacy organisation were regularly invited to visit the centre and meet with children, and provide them with information about their service.

Inspectors spoke with an allocated external professional for each of the children resident, and each spoke highly of the service and the quality of care children received. All professionals were complimentary of staff interventions and interactions with children and their commitment to ensuring progress.

Social workers, guardian's ad litem and parents who spoke to inspectors were satisfied that the care provided to children was reviewed and monitored well. They were satisfied that they were fully informed as required. Their experience of the person in charge was good and generally they found the staff to be competent, committed and child-centred. The focus on identifying onward placements for children from the outset was reported by external professionals as both a positive and negative aspect of the service, as the needs of some children may not be fully known at the beginning of their placement. Inspectors were satisfied however, that plans for children were open to ongoing review and amendment so that each child's needs could be met.

Overall, inspectors found that children living in the centre were well cared for. Their individual needs and complexities were identified and respected, and their rights were promoted. Parents and relevant professionals were encouraged to participate in decisions about children and their opinions were respected. The environment and very nature of special care meant that some children with complex needs did not fully understand the approach to their care and found aspects of it as challenging, in particular, the inherently restrictive nature of the service. Generally, children benefitted from their time in the centre but delays in finding onward placements for some children lessened the positive impact of their time in the centre, and resulted in placements which were longer than anticipated.

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 centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was an announced inspection aimed at monitoring ongoing compliance with the regulations, and to gain further information in relation to the centre's application for renewal of registration.

Governance of the centre was good. There were effective management systems in place which ensured children received safe and consistent care that was child-centred and appropriate to their individual needs. Governance arrangements were clear and effective. There was strong leadership within the centre and lines of accountability and responsibility were clear. Overall, a good level of compliance with the regulations was found.

The centres management structures were well established. There was a person in charge, suitably qualified and experienced, who was responsible for the day-to-day operational management of the centre. She reported to the director of the service, who was a person participating in management, as defined by the regulations. There was a national lead for children's residential services, who filled the role of registered provider representative for the designated centre.

There were clear lines of authority, and roles and delegated duties were well established amongst the management team. The person in charge was supported by three social care managers to whom she delegated specific responsibilities. Social care managers were found to be knowledgeable, competent and clear on their roles. Each social care manager had responsibility for the day to day operations of a residential unit which could accommodate up to four young people at a time. In addition to social care managers each unit within the centre had a deputy social care manager and social care leaders assigned. Managers, deputy managers and social care leaders were all clear on their individual roles both within their units of responsibility, as well as their collective responsibilities as part of the wider management team. Social care managers supported by deputy social care managers had good oversight of care practices within their units. Managers were routinely present within the centre and readily available to staff to provide support and guidance as required.

There were strong oversight arrangements in place in the centre. There were regular and effective management meetings which promoted clear decision making, evaluation of care practices and regular review of children's progress. Reporting procedures were well established and information and records were routinely reviewed to ensure quality of reports as well as monitoring of practices. An annual review of key quality assurance and risk information had been completed as required by regulations. This review examined service provision throughout 2020 including; centre risk registers, internal and external quality audits, accommodation, care records, governance and management, analysis of restrictive practices, incident analysis and staff supervision, training and development.

In addition to day to day oversight of care, practice and records, there was a comprehensive system of auditing in place in the centre. These audits were developed and

implemented for the purpose of assessing compliance with regulations. Detailed records of audits including findings, recommendations and actions required to address non-compliances were maintained by the person in charge.

There was a written statement of purpose for the centre which had been reviewed in February of 2021. The statement of purpose contained all required information and was made available to children and their families. There was a suite of new policies and procedures in place which had been implemented in 2020. All staff had received training in new policies and procedures and spoke confidently about their understanding of changes, as well as the availability of supports from line managers for continued learning should questions arise. Despite training, some staff who met with inspectors were unaware of Tusla's policy on protected disclosures.

There was a clear system for notifying social workers and other relevant persons, when incidents involving children occurred, and effective procedures for submitting notifications to HIQA in line with regulations, which were implemented appropriately. A culture of learning from incidents was promoted and staff at all levels described processes in place whereby learnings from significant events were identified, shared and used to inform and improve practice. Inspectors found appropriate managerial oversight of incidents and significant events in the centre, and external professionals all reported good levels of communication and collaboration with the centre.

The centre had an adequate number of suitably qualified and experienced staff to meet the needs of children resident at the time of inspection. Inspectors found that consistency amongst staff caring for children was good and managers told inspectors that maintaining continuity of care and support for children was a key consideration in their decision making with regard to allocation of staff as a keyworker to a child.

There was an ongoing campaign of recruitment for the centre aimed at increasing the service to operating at full capacity. The senior management team had strategies in place to improve recruitment prospects which included; regular engagement with third level institutions, comprehensive induction and training programmes for new staff and initiatives to promote and support staff wellbeing and development.

The centre had well established communication systems in place which were effective. Staff handovers between shifts were comprehensive and oversight of day to day practices and records within the units was consistent. Information about children, their activities, progress and overall wellbeing was routinely shared and when questions arose, managerial support was readily available if required. Social care leaders were present in each unit daily, they provided strong leadership and supported ongoing learning for staff on their daily interventions with children. The management structure promoted a learning environment where challenges were explored and achievements were shared to inform learning for all staff. New staff reported to inspectors that they were provided with ample opportunities to

develop their skills during their induction periods and were provided with regular formal supervision and support.

All staff received formal supervision and this was found to be of good quality, however improvements were required to ensure that all staff received supervision within the frequency outlined in centre policy. Informal supervision and support occurred routinely throughout the centre and all staff including managers told inspectors that they valued this one to one mentoring approach in developing staff skills and competence.

Staff had access to a suite of training programmes and, completion of mandatory training by all staff was discuss and recorded through the supervision process. In addition, a record of training was maintained by the management team, these records were reviewed by inspectors and it was identified that not all staff had up to date training completed as required. Improvements were required to ensure that these gaps in training needs, particularly relating to mandatory training were promptly identified and addressed.

Complaints were well-managed in the centre. There was a complaints procedure in place which was explained to children in an age-appropriate manner. Children's complaints were heard and responded to appropriately and all relevant people in children's lives were notified as required. There was a comprehensive record of all complaints retained in the centre which included the status, outcome and children's level of satisfactions with the outcome of their complaints. Records of complaints in children's files were good and contained all of the information required.

#### Regulation 5: Statement of purpose

There was a written statement of purpose for the centre which contained all relevant information as required. Children and parents received information detailing the purpose and functions of the centre.

Judgment: Compliant

#### Regulation 6: Care practices, operational policies and procedures

A suite of policies and procedures were implemented in 2020 all staff received training to ensure their understanding of new policies and procedures. Despite training some staff were unaware of Tusla's protected disclosure policy.

Judgment: Substantially compliant

### Regulation 13: Person in charge

The person in charge had the qualifications, skills and experience necessary to manage the centre. She had effective systems and structures in place for the successful management and oversight of the service. She was routinely present in the centre and accessible to children and staff. Information was held about the person in charge as stated in Schedule 3.

Judgment: Compliant

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

The centre was staffed appropriately to provide good quality care to the children resident. There was a system in place to ensure that the registered provider maintained the records specified in Part B of Schedule 3. Improvement was required in relation to supervision of staff and this was judged against Regulation 16.

Judgment: Compliant

### Regulation 15: Training and staff development

There was a comprehensive programme of training available to staff. There was a system in place to monitor staff training which was well maintained. However, not all staff training was up to date as required. New staff received an appropriate induction to the centre.

Judgment: Substantially compliant

### Regulation 16: Staff supervision and support

All staff received formal supervision, which was good quality and recorded as required. However, improvements were required with regard to the frequency of supervision as this did not occur in line with policy for all staff.

Judgment: Substantially compliant

#### Regulation 19: Care record

Care records were up to date and maintained in line with Schedule 5 of the regulations.

Judgment: Compliant

#### Regulation 20: Maintenance of records

The centre kept records as required in line with Schedule 6 of regulations.

Judgment: Compliant

#### Regulation 21: Register of children detained in the special care unit

The centre kept a register of children containing all required information on each child.

Judgment: Compliant

#### Regulation 22: Record of a person employed in the special care unit

The person in charge had systems in place to ensure that the information set out in part B of Schedule 3 was maintained for each member of staff.

Judgment: Compliant

#### Regulation 23: Insurance

Insurance was in place, as required by regulation.

Judgment: Compliant

## Regulation 24: Governance and management

There were clearly defined management structures and lines of authority and accountability. Management systems in place successfully ensured that the service provided was safe and that children received good quality care. There were well established systems for oversight and monitoring of the service which were effective.

Judgment: Compliant

## Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit

There were no periods of 28 day or more, where the person in charge was absent from the special care unit.

Judgment: Compliant

## Regulation 29: Complaints

Complaints were well managed. Children were aware of how to make a complaint and were satisfied that any complaint would be responded to. Detailed, good quality records of complaints were maintained and there was a system in place which ensured that when complaints were received by the centre, all relevant people were notified as required.

Judgment: Compliant

## Registration regulation 4: Application for registration or renewal of registration

The provider submitted a full and timely application to renew the registration of the designated centre.

Judgment: Compliant

## Quality and safety

Children were well cared for in the centre. Their safety, wellbeing and overall development was at the core of decisions about their care, and interventions were designed to promote progress and support children to reach their identified, individual goals. Children were encouraged to participate in their care planning. Their opinions were sought and valued and their rights were promoted. Each child's needs and goals were individually assessed and plans and programmes to help them achieve their goals were tailored to each child's assessed needs. Children had multi-disciplinary input into their care, reviews of their plans and programs were frequent and involved all relevant people in their lives. Overall, the centre had a good level of compliance with regulations in terms of the quality and safety of the care it provided.

Each child had a programme of care which outlined details of all required interventions in relation to the child in accordance with their identified needs. Children's programme of care were overseen by the person in charge of the centre. Records of their care were securely held and up dated as required. Staff in the centre worked within an agreed framework of care which guided them in their practice and interventions. Children's plans were devised with input from their families, a multi-disciplinary team of professionals including; psychologists, psychiatrists (where appropriate), social worker, teacher, guardians ad litem and children themselves, who were routinely encouraged and supported to participate in planning for their care. Child-in-care reviews were held monthly and these were well attended. Where required, additional reviews of Children's care were routinely convened. Records of reviews of Children's care showed that these meetings involved a comprehensive evaluation of the effectiveness of interventions by centre staff to achieve identified goals for children and where required, amendments to care interventions and plans or additional supports were agreed and implemented.

Children's health needs were appropriately catered for while they were resident in the centre. Children had access to health and medical services they needed. Children had access to a general practitioner however, during the evenings and weekends this access was slow. In the weeks prior to inspection children in the centre had experienced a lack of timely responses by staff in seeking medical attention for some children when it was needed. The person in charge had reviewed the centre policy with regard to children accessing medical help and made necessary changes to address these delays. This ensured that children received attention promptly when required.

All staff were trained in the safe management of medication. Records of medication were held for all children and included all necessary prescription and administration details as required. Medication prescribed to children was securely stored and there were robust oversight arrangements in place. In the months prior to inspection a review of medication administration practices had been undertaken in response to staff errors. This review effectively indicated a need for more stringent monitoring of the administration of medication by senior staff, and safe and appropriate systems were put in place. At the time

of inspection these measures were found to be effective and records reviewed by inspectors indicated that medication administration and monitoring was good.

There was a school on site which all children attended daily. Children had individual educational plans which detailed their goals and progress. The care team worked closely with the school to ensure children were supported to develop skills they required, and that their school timetables were personalised to each child's skills, talents and educational needs, taking account of specific emotional and or behavioural needs as appropriate. Children were supported to express their individuality. Cultural, ethnic and or religious beliefs and preferences were explored and encouraged. Children were supported to develop their knowledge and understanding of their rights and their privacy and dignity was respected. Each child had access to age appropriate television and media in line with their individual plans, and were supported to maintain contact with significant people in their lives through telephone contact and visits on and off campus.

Children's opportunities to develop skills to prepare them for adulthood in some cases were limited by the environment and their complexity of need, but the staff team made every effort in this regard. Children were supported to address behaviours which resulted in their placement in special care. A child-centred, individualised approach to their care was taken by a competent and skilled staff team. The management team ensured that care practices were safe and the use of restrictive practices was minimal and only used in response to risk. Inspectors reviewed records on the use of restrictive practices and found good quality interventions by staff during times of escalation or children's distress, resulting in challenging behaviour. Staff were knowledgeable and had up-to-date training in the management of behaviours that challenged. Staff were conscious of in the use of restrictive practices, in that they were only employed as a last resort and for the shortest duration necessary. Efforts to re-engage children, de-escalate behaviours and return children to their program of care were routinely recorded, and evidently a key focus during any period of restriction.

Children were engaged in conversations following incidents with the view to supporting them to understand and reflect on the reasons for staff interventions, as well as exploring learning and supporting development of alternative coping mechanisms. There were evident reductions in the frequency, duration and level of incidents for all children in the centre. There was a culture of learning from incidents whereby discussion amongst staff and managers, of staff interventions and their effectiveness, was expected. In addition, children's behaviour support plans were regularly reviewed to ensure learning was captured and informed future practice.

There were well established and thorough systems in place to monitor the safety and effectiveness of care provided to children, particularly in review of the management of incidents or significant events. There were a number of significant event review groups (SERG) established at local and national level, attended by managers and staff from a number of special care units, as well as representatives from other disciplines. The purpose

of SERG was to review records of events in the centre and provided feedback on staff interventions, risk management, quality of records and general recommendations for interactions with children. Within the centre, there were systems in place for internal review and managerial oversight of incident management practices. Staff told inspectors that these processes were valued and viewed as opportunities to learn from challenges, develop skills and gain objective input on interventions to best support children.

The safety and welfare of children was protected and promoted within the service. Safeguarding measures were well established and effective. The majority of staff had completed up-to-date training in Children First training and were aware of their responsibilities as well as the procedures in place for reporting child protection concerns. Child protection concerns were reported to Tusla promptly and parents, guardian's ad litem and HIQA were notified as required. A record of all concerns notified was well maintained and there was evidence of pursuit of updates and responses from social work departments where concerns remained outstanding for long periods. However, the procedure in place in the centre was that the director reported all child protection and welfare concerns to Tusla, often times based on information received from a staff member to whom the concern was disclosed. While this process allowed for good managerial oversight and consistent follow up on concerns by one designated individual, it was not in line with the requirements for mandated persons under the Children First Act 2015 and required review.

There were adequate arrangements in place for the identification, management and ongoing review of risk. The centre maintained a risk register which was updated to reflect current risks in the centre. The risk management policy for the centre was a general Tusla risk management policy which was supplemented by centre specific procedures as required.

The accommodation was adequate and suitable for the number of children resident however some children's needs were complex and stretched the capacity of the team. The complex nature of children placed in the centre, coupled with the need to increase staff numbers, meant that the centre was not operating at full bed capacity. There were systems in place to ensure this was reviewed regularly, based on staffing resources and children's needs.

Children had access to food including snacks and refreshments as required however, children were not happy with the range of food provided. Inspectors examined good preparation and storage facilities and found that these were maintained to a high standard as required. A review of menus showed that children received adequate and nutritious meals albeit that the variety of food was limited, as reported by children. Children had access to snacks and refreshments in their units and there was provision for children to purchase their own treats on a weekly basis. As cited above, concerns about children's diet and access to junk food or less nutritional food was reported to inspectors by parents and social workers. The person in charge was aware of complaints by children including previous residents about the quality and variety of food, and action was required to ensure these concerns were fully addressed.

There were good infection control measures in the centre to mitigate against the risks associated with COVID-19 and to prevent the spread of infection. Inspectors observed good hand hygiene practices and staff wore face coverings as required, in line with public health advice. Vehicles used to transport children and staff were regularly serviced and insured.

The centre had adequate precautions to protect against the risk of fire, suitable firefighting equipment which was serviced regularly and appropriately identified means of escape in each building. There were appropriate procedures in place promoting fire prevention which were displayed in the units. All staff received training in fire prevention and use of fire equipment and all children and staff participated in a fire drill. There was a health and safety review group in place in the centre who held responsibility for the identification and management of health and safety risks. Concerns had been identified in the weeks prior to inspection on the duration of time noted with regard to evacuation during fire drills and this was being addressed at the time of inspection. Inspectors were assured that the duration of time recorded did not adequately reflect the evacuation time and that the issue was identified as one of training on completion of records, as opposed to fire evaluation risks. Fire checks and drills were appropriately logged and overseen.

### Regulation 7: Programme of care

The staff team implemented programmes of special care for all children. These included all required components such as care plans, placement plans, placement support plans, education plans and psychiatric plans when required. There were effective systems in place to facilitate good communication, planning, monitoring and review of children's care with key stakeholders.

Judgment: Compliant

### Regulation 8: Healthcare

Arrangements were in place for children to access medical and health services. Medication management systems were good and all staff were trained in medication management

Judgment: Compliant

### Regulation 9: Education, individual needs, religion, ethnicity, culture and language

Children's educational needs were met. Children were supported and encouraged to contribute to decision about their care and encouraged to pursue individual interests. Children beliefs and experiences were respected.

Judgment: Compliant

### Regulation 10: Family contact and visiting arrangements

There was appropriate arrangements in place to facilitate children visiting with their families, social workers and guardian ad litem's. There were family friendly visiting areas and staff liaised closely with children's parents, guardians and social worker to ensure that visits and contact was in line with children's individual needs.

Judgment: Compliant

### Regulation 11: Positive behavioural support

Children received quality care and support during times of escalated or challenging behaviour. There was a culture of continuous review of incidents and significant events which promoted learning and development for staff and ensured progress for children.

Judgment: Compliant

### Regulation 12: Protection

All child protection concerns were reported in a timely manner. While there as an effective system for reporting, oversight and monitoring of responses to reports of child protection concerns in place, they were not reported by mandated persons who received the concern, as required by legislation.

Judgment: Substantially compliant

### Regulation 17: Accommodation

The accommodation was adequate and suitable to meet the needs of children. The premises was clean, bright, well maintained and appropriately decorated.

Judgment: Compliant

### Regulation 18: Food, nutrition and cooking facilities

There were appropriate arrangements in place for the provision of food, nutrition and cooking facilities. Children's dietary preferences and requirements were met. However, there were ongoing concerns about the food and nutrition which needed to be addressed.

Judgment: Compliant

### Regulation 25: Risk management

The registered provider had effective arrangement for the identification, management and ongoing review of risk.

Judgment: Compliant

### Regulation 26: Fire precautions

Fire safety arrangements were clear and precautions against the risk of fire were in place in the centre. Procedures to be followed in the event of fire were clearly displayed in each units. All children and staff had all participated in a fire drill. There were clear arrangements in place for the identification health and safety risks including those related to fire and these were effective.

Judgment: Compliant

### Regulation 27: Notification of incidents

Measures were in place to ensure that notifications to the Chief Inspector were completed.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 5: Statement of purpose	Compliant
Regulation 6: Care practices, operational policies and procedures	Substantially compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Compliant
Regulation 15: Training and staff development	Substantially compliant
Regulation 16: Staff supervision and support	Substantially compliant
Regulation 19: Care record	Compliant
Regulation 20: Maintenance of records	Compliant
Regulation 21: Register of children detained in the special care unit	Compliant
Regulation 22: Record of a person employed in the special care unit	Compliant
Regulation 23: Insurance	Compliant
Regulation 24: Governance and management	Compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	Compliant
Regulation 29: Complaints	Compliant
<b>Quality and safety</b>	
Regulation 7: Programme of care	Compliant
Regulation 8: Health care	Compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	Substantially compliant
Regulation 17: Accommodation	Compliant
Regulation 18: Food, nutrition and cooking facilities	Compliant
Regulation 25: Risk management	Compliant
Regulation 26: Fire precautions	Compliant
Regulation 27: Notification of incidents	Compliant