

Health Information and Quality Authority Regulation Directorate

Monitoring Inspection Report Special Care Centres
under Section 69 (2) of the Child Care Act 1991
as amended by the Child Care Act (Amendment)
2011



Type of centre:	Children's Special Care Unit
Centre name:	Ballydowd
Centre ID:	OSV-0004221
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0017740
Lead inspector:	Niamh Greevy
Support inspector (s):	Erin Byrne; Eva Boyle; Patricia Sheehan

Children's Special Care Unit

About monitoring of children's special care services

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving child protection and welfare services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under Section 69 (2) of the Child Care Act, 1991 as amended by the Child Care(Amendment) Act 2011 to inspect children's special care services provided by the Child and Family Agency.

In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

Monitoring inspections assess continuous compliance with the Standards, and can be announced or unannounced.

Compliance with National Standards for Children's Special Care Units

The inspection took place over the following dates and times:

From:	To:
10 August 2016 09:00	10 August 2016 18:00
11 August 2016 08:30	11 August 2016 17:00
01 September 2016 11:00	01 September 2016 15:00

During this inspection, inspectors made judgments against the *National Standards for Children's Special Care Units*. They used four categories that describe how the Standards were met as follows:

- **Exceeds standard** – services are proactive and ambitious for children and there are examples of excellent practice supported by strong and reliable systems.
- **Meets standard** – services are safe and of good quality.
- **Requires improvement** – there are deficits in the quality of services and systems. Some risks to children may be identified.
- **Significant risk identified** – children have been harmed or there is a high possibility that they will experience harm due to poor practice or weak systems.

The table below sets out the Standards that were inspected against on this inspection.

Standard	Judgment
Theme 1: Child - centred Services	
Standard 1:1	Requires improvement
Standard 1:2	Meets standard
Standard 1:3	Meets standard
Standard 1:4	Meets standard
Standard 1:5	Meets standard
Standard 1:6	Meets standard
Standard 1:7	Requires improvement
Theme 2: Effective Care	
Standard 2:1	Meets standard
Standard 2:2	Requires improvement
Standard 2:3	Requires improvement
Standard 2:4	Requires improvement
Standard 2:5	Meets standard
Theme 3: Safe Services	
Standard 3:1	Significant risk identified
Standard 3:2	Meets standard
Standard 3:3	Requires improvement
Standard 3:4	Requires improvement
Theme 4: Health & Development	

Standard 4:1	Requires improvement
Standard 4:2	Requires improvement
Standard 4:3	Meets standard
Theme 5: Leadership, Governance & Management	
Standard 5:1	Requires improvement
Standard 5:2	Requires improvement
Standard 5:3	Requires improvement
Standard 5:4	Meets standard
Theme 6: Use of Resources	
Standard 6:1	Meets standard
Theme 7: Responsive Workforce	
Standard 7:1	Requires improvement
Standard 7:2	Requires improvement
Standard 7:3	Requires improvement
Standard 7:4	Requires improvement
Theme 8: Use of Information	
Standard 8:1	Requires improvement
Standard 8:2	Requires improvement

Summary of Inspection findings

Ballydowd special care unit is a purpose built secure facility that caters for boys and girls between the ages of 11 and 17 years. The purpose of Ballydowd special care unit is to detain children under a High Court care order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their safety and welfare. The unit facilities includes an outdoor recreational area including basketball court which is surrounded by a gymnasium, school and three separate buildings that make up the residential special care centres. At the time of the inspection, there were 5 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, 3 parents, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke to guardians ad litem, social workers and two members of the assessment, consultation and therapy service (ACTS), who provided multidisciplinary interventions to children placed in special care.

The inspection took place over two and half days. As the single occupancy unit was not in use during the first two days of the inspection, inspectors went back out at a later date to inspect the single occupancy unit.

Children were admitted subject to relevant legislation and were given appropriate information about the centre.

At the time of inspection, one unit was closed for renovation and one unit had been re-opened for use as a single occupancy unit. The capacity of the centre at the time of inspection was six children.

The service provided was child-centered. Children were given appropriate information and participated in decisions made about them. The relationships between children and their families were promoted by staff.

Staff tried to balance children's rights with safety. There were systems in place to refer issues to the social work department as appropriate and most risk assessments balanced safety with responsible risk taking, in the best interests of children.

Most restrictive practices reviewed by inspectors were used to manage an identified risk. However, inspectors found systems to monitor and review the use of single occupancy needed to be improved.

Children were cared for by a committed staff team. It was evident children developed good relationships with staff and in the main, were supported to positively manage their behaviour. However, staffing levels at night undermined the ability of staff to positively manage incidences of behaviour that challenged, resulting in a reliance on An Garda Síochána to maintain the safety of staff and children.

Inspectors identified one significant risk during this inspection regarding the management of allegations against staff. This was escalated to the Acting National Director for Children's Residential Services. In response, the service conducted a review of the circumstances, and outlined to HIQA, the measures in place to ensure the safety of staff and children.

Some systems in place had led to increased accountability for day-to-day practice and decision making. There were some systems in place to promote delivery of a safe service but they needed to be improved and quality assurance mechanisms were not sufficiently robust.

A multidisciplinary approach was taken in relation to planning but there were ongoing difficulties in sourcing appropriate onward placements for children in a timely way.

This report makes a number of findings which the provider is required to address in an action plan. The provider's action plan is published separately to this report.

Inspection findings and judgments

Theme 1: Child - centred Services

Services for children are centred on the individual child and their care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

Children living in the unit understood their rights and had access to their families, independent advocates, legal representation and personal records. Children were consulted on decisions about their care and their views were respected. There was a focus on balancing children's rights with the management of risk but improvements were required in relation to maintaining safety in the unit, whilst promoting children's right to peer interactions. Children's right to complain was respected and encouraged by the unit but there was a need to clarify some aspects of the complaints policy.

Standard 1:1

The rights and diversity of each child are respected and promoted.

Inspection Findings

The centre had an information booklet for young people that gave guidance on complaints, restraints, contact with family and pocket money. Children told inspectors that they were given this information on their admission to special care, so children were aware of their rights.

The staff team were challenged to be able to promote the rights of all children in the context of the profile of young people in the centre. While special care is a secure environment that deprives children of their liberty, children were supported to engage in education, recreational activities and were listened to. The service also focussed on providing children with a safe environment. Children's right to safety had to be balanced with their right to peer interaction. This meant that some children were placed on a single occupancy programme where they had no contact with peers, and their rights were further impinged upon. Based on a review of care planning records, and conversations with children, inspectors found that the service did not give sufficient consideration to how children could be supported to have meaningful contact with peers while on the single occupancy programme. In addition, some young people couldn't have contact with each other, and this impacted on all young people's access to the facilities within the campus.

Social and cultural beliefs and values were respected. Staff showed an awareness of how to meet the needs of young people associated with their cultural background.

All children had an allocated guardian ad litem and social worker, and had access to advocacy services.

Judgment: Requires improvement

Standard 1:2

The privacy and dignity of each child are respected.

Inspection Findings

The privacy and dignity of children was respected. Searches of children were based on a risk assessment. The policy for the service outlined that children should be searched on admission to the service. Although the practice of body searches was necessary to maintain safety, staff and children reported being uncomfortable with the practice. There was a balance struck between maintaining the need for safety with the young person's right to privacy, as inspectors found that risk assessments showed how staff weighed up the various factors present in individual circumstances, in order to make a decision.

Since the last inspection, the centre had changed their practices in relation to room searches so that searches only took place based on a clear rationale, rather than at particular intervals. Inspectors found that room searches were being recorded on significant event notification forms and took place in response to an identified risk, in line with policy. Young people told inspectors that staff explained what was going to happen and they got all of their belongings back afterwards.

Parents told inspectors that they were able to meet with young people in private and felt that staff were respectful towards them and their child.

Judgment: Meets standard

Standard 1:3

Each child exercises choice and experiences effective care and support as part of a programme of special care.

Inspection Findings

Children had opportunities to exercise choice, develop their interests and participate in activities that were meaningful to them. The campus had employed an activities co-ordinator in order to support young people become more active. Children told inspectors that this was a good development and inspectors saw that this resource was used well. Each unit had a games console and the campus provided ample outdoor space. Access to facilities was limited by the mix of children in the centre. For example, where it was unsafe for children to mix, they could not use the facilities at the same time. Children made good use out of a recreation room on campus where they had access to a computer.

Young people were encouraged to engage in off campus activities, where possible. These included going to the gym, fishing, and shopping. The level of access to activities varied depending on individual care plans. Some children's access to facilities and outings were limited by behaviour that challenged. Where children presented a risk to themselves, other young people or staff, activities were offered based on a risk assessment. Inspectors found good quality keyworking that supported children to

develop social skills and engagement in community activities.

While children's meetings did not support children to contribute to the running of the unit, key working sessions were used to illicit children's views. Some staff and children told inspectors that children's meetings lacked structure and were ineffective as a result. However, key workers engaged with young people around their wishes and issues on the unit.

Children's achievements were acknowledged in the unit. Inspectors viewed reports where a child's achievements in educational courses and attendance were documented and the importance of these achievements was acknowledged.

Judgment: Meets standard

Standard 1:4
Each child has access to information, provided in an accessible format that takes account of their communication needs.

Inspection Findings

Each child had access to information and was supported by staff to understand any information provided. The centre had a policy on access to information and children were provided with a comprehensive information booklet on admission to the service. Key working sessions were used to help children understand complaints, rights and how to access advocacy services. Children who spoke to inspectors told them that they had either accessed their records or knew how to access their records.

While inspectors found that children were not given an accessible copy of the standards, children were provided with information as part of the information booklet for special care. This, in addition to key working sessions, meant that children understood how to make a complaint, how contact with family would be arranged while in the centre and were provided with information on healthy living and their rights.

Parents told inspectors that they were kept informed by the centre. Parents reported that staff treated them with respect and were in regular contact about any changes or incidents connected to the care of their child. This was reflected in contact logs.

Judgment: Meets standard

Standard 1:5
Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.

Inspection Findings

Inspectors found the children were involved in decisions made about their care. Inspectors found that staff spoke with children about issues regarding their care and took actions based on these conversations.

Although all children had not attended their child in care reviews, they had been consulted as part of their care planning. The rationale for children not attending their review was recorded on some, but not all files. Managers decided at a recent meeting that risk assessments should be carried out in these circumstances, in order to record the reason for such decisions. Children told inspectors that they met with their social worker after reviews but relied on their family to give detailed information about decisions made at meetings. Children's views informed discussions at child in care reviews and they were informed of decisions made at these meetings.

All children were allocated a guardian ad litem and social worker, and were made aware of the relevant advocacy service. Children who spoke to inspectors understood the role of their guardian ad litem and knew how to contact their social worker or independent advocate if needed. Children also knew about the monitoring officer's role.

Judgment: Meets standard

Standard 1:6
Each child develops and maintains positive attachments and links with family, the community and other significant people.

Inspection Findings

Inspectors found that children were supported to maintain relationships with family, as appropriate. Children continued to have contact with family through visits and phone calls. Parents told inspectors that they were given privacy when visiting with their child and felt welcomed by staff. Inspectors saw there was sufficient living space to allow visitors to meet with children in private. Records showed that access arrangements with family members were amended when necessary and managed, in line with the individual needs of each child.

Some children were supported to engage in community based activities. Children had different levels of engagement in community activities based on their programme for special care combined with a risk assessment around behaviour that challenged. Children were not granted mobilities out of the centre during the month following admission, and the level of mobilities increased as behaviour stabilised. So while some children remained in the centre for the duration of the inspection, other children spent significant periods out in the community.

Judgment: Meets standard

Standard 1:7
Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Inspection Findings

The majority of complaints were managed appropriately. Twenty five complaints, all by young people, were recorded since the last inspection. Most complaint records reflected when the complaint was made, a summary of the issues and whether the complaint

was closed or not. Records showed that most complaints were managed in a timely way and resolved locally, in line with policy. However, one complaint had been open for six months at the time of inspection. Recording in relation to complaints was generally good, but some records were not complete. Children's satisfaction with the outcome of a complaint was not recorded. In addition, the central complaints log did not evidence a system to monitor and review complaints on a regular basis to establish if there were reoccurring trends, or to track the overall timeliness of the management of complaints.

Information regarding the right to make a complaint was outlined in the children's information booklet. The booklet had contact details for an advocacy service and the Ombudsman for children, should children wish to access such services for support with their complaints. Children interviewed told inspectors they were confident in the complaints process. Some children reported that any issues they brought up were addressed by staff and they did not think they would need to ever make a complaint. However, information on how to appeal the outcome of a complaint needed to be explained more clearly in information given to children.

The complaints policy did not provide sufficient guidance around the management of complaints. The policy outlined the procedure to follow on receiving a formal complaint, and information about the appeals process. However, the policy described the role of the complaints manager being to monitor and review complaints for trends, but did not clearly outline who is responsible for investigating complaints. In practice, a Deputy Director was the complaints officer for the centre and was responsible for investigating complaints. In addition, inspectors found that some complaints were given to the social work department for investigation but it was not outlined by the policy what type of complaints should be investigated by the social work department, or the roles of both the social worker and complaints manager in these circumstances. It was also not clear how the service would respond if they were not satisfied with the management of a complaint. Where a complaint was being investigated by the social work department, inspectors asked for clarification on the rationale for this practice but the Complaints Manager and incoming Acting National Manager for Special Care were unable to tell inspectors the reason for this, or the circumstances when a complaint would be investigated in this manner.

Judgment: Requires improvement

Theme 2: Effective Care

Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

Admissions to the unit were based on the assessed needs of children and were carried out in line with relevant legislation. Planning for children was good in many respects, but some children did not have a programme of special care in place. It was not evident from records that all aspects of the programme had been reviewed appropriately. Discharges from the unit were planned but not always timely, and onward placements were sometimes difficult to source. Each child had an individual file that was well maintained.

Standard 2:1

Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.

Inspection Findings

Children were admitted to the unit in line with relevant legislation. Children were placed there by order of the High Court and copies of their court orders were held on their care files.

Referrals to special care were processed by a national committee and the individual applications were evident on the children's files. Inspectors reviewed the documentation submitted to support the application for special care and found there was detailed information provided. This included reports from relevant professionals, and there was evidence of multidisciplinary consultation with services involved with children.

The admissions process had changed since the last inspection. In the past children were admitted to the unit on an emergency order but the new special care process meant that there was now a pre-placement meeting with all relevant professionals to plan for the admission of children. This process was implemented in August 2016.

Children and families were provided with information about the special care unit on admission. The information booklet explained contact between children and their families, rights, rules and activities.

The service provided had been effective in stabilising the behaviour of some children. Outcomes were not measured by the service so inspectors could not see evidence of medium to long term impact of special care for children who had left the service. Readmissions and identifying appropriate onward placements for children were significant challenges for the service. There were significant delays in getting placements for some children which meant that children were placed in a service where their liberty was restricted, while waiting for an appropriate placement in a non-secure setting. Additional mobilities were usually put in place in order to manage this in the meantime.

The centre had a policy on admissions that outlined the need for a body search, medical and orientation to the unit on admission. Procedures described by the policy took account of children's rights and required that staff provide children with information about their rights. The centre also had a policy on discharge planning that provided guidance on preparing children for leaving special care.

Judgment: Meets standard

Standard 2:2

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

Inspection Findings

Children were admitted to the centre with a comprehensive assessment of need.

Reports provided with the admissions records presented an overview of the needs of children.

The special care process was implemented in the centre since the start of August 2016, and so only children admitted since then were admitted in line with this process. Inspectors found that a pre-placement meeting was held with professionals prior to the application being made in the high court. The purpose of the meeting was information sharing between the child's social work team, special care staff and ACTS. A schedule of professional meetings and child in care reviews was arranged for the following three months. The new special care process meant that weekly clinical meetings were going to be replaced with multidisciplinary meetings for individual children every two weeks, that included the relevant social worker and guardian ad litem.

While one child did not have a programme of special care, the programme for other young people was in development, or in place but was not always reviewed appropriately. The programme of special care comprised of a number of plans such as the care plan, placement plan, individual therapeutic plan and individual educational plan. Some children had an up-to-date programme of special care in place. In some cases, the individual therapeutic plan was not dated but social care staff confirmed that they were recent. The programme of care for some children who were in the unit for a short period of time was in development.

While some aspects of the programme of special care were clearly reviewed, records did not show that this was the case for all plans that made up the programme. Most children had up-to-date plans in place, and inspectors found that some goals within these plans had been achieved. The statement of purpose for the service outlined that the programme of special care would be reviewed at child in care reviews and other professional meetings. Some records showed that individual plans had been reviewed comprehensively to account for the progress of actions, for example, in relation to placement plans. However, the process in place to review the programme for special care was not supported by good quality minutes to show how all aspects of the programme had been reviewed across these meetings. Therefore, it was not evident that the review of the programme of special care recorded the progress of all actions arising from plans that made up the programme, or where non-implementation of actions were discussed.

Records for child in care reviews were not on all children's files. While in some cases, this was because the review had been held in the weeks before inspection, other records related to meetings held between March and June 2016. Records from staff who attended for review were available on files in the interim.

There was good communication between professionals at clinical meetings. Records showed that discussions took place based on the best interests of children and actions were well-recorded. While there were delays in the availability of onward placements multidisciplinary meetings were limited in their ability to progress the issue as these delays were often due to external factors.

Judgment: Requires improvement

Standard 2:3

The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

Inspection Findings

The design and layout of the unit was in line with the statement of purpose. Since the last inspection, one unit had re-opened as a single occupancy unit and another unit was closed for refurbishment. The third unit was fully operational at the time of the inspection. While there were heating and ventilation issues with this unit, there was a plan for it to be refurbished.

Children had access to appropriate outdoor facilities. School and gym facilities were available on the campus and children regularly used a computer room onsite.

There were sufficient showers and toilets for the number of children. The kitchen was well-maintained but the chef reported they did not have a certificate in relation to food safety. Children placed in the single occupancy unit had no access to the kitchen.

While the premises were well-maintained, it was not a homely environment. Where the building was damaged as a result of behaviour that challenged, there was ongoing efforts to repair this. Inspectors found the single occupancy unit to be in good condition but there was no evidence of efforts made to make the environment more homely. Due to the building being purpose built, the interior was minimalistic and functional, to support staff to manage behaviour that challenged. As a result, however, the unit was not homely or individualised to the young people residing there.

CCTV was used appropriately and in line with policy. CCTV was in use inside the single occupancy unit in all areas except for bedrooms but could only be accessed for review purposes and guidance in relation to this was outlined in policy. All other CCTV was operational in outdoor areas and appropriate signage was in place.

The centre had adequate measures in place for fire safety and was insured. Each unit had daily checks, fire extinguishers that were appropriately serviced and letters of compliance were in place for each building, though these were dated from 1999 in some cases. Furnishings in the centre were certified as fire retardant and drills took place that recorded the names of children who took part in them, so staff could track who had taken part in a drill. However, evacuation signage was not displayed prominently. The health and safety officer reported this was so that young people did not block exits.

Cars used by the centre were appropriately taxed, insured and appeared to be in good condition.

The centre had a risk register in place to manage health and safety risks. Due to a national directive, a risk assessment was undertaken in relation to ligature points. The centre had requested that a risk assessment be undertaken by Tusla's National Health and Safety Officer in relation to the building works taking place on the campus. An emergency plan was in place for the service but children did not have personal

emergency evacuation plans to give guidance to staff around managing the individual needs and issues that may arise for children in an emergency situation.

Judgment: Requires improvement

Standard 2:4
Children are actively supported in the transfer to and/or from special care and all transitions occur in a timely manner with a discharge plan in place to assure continuity of care.

Inspection Findings

Discharges from the service did not occur in a timely way for all children. Fourteen children were discharged since the last inspection and there was a plan to discharge three children at the time of inspection. An appropriate onward placement had been identified for some children and timelines were in place to progress their transition. Transition plans were discussed at child in care reviews and professional meetings where the child, their family and professionals had input into the plan. Inspectors found good quality work was undertaken with some children around their transition back to the community, which usually took place on a phased basis. However, the availability of suitable move-on placements for young people had resulted in delays in transitioning from the centre. While inspectors were told there was no shortage of mainstream placements, the complex needs of these children meant they required bespoke placements. This was a recurring issue for the centre and meant that children remained in secure units while the assessment of their needs determined that they were ready to transition back to non-secure placements in the community. While there was a therapeutic rationale for these children remaining in special care, one guardian ad litem told inspectors that they were increasingly concerned that the delay in securing an appropriate onward placement was increasing the risk of undermining progress that this young person had made while in special care.

The centre had a policy that outlined the steps in place to ensure continuity of care for children discharged from the service. Where there was an identified ongoing need, ACTS continued to work with children in their onward placement. In line with this policy, the service had undertaken exit interviews with children who were discharged from the service. However, inspectors did not find evidence that feedback from these interviews had been used to improve the service as issues that arose in interviews from October 2015, for example, in relation to the admissions process, continued to come up in interviews with children in July 2016.

Judgment: Requires improvement

Standard 2:5
Special care units have a care record for each child.

Inspection Findings

Care records were well-maintained and detailed, albeit not all records were fully up to date at the time of inspection. Records reviewed by inspectors were generally clear and

comprehensive. Inspectors found that senior managers had oversight of some records such as significant event notifications and social workers and guardians ad litem reported that they found these records to be of good quality. Regular professionals meetings were recorded by staff but inspectors did not see where minutes were formally agreed. These records were brief but clearly identified actions arising from the discussion.

Judgment: Meets standard

Theme 3: Safe Services
Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.

Care practices and specialist supports were in place to manage behaviour that was challenging in a positive way, but this was not always effective for some children. There was significant use of restrictive practices that reflected the challenges faced by the unit in the management of complex behaviours displayed by some children. Improvements to practice found in relation to the use of single separation at the time of the last inspection were maintained. Single occupancy continued to be used to manage persistent behaviour that placed children and others at risk but systems in place to monitor and review its use needed to be improved. Inspectors escalated the issue of the management of allegations against staff members to the National Director for Children's Residential Services who provided assurances in relation to this issue.

Standard 3:1
Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

Inspection Findings

While systems were in place to promote the safety of children, allegations against staff were not always managed appropriately. Since the last inspection, 43 standard reporting forms had been sent to social workers about 12 children. Seven of these related to allegations made against staff members. Inspectors found that the response to allegations against staff was inadequate. While allegations were appropriately reported to the social work department, actions taken to ensure the safety of residents and staff during the process of investigation were insufficient and did not effectively safeguard children or staff members. The response by the social work department was not timely and measures put in place by the centre manager to reduce risks following allegations did not effectively address all risks.

HIQA wrote to the Acting National Director for Children's Residential Services seeking assurances about the management of allegations against staff, as the response provided by the incoming Acting National Manager for Special Care Services was inadequate. The Acting National Director for Children's Residential Services advised that in response to the concerns, the centre would conduct a review into the management of the allegations, and provide an update to HIQA on concluding this review. HIQA were advised that additional safeguarding measures would be implemented in the interim

period.

Policies in place provided guidance around the management of bullying, child protection concerns and allegations against staff. However, some aspects of the policy regarding allegations against staff were not followed, and this resulted in managers not identifying and addressing all risks posed to children and staff.

Other child protection concerns reviewed by inspectors were managed appropriately. Inspectors reviewed referrals made to the social work department and found that they had been recorded and referred on appropriately by staff. Child protection referrals were held by the child protection officer, who tracked what referrals were ongoing or had been concluded.

Inspectors found that staff were proactive in ensuring the safety of children in the unit. Inspectors observed that staff were vigilant in the supervision of children and records showed they were alert to signs of peer abuse. Inspectors found that staff engaged in meaningful work with children around self care and protection. Key workers spoke to children about situations where they felt unsafe in the unit and developed plans for how staff could support them in future to feel safer.

Good quality risk assessments underpinned decisions taken in relation to the care of children. Inspectors found that risk assessments clearly identified risks, if appropriate safeguards could be implemented and evaluated the outcome of the decisions taken. Unit managers had oversight of decisions and signed these records to show this. Risk assessments were used to make decisions in relation to mobilities from the unit, taking part in particular activities and access to items for children who are at risk of engaging in self harming behaviours. This meant that there was a clear rationale for decisions, and appropriate measures were taken to safeguard children while also supporting responsible risk-taking.

While there was a child protection policy in place, the section in relation to physical abuse needed to be updated to reflect Children First (2011).

There were 35 incidents of absconding from the unit since the last inspection, with 22 of these relating to two children. At the time of inspection, one young person was missing from care. Absence management plans were in place for all children. Records reviewed by inspectors showed that staff followed protocol in relation to managing children missing from care, although forms submitted to An Garda Síochána were not always fully complete. Inspectors observed during inspection that staff liaised with An Garda Síochána regularly around children missing from care, records showed that the matter was discussed at professionals meetings and parents told inspectors that staff were in regular contact about the situation.

There was regular communication between the unit and the child's family, social worker and guardian ad litem. Parents, social workers and guardians ad litem reported that they were happy with the level of contact they received from the unit. Social workers and guardians ad litem reported that there could be a slight delay in receiving significant event notifications but that the quality of these reports were good and in the meantime they had an email and phone conversations with staff to make sure that they had all of the information they needed.

Not all staff had up-to-date training in Children First (2011). While five staff had up-to-date training, records showed that 37 staff members did not have refresher training in Children First (2011) in the three years before inspection. In addition, five staff had not received any training in Children First (2011).

Judgment: Significant risk identified

Standard 3:2

Each child experiences care that supports positive behaviour and emotional wellbeing.

Inspection Findings

Practices in place to manage behaviour were in line with the centre's behaviour management policy. Inspectors found that children resident in the centre had individual crisis management plans in place that were updated to support staff to manage behaviour that challenged.

Inspectors observed that staff discussed various interventions to try to de-escalate incidents and manage behaviour. Inspectors observed staff discuss the management of behaviour at handover meetings, where it was evident that staff considered possible underlying causes of behaviour.

Therapeutic services were available through the ACTS team. Inspectors met with two ACTS clinicians who outlined the role of ACTS as involving assessment, consultation, therapy, and training. ACTS clinicians told inspectors that there was regular contact between them and social care staff to provide ongoing guidance in the care of some children. An individual therapeutic plan was developed based on the assessed needs of the child. Weekly professional meetings took place in the unit between social care staff and ACTS to discuss plans in place for children. Inspectors reviewed minutes of these meetings and found good communication between professionals. Therapeutic plans reviewed by inspectors were not dated or signed but staff told inspectors that these had been received that week, and so were up to date.

Staff engaged with children to support them to manage their behaviour. Inspectors reviewed records of key working sessions and meetings with children after incidents and found that staff supported children to reflect on their behaviour. This meant that when children were calm, they were given space to understand their behaviour and consider consequences to their actions, which in turn supported children to reduce incidents of behaviour that challenged.

The unit relied on An Garda Síochána to manage some incidents of behaviour that challenged. Inspectors reviewed a sample of records where An Garda Síochána were called. While it was evident from some records that An Garda Síochána were called to manage behaviour where staff felt they were unable to keep everyone safe, the rationale for contacting An Garda Síochána was not always recorded.

Judgment: Meets standard

Standard 3:3

Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.

Inspection Findings

There was a clear rationale for placing children on single occupancy, but the practice was not reviewed effectively to consider reduction strategies. Since the last inspection, the service had opened a designated single occupancy unit. In addition, the service continued to place children on single occupancy in sections of other units. The decision to place children on single occupancy arose where the behaviour of children in a group setting posed a risk to the safety of children or staff. The decision to place children on single occupancy was made and reviewed at multidisciplinary meetings that involved social care staff, ACTS and the allocated social worker and guardian ad litem. Inspectors found that the decision to place children on single occupancy was reported on significant event forms and was supported by a clear, risk-based rationale. However, records did not outline the rationale for the continued use of single occupancy or state when it would be reviewed. Daily risk assessments were undertaken in the unit but some managers told inspectors that the purpose of these was not clear. The quality of these risk assessments varied and it was not evident they had any impact on the decision to continue with a single occupancy programme or not.

Records reviewed in relation to other restrictive procedures such as the use of single separation and restraints, showed that they were only used in response to an identified risk. Rationale for the use or continuation of these practices was clear in the majority of records.

Children were not always debriefed following the use of a restrictive practice. Inspectors found evidence of good discussions with young people following the use of restrictive practices in response to behaviour that challenged but these did not take place consistently. Where these conversations did occur, records showed that children were able to talk about the issues that resulted in incidents of aggression, which is important in order to support children to manage their behaviour.

There was a system to ensure managerial oversight of all restrictive practices but some improvements were needed. Managers kept a central record of the number, duration and type of restrictive practices and used this information to inform planning for individual children. However, inspectors did not find that systems were in place to monitor or audit restrictive practices as a whole in order to learn and drive improvements.

Judgment: Requires improvement

Standard 3:4

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

Inspection Findings

The quality of significant event review group meetings was mixed. Reviews were usually carried out by appropriate people, except where managers had been involved in incidents. The quality of recommendations from these reviews varied and reviews were not conducted in a timely way. Some managers reported that the delay in reviewing events meant that learning from these meetings could not be used to inform practice, as by the time the review group meeting was held, circumstances had moved on.

Policies in place to guide the notification, management and review of incidents were not consistently followed. Staff told inspectors that anyone working with a child, or their family could request a review of an event. The policy outlined that a national serious incident review group would review serious incidents the required review beyond local reviews. However, this forum had not been functioning since the last inspection in October 2015. The monitoring officer told inspectors they received appropriate notifications from the service.

Records showed that findings from significant event review group meetings was shared in staff meetings. Staff also reported that the recommendations of reviews were discussed in supervision but inspectors did not find evidence of this.

Judgment: Requires improvement

Theme 4: Health & Development

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

Children's health needs were assessed, but in a small number of instances, children had not been reviewed by a doctor as needed. Not all children had complete medical records on file. Medication management practices had improved since the last inspection but there was no medication management policy for the unit. The school was closed at the time of inspection but it was evident that children had educational plans earlier in the year and had achieved some of the goals outlined in this plan.

Standard 4:1

The health and development of each child is promoted.

Inspection Findings

Healthy lifestyles were promoted by staff. Children engaged in sports and recreational activities that promoted an active lifestyle. A new post was dedicated to fitness and recreation and children engaged well with this person. Where children had addiction issues, ACTS were supporting them to address this. Key working sessions were also used to promote a healthy lifestyle. Children were not permitted to smoke while on the grounds of the service.

Records in relation to health were not complete. Consent was not present on all files and comprehensive medical histories were not contained in centre records. Not all

children's files reflected a full medical history or immunisations records.

Judgment: Requires improvement

Standard 4:2

Each child receives an assessment and is given appropriate support to meet any identified need.

Inspection Findings

Children were assessed by ACTS on admission to the service. In addition, children entered the service with a social work assessment of their needs. The programme for special care was developed based on these plans and reviewed at clinical meetings and monthly child in care reviews.

The health needs of children were assessed and usually met. Children had access to a GP and other relevant health services. On admission, children were reviewed by a doctor, though reports from these visits were not held in the centre. Children told inspectors they saw a doctor and dentist as needed. However, inspectors did see a small number of incidents where children reported issues, staff agreed to get a doctor, but records did not show that this had been followed up. In addition, there was only one doctor who visited the centre and as such, there was no access to a female GP. This issue was reflected in the risk register. The Deputy Director told inspectors that staff had tried to make connections with more GPs in the area but were unsuccessful.

The part time post for a dedicated psychiatrist for special care services was not filled at the time of inspection. While it was part of the plan for special care that a psychiatrist would be allocated to work with children in special care on a part time basis, managers did not know when this post would be filled. In the meantime, a Child and Adolescent Psychiatrist from the local Child and Adolescent Mental Health Service visited the unit on a weekly basis for a clinical meeting with ACTS professionals and social care managers to discuss the clinical needs of children. It is planned as part of the special care processes introduced in August 2016 that these meetings will be replaced with individual multidisciplinary meetings where social workers and guardians ad litem are invited to review the plan in place.

Regular meetings were held to support good communication between professionals. In addition to weekly clinical meetings, the service facilitated meetings to discuss the plan for children. The purpose of meetings was to plan and co-ordinate a range of interventions by ACTS, social care staff and external services. However, some professionals involved with children reported it was difficult at times to reach consensus on a plan for children where there was disagreement among those involved about how children's needs would best be met. This was particularly the case where there was a question over the capacity of the unit to meet the needs of children who presented with considerable levels of assaultive and destructive behaviours.

Signed consent was not contained on all files. Inspectors found signed consent for medical treatment on some files but not on others and there was no consent on files for young people aged 16 years and over.

There was no medications management policy in place at the time of inspection. Extensive training was offered to staff and inspectors found that safe medication management practices were in place. Audits were also in place in relation to medication. Where there were medication errors, inspectors found that these were recorded on significant event notification forms. However, it was not clear that these incidents were reviewed in order to identify what measures could be put in place to prevent further errors. The centre did not hold a copy of prescriptions, children's photos were not held on their medication record and over the counter medication was not labelled for individual children.

Judgment: Requires improvement

Standard 4:3

Educational opportunities are provided to each child to maximise their individual strengths and abilities.

Inspection Findings

School was closed at the time of inspection due to the summer break. Children who had been in the centre earlier in the year had attended school and sat state exams. Supplementary educational reports and individual education plans dating back to early 2016 were on children's files. Inspectors found that the educational needs of children were assessed and a review of a sample plans showed that appropriate goals were set to meet the identified needs. Records showed that children had achieved some of the goals set out in these plans. Inspectors did not find evidence that school staff had attended child in care reviews. However, it was evident from records that the educational needs of some children were considered as part of planning for onward placements.

Judgment: Meets standard

Theme 5: Leadership, Governance & Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

The unit was well managed and there was a governance structure in place that provided lines of authority and accountability. There were systems in place to promote the delivery of a safe and effective service but they required improvement. Quality assurance mechanisms were not sufficiently robust.

Standard 5:1

The special care unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.

Inspection Findings

The special care unit functioned in line with relevant legislation but not all policies or standards were adhered to. Children were admitted to the centre in line with legislation and staff demonstrated a knowledge of some policies in place in the service. However, inspectors escalated one issue to the Acting National Director for Children's Residential Services, where inspectors found the policy in relation to allegations against staff had not been followed.

While some actions from the last inspection were complete, there remained a number of outstanding actions. There were 32 actions under 17 standards required from the last inspection of the unit. This inspection found that there were outstanding actions under 13 standards, while actions from three of the standards had been implemented satisfactorily. The centre submitted two governance reports to the Acting National Manager for Special Care Services on a monthly basis, and from January to July 2016, these reports identified that out of 32 actions from the last HIQA inspection, seven actions had been completed. However, inspectors were later told that this was inaccurate. The service also responded to monitoring reports and tracked the completion of actions relating to monitoring visits.

Inspectors found that there was a wide range of policies in place at the time of inspection that were last reviewed in November 2014. However, some policies needed to be updated such as the admissions policy, the policy on room searches and other policies such as medication and risk management needed to be developed.

Judgment: Requires improvement

Standard 5:2

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

Inspection Findings

Inspectors interviewed the incoming Acting National Manager for Special Care Services. At the time of inspection, the current Acting National Manager was on leave, and the post was being covered by the incoming Acting National Manager, who was due to formally take up the position the week after the inspection. While the new manager had managerial experience in social care, they were new to the area of special care.

The Acting National Manager for Special care services was responsible for supervising two deputy directors. The deputy directors had two areas of responsibility, one as Head of Care and the second as Head of Operations. Inspectors were unable to access these supervision records as the Acting National Manager, who was on leave, held them. Both deputy directors were qualified and experienced.

Units were managed by unit managers and deputy unit managers. Staff in these roles were qualified and experienced, and provided good support and leadership to the team. Unit managers were responsible for supervising social care staff. Staff were aware of

the reporting structures and clear about their duties.

Line management arrangements for some staff were unclear. The roles of both deputy directors were interdependent and inspectors found that both managers worked closely around issues arising for the service. However, the level of crossover in these roles did not lend to transparency and accountability at this level. For example, while the Head of Care was responsible for the quality of care provided to children, managers and deputy managers were supervised by the Head of Operations.

Deputy unit managers were not fully accountable to unit managers as they were supervised by a Deputy Director. Unit managers assigned tasks to deputy unit managers but were not responsible for providing supervision. As a result, where issues were being managed by deputy unit managers, unit managers were not always aware of the details of arrangements in place. At the time of inspection there were two deputy unit managers assigned to other duties but the incoming Acting National Manager told inspectors that they were unclear about the role of one of these positions and advised that these positions were not line managed by anyone.

While managers were striving to provide good leadership, the service was crisis driven in some respects. Unit managers provided guidance and support to staff, and demonstrated good decision-making skills. The Service Development Plan for 2015/2016 outlined the goals in relation to areas such as staffing, supervision and training. While it was evident that some aspects of this plan were being implemented, other issues continued to present a significant challenge to the service such as having sufficient staffing resources. Senior managers reviewed statistics in relation to significant events but did not analyse information around significant events or complaints in order to learn and drive improvements within the service. The Deputy Director for Operations was aware that staff training was not up to date and that the availability of a stable staff team posed difficulties for providing a consistent service. However, the basic task of having enough staff on the floor to run the service was the main priority for managers and responding to this issue on an ongoing basis limited the ability of managers to address other important issues such as training and a consistent staff team. In effect, the need to manage immediate concerns on an ongoing basis, meant that managers struggled to plan and lead the service as the whole.

While managers monitored the progress of individual children, arrangements were not in place to monitor the quality and safety of the programme of special care on an annual basis. Inspectors found that significant events were reviewed by deputy directors and issues regarding the management of an incident were identified appropriately at this level. However, comments by the deputy director were recorded on temporary sticky notes so management oversight was not recorded permanently on these documents. Weekly reports were written in relation to children and their progress was discussed at weekly management, and weekly multidisciplinary meetings. However, the service did not monitor the quality and safety of the programme of special care on an annual basis in order to drive improvements in outcomes for children.

HIQA received seven monitoring reports related to visits since our last inspection in October 2015. The unit's governance report outlined that three of 33 actions from monitoring visits had been implemented by July 2016. The most recent monitoring visit in July 2016 was focussed on care records and did not identify any areas for improvement. The monitoring officer told inspectors that managers were responsive to

issues arising from their visits.

Some audits were undertaken by the service. Inspectors were provided with records of two types of audit since the last inspection. The first related to a weekly staff audit and the second was undertaken in July 2016 in relation to medication records. This audit identified actions, timelines and persons responsible. Some actions identified from this audit such as staff signing records were completed, while others were not.

There was a risk management system in place to identify, assess and manage risk. Risk in relation to individual children was managed well by staff and managers. Each unit within the service had a risk register contained within its governance report which was sent to the Acting National Manager for Special Care Services. While it was evident on these records that risk had been escalated, inspectors did not find evidence that there was a response to this. The centre also held a campus wide risk register. Overall, the risk register identified a wide range of risks but some areas for improvement included having greater clarity about the relationship between the various risk registers, what's included on each and how they are moved from one to the next. In addition, all sections of risk assessment forms should be filled in consistently and risks should be reviewed within defined timeframes. The area did not have a risk management policy in place which could help clarify some of these issues. The service had an on-call system in place to support staff on shift to manage emergencies.

Inspectors found evidence of a review of one incident of single separation but overall, systems were not in place to identify learning and drive improvements. Records were maintained in relation to complaints and significant events and there were systems in place to review individual incidents. However, systems were not in place to analyse trends and learning in relation to complaints and the management of significant events overall.

Judgment: Requires improvement

Standard 5:3

The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.

Inspection Findings

The statement of purpose for the service was up to date but did not outline all aspects of the service provided. The aims, objectives and ethos of the service was described adequately in the document. The statement of purpose also outlined the services and facilities available to children. It was clear in identifying that children live as part of a group when safe to do so, and outlined principles under which restraint, structured time away and single separation may be used. Since the last inspection, a designated single occupancy unit was opened by the service and the facilities within this unit were described appropriately. However, the statement of purpose did not sufficiently describe how or when single occupancy would be used as part of the programme of care.

The statement of purpose outlined that the expected length of placement was for three months. At the time of inspection, two children had been placed in the unit for longer

than this and the register of children showed that this was a recurring issue for the service.

Children and parents were aware of the purpose of the placement. Although the statement of purpose was not available in a child friendly version, the information booklet provided an accessible explanation of the purpose and function of the service to children and their families.

Judgment: Requires improvement

Standard 5:4
Appropriate service level agreements, contracts and or other similar arrangements are in place with the funding body or bodies.

Inspection Findings

A service level agreement was not required for this unit as it was funded and managed by Tusla. There were agreements in place for external service such as a general practitioner. As part of the new special care process, there was a plan for a part time child psychiatry position to be allocated to all special care services but this was not in place at the time of inspection. There was a national service level agreement with the provider of agency staff and this was held by the national recruitment office.

Judgment: Meets standard

Theme 6: Use of Resources
The effective management and use of available financial and human resources is fundamental to delivering child-centred services and supports that meet the needs of children.

The resources available were well-managed, to provide a safe and effective service.

Standard 6:1
The use of available resources is planned and managed to provide child-centred, effective and safe services to children.

Inspection Findings

The use of available resources was planned and managed to provide a child-centred, safe and effective service. The premises provided ample space for children and there was a car for transporting children that was well-maintained.

The unit did not have a specific budget and records of expenditure were sent to the national office on a monthly basis. The Acting National Manager for Special Care told inspectors they were responsible for ensuring finances were managed appropriately.

The service plan for 2015/2016 highlighted staffing deficiencies and the use of capitol funds to upgrade the premises. This document did not reflect that work was undergoing in relation to a second unit and planned for a third unit. This document set out a plan to

address the staffing issues the service was dealing with.

Judgment: Meets standard

Theme 7: Responsive Workforce

Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children's services recruit and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.

There was an appropriate mix of skills amongst the staff team to deliver a quality service to children. There were deficits in the training for some staff and while further training was planned, it did not fully address the needs of all staff. Some staff were not qualified. Staffing the units was a significant challenge for managers and as a result, there was a heavy reliance on agency staff.

Standard 7:1

Safe and effective recruitment practices are in place to recruit staff.

Inspection Findings

There were safe recruitment practices in place through a centralised recruitment process. Managers were in the process of scanning staff files into an electronic system, which was not available to managers on-site. Personnel records of agency staff continued to be held on-site but during the inspection, some managers told inspectors that these were no longer available on site and as such, inspectors were unable to access them during the inspection. Inspectors viewed files of staff who started in the unit since the last inspection and found that up-to-date Garda vetting, references and qualifications were evident. However, records did not show that an induction process or one year probation process had been followed. Inspectors reviewed the presentation given to agency staff starting work in the unit and found it covered areas such as written records, confidentiality, restrictive practices and risk assessments.

Judgment: Requires improvement

Standard 7:2

Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

Inspection Findings

There was an appropriate mix of skills and experience amongst the staff team. There were a number of highly skilled and experienced staff and managers working in the unit. Some of the permanent staff belonged to another unit that was closed at the time of inspection.

The unit was run by highly committed staff and managers. There were difficulties in sourcing staff to fill positions, that led to a reliance on inconsistent agency staff for almost one in four social care positions. In order to ensure good quality care was

provided to children despite staffing issues, inspectors found that a number of staff working in social care, deputy unit manager and unit manager positions undertook duties beyond what would normally be expected of them. For example, inspectors saw examples of where unit managers made themselves available to support staff and children outside of working hours.

There were sufficient numbers of staff during the day but reduced staffing at night presented a challenge to managing incidents during those hours. This resulted in staff working later than they were scheduled to, in order to support their colleagues in managing incidences. In addition, managers and staff reported that due to reduced staffing, there was a reliance on An Garda Síochána to manage the safety of staff and young people when incidences escalated. Where there were ongoing concerns regarding the management of behaviour at night, unit managers requested a third night time staff member at the weekly management meeting and inspectors found that this had been approved in the past. On-call managers also provided support by phone, or visited the unit at night to support staff to deal with unforeseen difficulties. However, on call managers were also scheduled to work daytime hours and sometimes presented for a day shift, having already worked into the early hours of the morning.

Not all staff had relevant qualifications for the role. While the majority of staff were qualified, there remained a small number of staff who were not qualified.

Managers had appropriate qualifications for their role. The majority of managers had extensive experience in the delivery of care to children with complex needs and showed leadership in their guidance to staff.

Judgment: Requires improvement

Standard 7:3

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

Inspection Findings

At the time of inspection staff were aware who they reported to and were supervised by. Both unit managers and deputy unit managers were supervised by the deputy director. It had been identified by the Deputy Director that this was not ideal and for a brief period since the last inspection, deputy unit managers were supervised by unit managers. However, the Deputy Director told inspectors that this was not continued as managers struggled to hold regular supervision. The Deputy Director told inspectors that the introduction of social care leaders should provide enough support in relation to supervision to give unit managers enough time to begin supervising deputy unit managers once again. The lack of a direct line of supervision raised issues for the lines of accountability in place.

The quality of supervision required improvement. In some records reviewed by inspectors, children's needs were discussed, but other records did not address the needs of children, management of incidences or support. Records did not consistently record clear decisions or follow up on actions agreed in previous supervision sessions

and supervision did not always take place regularly.

There was no performance management system in place.

Staff knew how to make a protected disclosure. While inspectors did not see evidence of staff being provided with information on how to make a protected disclosure, staff were aware of how to make a protected disclosure and felt that it would be managed appropriately.

Not all managers had training in supervision or management. While the majority of senior managers had supervision training, other managers had not attended this training, but were responsible for supervising staff. Some managers told inspectors that they had a management qualification, but it was not evident from training records if managers had attended training in this area.

Judgment: Requires improvement

Standard 7:4
Training is provided to staff to improve outcomes for children.

Inspection Findings

The Deputy Director maintained a log of training completed by unit managers, deputy unit managers and staff. The Deputy Director told inspectors that training was planned based on the gaps in training that are evident in this log. However, the service had not conducted a formal training needs analysis that considered the overall needs of the service, in addition to the training needs identified by staff.

Staff received training to carry out their duties, but further training was required. Not all staff had up-to-date training in core areas. Training records showed that 70% of staff had up-to-date training in behaviour management, 24% of staff were due a refresher and the remaining staff had no training in the management of behaviour. Three out of four staff had up-to-date training in fire safety and 55% of staff were trained in first aid. In addition to this, some staff had training in areas such as restrictive practices (81%), medication management and therapeutic plans. The service had a schedule of training planned for the remainder of the year. This showed that the majority of staff without fire training would receive up-to-date training in September 2016. However, the plan did not address the number of staff who needed training in other areas such as first aid.

Judgment: Requires improvement

Theme 8: Use of Information
Quality information and effective information systems are central to improving the quality of services for children. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for providers in planning, managing, delivering and monitoring children’s services. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This

supports the delivery of child-centred, safe and effective care to children.

There were some information governance systems in place but they required improvement.

Standard 8:1

Information is used to plan and deliver a child-centred, safe and effective service.

Inspection Findings

The service collated information but did not have systems in place to review the quality and safety of the service. The deputy directors collated information regarding restrictive practices centrally in order to track progress and identify trends. While figures were used to inform meetings regarding individual children, there were no arrangements in place to systematically review the underlying reasons for changes in level of restrictive practices used each month. The area had conducted exit interviews with children who had left the service but inspectors found that the feedback from interviews had not been used to implement changes.

Children were informed through the information booklet that information would be recorded about them during their stay and how they could access these records.

Judgment: Requires improvement

Standard 8:2

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

Inspection Findings

The quality of recording was good but files were not well organised. Records were of good quality, legible and accessible. Records were signed by staff and managers and were generally comprehensive and up to date. However, files were not always in chronological order, and therefore information could not always be quickly and easily retrieved.

Arrangements were in place for archiving. However, at the time of inspection numerous boxes of records were held in the deputy director office, in order to be able to access these files for management purposes.

While files were stored securely, adequate measures were not taken to protect records from the risk of fire. For example, where files were stored on shelves or in cardboard boxes in locked offices, they were at considerable risk of being destroyed in the event of fire.

The special care unit held an electronic register that contained relevant information about children resident in the centre. The register contained the information required by the standards and was up to date at the time of inspection.

The unit also held a policy on the retention of records which outlined the types of records held by the centre and that they are kept in perpetuity. The policy did not deal with archiving of records.

Judgment: Requires improvement

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.