



Report of a Designated Centre Special Care Unit

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:	18,19 and 20 October 2022
Centre ID:	OSV-0004221
Fieldwork ID	0037923

About the designated centre

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

Children are detained in Ballydowd Special Care Unit under a High Court order, for a short-term period of stabilisation, when behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Ballydowd Special Care Unit caters for both male and female children, aged between 11 and 17 years and the group living unit is mixed gender. The unit is described as a secure unit, meaning that the young people are not allowed to leave without approval.

The aim is to provide a safe and caring environment and therapeutic environment where children learn to make safer choices and develop their wellbeing, reduce their risk taking behaviours and so enable the child to return to a less secure placement as soon as possible based in the needs of that child.

The objective is to provide a welfare-based social care intervention through placements that are intensively supported with on-site education, vocational training, therapeutic supports and detailed programmes of special care aimed at supporting and achieving positive wellbeing outcomes that facilitate a timely return to the Child and Family Agency's community based centres, foster care or home as soon as this can be achieved.

The children we provide a service to have usually had a long history of challenging and troublesome behaviour and before entry into the secure intervention programme, the young person must be deemed not amenable to intervention in less restrictive settings due to the seriousness of the risk presented by such behaviour.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	5
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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.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
18 October 2022	9:30hrs to 17:30hrs 12:00hrs to 19:00hrs	Sabine Buschmann Jane Mc Carroll Pauline Clarke Orohoe	Lead inspector Acting Regional Manager Inspector
19 October 2022	9:30hrs to 17:30hrs	Sabine Buschmann Pauline Clarke Orohoe	Lead inspector Inspector
20 October 2022	9:30hrs to 17:30hrs	Sabine Buschmann Remote Pauline Clarke Orohoe	Lead inspector Inspector

What children told us and what inspectors observed

Overall, most children described having a good quality of life in the centre but improvement was required to ensure that a consistently safe service was provided to all children. Children benefited from caring and nurturing relationships with key staff. However, there was inconsistent application of risk management plans for children by some inexperienced staff and this placed children at risk in the centre and caused children harm in a small number of incidents.

Inspectors spent two days in the service, and had the opportunity to meet with four of the five children living there. In addition, inspectors spoke to staff, managers, therapeutic clinicians, three parents and carers, three social workers, and two guardian ad litem.

Children who spoke to inspectors were aware of their rights and they all identified staff and other professionals that promoted and advocated for their rights. All children who spoke to inspectors said that they received information about their rights and the ways they could raise a concern/complaint or seek additional support, such as through their social worker, Tusla's own complaints policy and or through national advocacy services for children in care. However, one child was not satisfied that their rights were always upheld promptly, and this was brought to the attention of the person in charge and director of the centre.

Children told inspectors that they had opportunity to exercise choice and were involved in decisions about their care. For example, they said that they could choose what food they liked to eat, and the type of activity they liked to do. They talked about children's meetings, which provided a forum for children to participate in decisions about day-to-day life and routines there, and to share their views on what they would like to change. One child said that they were involved in decisions about how to improve the décor of the units and the child said that they volunteered to do some painting with staff.

There was a strong emphasis on children's rights in the special care unit. There were posters on display which set out the details of children's advocacy services. There were colourful posters and artwork created by children on display which depicted information about their rights, as well as the rights based values and messages which were important to them, such as respect and LGBTQI pride symbols.

Children understood that there were times when their choice and autonomy could be curtailed by staff in order to keep them safe, for example, when there was an immediate risk to their safety which meant that staff needed to use a restrictive practice. However, children had mixed experiences with regard to these types of

interventions. For example, one child said that they had been separated from other children living in the centre and they told inspectors that *'it was ok and the staff were there to talk (to me).'* Another child was not satisfied always about staff's use of physical intervention in the centre and they said that during incidents *'staff start to panic and so do I.'*

Children spoke highly of most of the staff in the centre. Their positive comments included;

'Every staff in here actually cares, I did not know this before.

'They support me, they talk to me.'

'Staff help and give support when you need it'.

Children could identify staff members who they were able to confide in and who they felt genuinely care for them. One child also reported that a small number of staff did not treat them with appropriate care, respect and understanding. In addition, not all children were satisfied about the consistency and familiarity of staff assigned to them on a day-to-day basis.

The majority of children said that they felt safe in the centre. All children who spoke with inspectors said that felt comfortable talking to staff members if they had a problem or concern. For example, one child described being able *'to talk to staff about everything'* and said that that they had made progress because of the trusting relationships they had developed with staff. However, one child did not feel safe in the centre due to their experience of poor practice by a small cohort of staff.

On a walk around of the indoor premises, inspectors found that in general, a child-friendly, welcoming environment was maintained. Units were clean and maintained. Inspectors saw colourful, inviting and homely furnishings in units, and where appropriate, modifications and restrictions to furnishings had been made based on the assessed needs of children living there. Inspectors found some areas for improvement, such as a storage area in one unit which needed to be de-cluttered, and a child's bedroom window which needed repair. The ventilation across the units needed to improve, and this was identified by managers who had improvement plans in place.

Each residential unit was identified by a brightly coloured, child friendly sign. There were Halloween decorations on display in the communal hallways and living areas, which the children and staff had put up together. There were Halloween activities and competitions planned in the school and in individual units which encouraged a sense of fun and celebration across the campus, in line with the needs, norms and expectations of children.

The outdoor campus area was spacious and well maintained and promoted the quality of life for children living there. There was a large playground area and outdoor gym equipment for children, as well as sports pitches, paths and seating areas including

benches and picnic tables. Inspectors saw children and staff enjoying walks around the campus grounds during the two days onsite.

Inspectors experienced a relaxed atmosphere within the centre, with a free flow of movement for children that was safely managed and beneficial to their well-being. Inspectors observed children going out of the centre with staff to meet with a family member in the local area. In the evening time, inspectors observed children and staff talking with each other freely and participating in activities together such as watching a movie, washing hair and applying face masks.

Three parents and carers who spoke to inspectors had positive experiences of the service. They described that staff were helpful and that they kept them informed of the progress children were making. They had opportunities to have contact with the children and they said that children were safe.

External professionals said that the centre was providing good quality care to children and that the centre was keeping them safe. They commented positively about the stability and consistency of the senior management team who worked collaboratively with them. In addition, some social workers noted that there was a reduction in the number of incidents reported to them and said that staff made great efforts to build positive relationships with the children and assist them to have a better quality of life. They told inspectors that there was good communication between them and staff and they did not have any concerns to report. They were satisfied with how the management team responded to incidents in the centre and were consulted appropriately about issues that arose.

By way of improvement, some professionals remarked that the impact of staffing issues was significant for the centre. For example, they felt that there were difficulties in staff attending all relevant workshops and training relating to behaviour management and, in addition, that staffing capacity challenges had impacted on the consistency of care delivery.

Capacity and capability

This was an unannounced inspection which was carried out to monitor the service's ongoing compliance with the regulations, with a focus on the governance of the service, and their management of risk and child protection.

This inspection found that the governance and management arrangements in place in this designated centre required improvement. There were governance structures in place to effectively plan, review and monitor the delivery of care provided to children, but overall, this inspection found that the quality of care and support that children

received was mixed. Inspectors were not satisfied that the provider could ensure that there were sufficient numbers of experienced staff to provide care for the number of children detained there. Workforce planning, skill mix, recruitment and training and supervision of staff required improvement. Following this inspection, the provider was requested to provide assurances in relation to the high risk non-compliance found against regulation 14- *staff members and others working in the special care unit*, which posed risk to the service and satisfactory assurances were received prior to the completion of the final report.

This inspection found that the service had a clearly defined and stable management structure in place. The person in charge (PIC) was appropriately qualified and knowledgeable in her role and had returned from a year of absence in September 2022. She reported to the director of the service, who was also the person participating in management. The national lead for children's residential services filled the role of the registered provider representative for the service. There was good consistency and stability amongst the senior management team and roles and delegated duties were well established. However, the recruitment and retention of front line staff posed a significant challenge to the service and actions to address risks had not ensured that the centre was in compliance with the regulations.

The provider did not have sufficient staffing resources in place for the effective delivery of each child's programme of special care. In addition, the centre did not have sufficient experienced staffing resources to provide a safe and consistent service to the children. From a review of files, inspectors found evidence of negative outcomes for some children due to the lack of experienced staff and associated poor management of a small number of incidents. For example, a physical intervention had not occurred to prevent injury to a child. In another example, less experienced staff were assigned to a child, and did not follow the individual behavioural management plan for the child, resulting in an injury.

Managers identified that there were gaps in the level of experience across the workforce, as well as gaps in the number of permanent staff. There were systems in place to address these gaps such as the use of a consistent cohort of agency staff by the provider and the provision of overtime to fill gaps. However, it was acknowledged by the person in charge that these measures were not sustainable in the longer term. Managers told inspectors that the lack of staffing resources had been escalated to the national office and that additional supports have been made available, including the assignment of two human resources staff for the sole purpose of supporting the recruitment of social care staff to the service, supporting the service in the roll out of an undergraduate programme at colleges, a new contract with a recruitment agency and an ongoing roll over recruitment campaign. However, the provider told inspectors that the net gain of staff in the last 12 months has been one member of staff.

The level of mentoring, support and supervision required by new staff in the centre was challenged by capacity issues and the demands of the service being provided. The vacant posts of five social care leaders and a deputy social care manager resulted in managers, deputy managers and directors stepping in to provide supervision to social care workers. The lack of sufficient staffing resources, impacted on the frequency of supervision and improvements were required to ensure that supervision consistently took place in line with Tusla policy. In addition, inspectors found that not all senior managers kept written supervision records.

Positively, since the last HIQA inspection in 2021, this inspection found that senior managers continued to enhance the governance of specific areas of the service, such as the detection, recording, and review of incidents in the centre, and the notification of reportable incidents to HIQA, in line with the regulations. Incidents and trends within the service were reviewed at regular significant event review group (SERG) meetings. These meetings were attended by the internal management team and representatives from other professions relevant to the service. Inspectors found that the majority of incidents of increased risk amongst children in the centre were identified, well documented, reviewed and reported in a timely manner. Learnings were directed to staff teams to drive improvement and there were appropriate systems in place which ensured that social workers and relevant persons were informed of incidents involving children. External professionals noted good levels of communication with the service.

However, a small number of significant incidents had occurred in the centre where the provider had established that staff misconduct and poor practice had placed children at risk of harm and occasions when children were harmed. Inspectors found that at unit level, management communication systems, including the delegation of duties, as well as supervision, support and training for staff still required monitoring and improvement to ensure that all staff were equipped with the skills and knowledge to safely meet the needs of all children. In addition, staff who were not trained in managing behaviours that challenged were assigned to young people despite not having the skill set to intervene appropriately.

Monitoring and reporting systems required by the regulations such as unannounced visits by or on behalf of the provider, and periodic reviews of the safety and quality of the service were implemented. An unannounced visit by the practice assurance and monitoring team (PASM) had taken place in June 2022, in line with the requirements of legislation and actions had been identified to improve the quality and safety of the service but not all these had been implemented. For example, PASM recommended that the ongoing HR issues regarding the recruitment and retention of staff and the reliance of agency staff should be subject to a detailed action plan. The centre had endeavoured to implement this by June 2022, but despite efforts made, the centre had not been able to recruit and retain sufficient experienced staff. In addition, inspectors found that this

review did not adequately identify the impact of staffing capacity challenges on the safety and quality of the service.

The centre had a statement of purpose and function that was in line with regulations. It accurately reflected the therapeutic supports and services provided to children, the physical lay-out of the units the, the services ethos, a description of the model of care and the management and staffing structure. The statement of purpose and function was reviewed in September 2022 as required by regulations. Children who spoke to the inspector were aware of the statement of purpose and function. They said this was discussed with them during their admission period and explained to them by their key worker. A child friendly copy of the statement of purpose and function was available to children.

Regulation 5: Statement of purpose

The statement of purpose for the centre described the service aim to provide a safe, secure and therapeutic environment where young people can learn to reduce their risk taking behaviours. A child friendly version available for children and young people.

Judgment: Compliant

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

The registered provider did not ensure that the number, qualifications, experience, suitability and availability of staff members in the special care unit was appropriate, having regard to the number and assessed needs of children detained in the special care unit. The level of mentoring, support and supervision required by new staff in the centre was not adequate and challenged by capacity issues and the demands of the service being provided.

Judgment: Not Compliant

Regulation 24: Governance and management

Sufficient staffing resources were not in place for the effective delivery of children's programme of special care. Inspectors found that at unit level, management communication systems, including the delegation of duties, supervision and support and training required improvement to ensure that all staff were equipped with the skills and knowledge required to safely meet the needs of all children.

Judgment: Not Compliant

Regulation 27: Notification of Incidents

Measures were in place to ensure that notifications to the Chief Inspector were completed. These were mostly reported to HIQA in a timely manner and the person in charge accounted for any delays through correspondence and communication with the regulator.

Judgment: Substantially Compliant

Quality and safety

The provider promoted a child centred approach to care which encouraged children's participation in decisions about their lives and the service being provided. However, improvement was required to ensure that care practices consistently promoted and protected the rights of all children and kept children safe. Children's safety could not always be assured because the management of practice of staff was not always effective. As a result, this inspection found that the quality and safety of practice had declined since the last inspection.

Children were consulted with and made decisions regarding the service and supports they received. Inspectors found that their views were actively and regularly sought by the staff team, for example through weekly planners and daily logs. There were children's meetings which provided a forum for children to identify their views, suggestions and feedback on the service and these were attended by managers. Children said that they had access to a range of advocacy services, social workers and Gals who could support them with specific rights and needs. However, inspectors found that the management of allegations made by children in the centre needed strengthening to ensure that children were facilitated to exercise their rights, in

accordance with their wishes for timely access to An Garda Síochána if they chose to make a complaint.

Children's choices and preferences for activities were sought and respected, and they engaged in meaningful activities such as playing football, going to the gym, walking around the grounds, swimming and some offsite activities. Staff devised individual programmes of care for children with due consideration to both the management of individual risks and safety concerns for children, as well as providing opportunities for self-care and development with a view to moving on.

Individual behavioural support plans were good and underpinned by on-going assessments of children's individual needs and risks. These plans were also informed by multidisciplinary consultation, which meant that there was a range of professional disciplines working together to develop comprehensive plans for children's care. However, there were incidents of inconsistent application of identified steps to manage risks to children. This meant that staff did not always take immediate action to keep children safe, and they did not consistently follow children's plans and risk assessments. As a result, there were occasions when children gained access to contraband items or other hazards which they used to self-harm. While these incidents were routinely notified to the Chief Inspector of Social Services, this inspection found that actions by the provider to mitigate risks and reduce a reoccurrence of incidents and ensure compliance were not always adequate.

Individual incidents involving children were mostly managed in an effort to de-escalate situations, reduce risks and keep children safe. There were mechanisms in place to review data collected in the centre, to identify trends in the use of restrictive practices to ensure its correct and safe use, as well as opportunities to reduce its use where possible. Staff received formal training in approved interventions used in the special care unit such as the use of restraint, single separation and de-escalation techniques.

Inspectors found the use of restrictive practices, including single separation and physical restraint in records sampled by inspectors was generally proportionate to the identified risks. The use of restrictive practice was well documented in children's records. There was evidence of clear rationale for the use of restrictive practices, as well as managerial oversight to ensure that the least restrictive care approach was implemented.

Safeguarding procedures needed to strengthen. Child protection concerns were reported to Tusla promptly and parents, guardian's ad litem and HIQA were notified as required and a record of all concerns was also well maintained. Where an allegation or concern was made by or about a child in the centre, the person in charge took interim measures to safeguard and protect children. However, this inspection found that there was delay in the medical assessment of a child following an incident relating to an

allegation of abuse. This required improvement to ensure timely and appropriate medical attention, diagnoses and treatment, and also to provide medical opinion on the nature of suspected abuse which could be relied upon as part of an investigation of the incident.

There was a lack of confidence amongst some managers in the management of investigations of allegations of abuse made by children. For example, long delays in the completion of investigations in relation to staff, placed a strain on workforce resources and, delayed opportunities for children to be met, as part of the investigation, in order to expeditiously complete necessary enquiries and to ensure due process.

While the centre had a risk management systems in place, these were not always effective in reducing risk in centre. There was a risk register in place, as well as clear risk escalation pathways to the provider. Managers identified all risks in the service but risks had persisted over time, for example risks associated with staffing shortages and inexperienced staff. At the time of this inspection, the provider had not ensured that actions to reduce the impact of these risks were effective and this compromised the delivery of a consistently safe service to children.

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

Inspectors reviewed regulations 9(5) and 9(6) only, as part of this inspection. Children were encouraged to participate in, and contribute to decisions about their life and care. Generally children's dignity and privacy was respected throughout the service. Improvement was required to facilitate children to exercise their rights in line with their wishes without undue delay.

Judgment: Substantially compliant

Regulation 11: Positive behavioural support

Inspectors reviewed records of incidents and significant events for children and found good quality care and support of children during times of escalated or challenging behaviour. However, staff did not always take immediate action to keep children safe,

and they did not consistently follow children's plans and risk assessments. As a result, there were occasions when children were injured and harmed.

Judgment: Not Compliant

Regulation 12: Protection

Safeguarding procedures needed to strengthen to ensure timely and appropriate medical attention for children when required. There were long delays in the completion of investigations of abuse against staff which was not in line with the requirements of Children's First or Tusla's national policy for the management of allegations against staff.

Judgment: Not Compliant

Regulation 25: Risk management

While the service had systems in place to manage risk, improvements were required to ensure that they were effective. This inspection found that actions by the provider to mitigate risks and reduce a reoccurrence of incidents and ensure compliance were not adequate.

Judgment: Not Compliant

Appendix 1 - Full list of regulations 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.

Regulation Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Not compliant
Regulation 24: Governance and management	Not compliant
Regulation 27: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Substantially compliant
Regulation 11: Positive behavioural support	Not compliant
Regulation 12: Protection	Not compliant
Regulation 25: Risk management	Not compliant

Compliance Plan for Ballydowd Special Care Unit OSV – 0004221

Inspection ID: MON-0037923

Date of inspection: 18, 19 and 20 October 2022

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 Heading	Judgment
Regulation 24: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Governance and management:</p> <p>Regular check in meeting scheduled between unit management and senior management during which delegation of duties is reviewed to include priority supervision.</p> <p>A monthly review of supervision will be conducted by one of the Deputy Directors (PPIM) to ensure that the frequency and quality of supervision provided to the staff team is appropriate.</p> <p>Deputy Director (PPIM) will provide reflective practise sessions to all supervisors in relation to how they are conducting their supervision sessions and will maintain oversight of supervision in the centre</p> <p>Additional supervision will be provided by the Deputy Director (PIC) and Deputy Directors (PPIM) on a quarterly basis to the Management team which will focus on governance and oversight. This will be delivered through a group forum process.</p> <p>Deputy Director (PIC) with support from Deputy Director (PPIM) will ensure that all new staff will receive supervision on a fortnightly basis</p> <p>A Social Care Manager has been assigned a specific role in relation to managing performance management for all staff which includes probation reviews for new staff and performance reviews for all social care staff, this is an additional support which will inform practice and accountability.</p> <p>In circumstances where a supervisor is on leave for prolonged periods of time the Deputy Director (PIC) and Deputy Director (PPIM) will liaise with the Director (PPIM) and assign an alternative interim supervisor to ensure there is no break in provision.</p> <p>The Director of the service (PPIM) will provide regular scheduled supervision to the three Deputy Directors (PIC / PPIM's)</p>	

Scheduled mentoring and coaching will be provided to all new and existing staff.	
Regulation 27: Notification of incidents	Substantially compliant
Outline how you are going to come into compliance with Regulation 27: Notification of incidents:	
The Person in charge will ensure all three-day notifications are submitted on two specific days (Mon/Wed) each week in order to ensure all notifications are submitted in timely manner	
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Substantially compliant
Outline how you are going to come into compliance with Regulation 9: Education, individual needs, religion, ethnicity, culture and language:	
A rights-based checklist has been designed and implemented by PPIM/DLP. This will be completed by staff members following any incident where a young person alleges abuse in the service by a staff member. This check list will ensure that timely access to GP services and An Garda Siochana are prioritized	
Regulation 11: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 11: Positive behavioral support:	
Placement support plans (PSP's) will be regularly updated based on the changing needs of the young people during their special care intervention. PSP's will be reviewed at handover each day to ensure all staff are fully aware of the interventions that they are required to implement in order to ensure that children are safe in the centre.	
The Person in charge will ensure that the interventions being utilised for each young person are appropriate to their needs and that the interventions implemented by individual staff members are regularly audited to ensure consistent application by the staff team.	
The Director of the Service (PPIM) in conjunction with the Deputy Director (PIC) will liaise with HR to seek to increase the numbers of Social Care Leaders in the service to further support the staff team.	
Regulation 12: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Protection:	
The Director of the Service (PPIM) has requested that the Registered Provider Nominee convene a meeting with the Regional Chief officer in Tusla with the lead role in relation to Child Abuse Substantiation Procedure (CASP) in relation to addressing the timeliness of these investigations for staff in Special Care. This will be completed by the end of February 2023.	

Regulation 25: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Risk management:</p> <p>Senior management are now providing support/mentoring to unit management and social care leader grade</p> <p>The service is currently resourced to safely care for the young people resident in the service. A review of the success of the proposed HR initiatives will be conducted at the end of January 2023 and an assessment of the capacity of the centre will be completed prior to the admission of further young people.</p> <p>The Human Resources department are expediting the on-boarding of staff currently being recruited for the service</p> <p>The Human Resources department have sought the voluntary redeployment of social care staff throughout Tusla CFA</p> <p>Tusla CFA has signed a new contract in November 2022 with a recruitment agency to source social care staff with the initial focus being on the identification of staff for Ballydowd Special Care Unit</p> <p>In the interim we are also utilising additional experienced staff on ongoing basis from another special care service.</p>	

Regulation 14: Staff members and others working in the special care unit	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Staff members and others working in the special care unit</p> <p>The Service currently has the following staff available to cover duties in the service:</p> <ul style="list-style-type: none"> - 1 Director - 3 Deputy Directors - 2 Social Care Managers available (1 acting) - 2 deputy Social Care Managers - 2 Social Care Leaders - 24.6 Social Care Workers - 2.5 full time agency Social Care Workers <p>Our Social Care Workers and Social Care Leaders have a broad range of experience in Social Care</p> <ul style="list-style-type: none"> - 3 staff have two years' experience, - 7 staff have three years' experience - 3 staff have four years' experience - 1 staff has five years' experience - 2 staff have 17 years' experience - 1 staff member has 20 years' experience - The remainder have a minimum of one years' experience 	

The Social Care Management Team all have experience in Social Care and the Senior Management team have extensive experience in Social Care and Management provision in the social care sector. They provide support to the Social Care team in terms of mentoring, coaching and supervision.

One of our Deputy Directors is qualified as a Clinical Supervisor/Mentor and is also a Critical Incident Stress Management support worker and is providing support to the Management team and social care teams in relation to these areas.

On call support is also available to the social care team 24 hours a day 365 days a year and back up on call support is provided by the Senior Management team.

Additional actions to supports the social care team have been implemented as follows:

- Deputy Director (PPIM) providing group supervision to staff in addition to line management supervision on a weekly basis
- Critical Reviews are being chaired by Deputy Director's (PPIM) as required
- Deputy Director (PPIM) will provide workshops to the Social Care team in relation to risk management with the support of the National Quality and Risk Manager for Children's Residential Care Services
- Debriefs to be attended regularly by Senior Managers (PPIM's and PIC) on a rotational basis
- Social Care Manager providing additional support to Deputy Social Care Manager to ensure that appropriate skills mix / strengths and leadership is on site at all times.
- Social Care Manager providing additional supervision to the Deputy Social Care Managers to provide additional support and guidance in relation to the completion of their tasks and to assist in their professional development.

The National HR team have liaised with the Registered Provider nominee and the Management Team Special Care Service in the past number of weeks and have identified a number of strategies to address the shortfall in staffing numbers in the centre as follows:

- Scheduled mentoring and coaching will be provided to all new and existing staff.
- HR and Special Care Management to communicate flexible working hours' options to potential recruits
- HR to expedite Garda vetting for staff on-boarding or currently being promoted within the service
- Special Care Management to explore if there are any retired staff who may be interested in returning temporarily
- Tusla have initiated a recruitment campaign for social care graduates in 2023 with part time positions being made available to those who have already obtained relevant qualification at level 7 of the National Framework of Qualifications.
- Leadership development training has been made available to all Managert

Tusla have also implemented a formal induction policy and a staff retention team has been established to support staff as follows:

- To offer of Sponsorship for additional training
- To offer Hybrid working where possible
- To offer of flexible working hours
- Continuation of 3 week protected induction programme

An employee survey has also been issued to all staff in November 2022 so that we can better understand their needs and the supports they would like to see implemented.

There are currently only two people on a reduced hours contract in the service. We do have agency staff providing shift cover however they currently provide regular duty to the service. We are however attempting to increase our numbers of staff over the next number of months and to ensure that this has as minimal an impact as possible on the young people we will implement a number of additional control / support measures which are listed below.

Induction for all new staff working in the centre including agency personnel which will be overseen by one of the Social Care Managers with support from a Deputy Director (PPIM) this will ensure that all staff are aware of young people's individual crisis management plans, their behaviour management plans etc.

Fortnightly supervision for all new recruits and new agency personnel. Once staff have commenced employment in the centre

Connect meetings with all young people on a fortnightly basis by one of the Senior Managers (PIC/PPIM) to ensure that they are happy with the service and to identify any learning and improvements that can be made.

Skills based training for all staff through scenario-based workshops will be delivered by a Social Care Manager to all staff including agency personnel Commencing Q4 2022

Review of the success of the HR initiatives to be completed at the end of January 2023

Review of the capacity of the centre will be conducted at the end of January 2023 prior to the admission of any further young people

The Human Resources department are expediting the on-boarding of staff currently being recruited for the service

Tusla CFA has signed a new contract in November 2022 with a recruitment agency to source social care staff with the initial focus being on the identification of staff for Ballydowd Special Care Unit

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 9(5)(c)	The registered provider shall ensure that each child, in accordance with his or her wishes can exercise his or her civil and legal rights.	Substantially compliant	Yellow	31 st Jan 2023
Regulation 11(1)(c)	The registered provider shall ensure that the care practices, operational policies and procedures, developed in accordance with Regulation 6 and relating to positive behavioural support shall prohibit treatment that could reasonably be expected to be detrimental to physical, psychological or emotional well-being.	Not Compliant	Orange	31 st Jan 2023
Regulation 11(1)(e)(i)	The registered provider shall ensure that the	Not Compliant	Orange	31 st Jan 2023

	<p>care practices, operational policies and procedures, developed in accordance with Regulation 6 and relating to positive behavioural support shall provide that restraint may only be used on a child detained in a special care unit where the risks of not restraining the child are greater than the risks of restraining him or her and only for the purpose of preventing injury to the child or any other person.</p>			
<p>Regulation 11(1)(e)(ii)</p>	<p>The registered provider shall ensure that the care practices, operational policies and procedures, developed in accordance with Regulation 6 and relating to positive behavioural support shall provide that restraint may only be used on a child detained in a special care unit where the risks of not restraining the child are greater than the risks of restraining him or her and only for the purpose of preventing serious</p>	<p>Not Compliant</p>	<p>Orange</p>	<p>31st Jan 2023</p>

	damage to property where the damage to such property could cause risk of injury to the child or any other person.			
Regulation 11(1)(f)(ii)	The registered provider shall ensure that the care practices, operational policies and procedures, developed in accordance with Regulation 6 and relating to positive behavioural support shall provide in respect of the use of single separation that, unless and for so long as it is necessary to protect the child or any other person from risk of injury, or to protect property from serious damage, a child shall not be deliberately separated from other children detained in the special care unit, with a view to preventing contact with the other children.	Not Compliant	Orange	31 st Jan 2023
Regulation 11(2)	The registered provider shall ensure that where restrictive procedures including restraint or single separation are	Not Compliant	Orange	31 st Jan 2023

	used, they are only carried out in accordance with relevant national policy and methods recognised and approved by the Child and Family Agency and, at all times, having due regard to the care and welfare of the child concerned.			
Regulation 11(3)	The person in charge shall ensure that staff members in the special care unit have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support a child detained in the special care unit to manage his or her behaviour.	Not Compliant	Orange	31 st March 2023
Regulation 11(4)(a)	The registered provider shall ensure that each person employed in the special care unit has up to date knowledge and skills to identify underlying causes of behaviour.	Not Compliant	Orange	31 st March 2023
Regulation 11(4)(b)	The registered provider shall ensure that each person employed in the special care unit has up to date knowledge and skills to assist and	Not Compliant	Orange	31 st March 2023

	support a child to manage his or her behaviour.			
Regulation 11(5)(a)	The person in charge shall ensure that every effort is made to identify and alleviate the cause of the child's behaviour.	Not Compliant	Orange	31 st March 2023
Regulation 11(6)	The person in charge shall ensure that staff members in the special care unit receive training in the management of behaviour that is challenging including the use of restraint, single separation and de-escalation techniques, and that only approved techniques are used, in accordance, where applicable, with the child's individual crisis management plan.	Not Compliant	Orange	31 st March 2023
Regulation 12(2)	The registered provider shall protect all children placed in the special care unit from all forms of abuse.	Not Compliant	Orange	31 st March 2023
Regulation 12(3)	The registered provider shall ensure that, where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child, the requirements	Not Compliant	Orange	31 st March 2023

	of national guidance for the protection and welfare of children and all relevant statutory obligations are complied with.			
Regulation 12(4)	The person in charge shall initiate and put in place an investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a child is harmed or suffers abuse while in the care of the special care unit.	Not Compliant	Orange	31 st March 2023
Regulation 14(1)	The registered provider shall ensure that the number, qualifications, experience, suitability and availability of staff members in the special care unit is appropriate, having regard to the number and assessed need of children detained in the special care unit, the statement of purpose and the size and layout of the special care unit.	Not Compliant	Red	December 2022
Regulation 14(2)	The registered provider shall ensure that the children receive continuity of care	Not Compliant	Red	December 2022

	and support, particularly in circumstances where staff are employed on a less than full time basis.			
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.	Not Compliant	Red	December 2022
Regulation 14(5)	The person in charge shall ensure that an appropriate level of professional supervision and support is provided to staff members in the special care unit.	Not Compliant	Red	December 2022
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.	Not Compliant	Orange	31 st March 2023
Regulation 24(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	31 st March 2023

	systems are in place to ensure that the service provided is safe, appropriate to the child's needs, consistent and effectively monitored.			
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