

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:	Gleann Alainn
Centre ID:	OSV-0004220
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0019803
Lead inspector:	Tom Flanagan
Support inspector (s):	Ann Delany; Rachel Mc Carthy

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:
19 July 2017 09:05	19 July 2017 18:30
20 July 2017 07:45	20 July 2017 16:35

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

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

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

Standard	Judgment
Theme 1: Child - centred Services	
Standard 1:1	Compliant
Standard 1:2	Compliant
Standard 1:3	Compliant
Standard 1:4	Compliant
Standard 1:5	Compliant
Standard 1:6	Compliant
Standard 1:7	Non Compliant - Moderate
Theme 2: Effective Care	
Standard 2:1	Compliant
Standard 2:2	Substantially Compliant
Standard 2:3	Non Compliant - Major
Standard 2:4	Non Compliant - Moderate
Standard 2:5	Substantially Compliant
Theme 3: Safe Services	
Standard 3:1	Non Compliant - Moderate
Standard 3:2	Compliant
Standard 3:3	Non Compliant - Moderate
Standard 3:4	Substantially Compliant
Theme 4: Health & Development	
Standard 4:1	Non Compliant - Moderate
Standard 4:2	Non Compliant - Moderate
Standard 4:3	Substantially Compliant
Theme 5: Leadership, Governance & Management	
Standard 5:1	Non Compliant - Moderate
Standard 5:2	Non Compliant - Moderate
Standard 5:3	Substantially Compliant
Standard 5:4	Compliant
Theme 6: Use of Resources	
Standard 6:1	Compliant
Theme 7: Responsive Workforce	
Standard 7:1	Non Compliant - Moderate
Standard 7:2	Non Compliant - Moderate
Standard 7:3	Non Compliant - Moderate
Standard 7:4	Non Compliant - Moderate
Theme 8: Use of Information	

Standard 8:1	Non Compliant - Moderate
Standard 8:2	Substantially Compliant

Summary of Inspection findings

Gleann Alainn is a special care unit with a capacity for four children. Its purpose is to provide a short-term period of stabilisation and assessment in a safe and secure environment for up to four girls between the ages of 11 and 17 years on admission. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 2 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 with two social workers, a guardian ad litem, the monitoring officer and the manager of the monitoring service, and an independent advocate.

The building in which the unit operated was located in a hospital grounds and was not purpose-built for the provision of special care to children. Previous inspection reports had highlighted the unsuitability of the building and this inspection confirmed those findings. The environment was not homely or stimulating for children. Parts of the building were stuffy and the ventilation system was inadequate. Inspectors found that parts of the unit were dirty at the time of inspection and children also commented on this. Inspectors also found that effective infection control measures were not in place.

Following the previous inspection, the provider stated in the action plan response that the continued use of the premises as a special care unit was under review and that the limitations of the building would be taken into consideration in all future placements. However, inspectors found that the issue of the continued use of the premises had not been resolved and the provider continued to admit children with a history of self-harming behaviour.

Even though the children were deprived of their liberty by being placed in special care, their rights were promoted, they were given sufficient information, and they were supported and encouraged to participate in decision-making in regard to the running of the unit and in regard to aspects of their care. They were facilitated to maintain good contact with their families. They were also listened to and had access to an independent advocacy service if they required this.

Children knew why they were in special care. Neither child was happy to be in the unit

and one child was frustrated at having to remain in the unit because a follow-on placement had not yet been found for her.

There was a clear process for the admission of children to the unit and this was subject to legislation and to review by the courts service. Each child had a guardian ad litem and an allocated social worker who visited them and attended the child-in-care reviews.

A programme of care was developed for each child and the care was provided by the staff team, specialist clinicians from the assessment, consultation and therapy service (ACTS), and a psychiatrist. The staff team was trained in managing behaviour that challenges. Children's health needs were assessed and they were provided with a general practitioner (GP) service and access to medical specialists if they required this. Children were encouraged to adopt a healthy lifestyle while in the unit although, at the time of inspection, there were insufficient stocks of food, and the arrangements for meal preparation were not adequate. Children's education was valued and a school was provided on-site. Children were both encouraged and incentivised to attend school and unit records showed that children had good attendance at school.

Children were given permission to leave the unit, under supervision, when they were assessed to be ready for this and inspectors found that children left the unit to be with family, to take part in a summer programme or to engage in vocational opportunities.

There were measures in place to ensure that children were safeguarded while living in the unit. These included the assessment and management of risks to children and processes to ensure that any child protection concerns were reported and investigated. Staff were vigilant to ensure that children were not subjected to bullying or harassment. However, a key element of the safety plan for one child was not in place while the unit manager was on leave and the measures to protect the privacy of a staff member subject to an allegation were not sufficient.

There were systems in place to ensure that, if any physical intervention or restraint was used, this was notified appropriately, reviewed and that learning occurred as a result. However, the unsuitability of the building made it difficult for staff to manage behaviour that was challenging. Inspectors also found that an institutional practice was not recognised as such by managers and staff.

Inspectors observed that staff treated children with respect and presented as dedicated and committed to the care of the children. While there were sufficient staff on duty at the time of inspection, the staff team was depleted in numbers. Improvements were required in supervision and training, in ensuring that all staff were qualified, and in ensuring that staff files contained all required documents and information.

There was a stable management team in place that provided oversight of and

leadership to the staff team. There were governance structures in place and a monitoring officer visited the unit regularly. However, there was no strategic and operational plan for the unit for 2017/2018 and there were a number of other areas where improvement was required. These included the tracking of outcomes for children, implementation of national policies, and the risk management system. Some records, including the centre register, were incomplete.

The improvements required following this inspection are set out in an action plan at the end of 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.

Standard 1:1

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

Inspection Findings

The context of special care is that children, for reasons of their safety and well being, are deprived of their liberty for a period of months and their access to their families, their friends and a range of their usual day-to-day activities is restricted. However, managers and staff ensured that children were made aware of their rights and were supported to access them.

When they were admitted, children were given an information booklet which explained what special care is and what would be provided for them during their stay in the unit. The booklet also set out the children's rights, such as the right to be protected, to be taken care of and to be kept safe, the right to practice their religion, and the right to access their records. Records showed that staff then met the children individually and explained their rights and responsibilities to them in detail. One of the children told inspectors that staff had explained their rights to them when they were admitted.

Children were made aware that they could contact their social worker or guardian ad litem as frequently as they wished. One social worker confirmed that the child to whom they were allocated telephoned them frequently and was assisted by staff to do so.

Children were made aware that they were expected to respect others and not to bully or intimidate them in any way. Records showed that when children engaged in name calling or behaved in a way that discriminated against others, staff addressed these issues firmly but tried to ensure that the child engaged in this activity came to some understanding of why this was not acceptable behaviour.

Managers and staff demonstrated that they were knowledgeable about each child's cultural and social backgrounds and they demonstrated sensitivity to these in how they related to the children. They made efforts to ensure that children's rights were promoted and enhanced. For example, staff facilitated children to meet their families, to leave the unit for supervised activities as often as possible, when appropriate, to pursue hobbies or interests, and they allowed children periods of unsupervised time out of the unit when they demonstrated that they were able for this.

Judgment: Compliant

Standard 1:2

The privacy and dignity of each child are respected.

Inspection Findings

There was a policy and procedures on maintaining children's dignity and privacy. Inspectors found that managers and staff were respectful of children and that arrangements were in place to safeguard their dignity and privacy.

Each child had the privacy of their own bedroom and their own bathroom. Children's rooms were not locked and staff told inspectors that they knocked before entering children's rooms. Children were facilitated to have access to self care products and to retain them in their rooms, if this did not pose a safety risk. While closed circuit television was used in the unit, it monitored external areas only for safety purposes and did not infringe on the privacy of children while they were in the unit.

Children had their own clothing and were permitted to have personal belongings, subject to risk assessment and the requirements of safety in the unit. Storage facilities were provided for children's clothing and possessions but these were sometimes locked for children's safety. One child told inspectors that she was given access to her wardrobe in recent weeks. Laundry facilities were also provided.

In accordance with the policy and their duty to keep children safe from harm, staff were permitted to carry out room searches or personal searches in specified circumstances on the basis of risk. Following their admissions, children were made aware of the possibility of such searches being carried out to ensure that prohibited items were not brought into the unit. This information was contained in the children's information booklet and children were also informed of this, in person, by their key workers. Centre records showed that the number of personal and room searches on the children since the previous inspection was low. Full search procedures were usually carried out on admission or re-admission, in the event of a child being absent without authority. Significant events notifications were completed in the event of a search being carried out and these were forwarded to the relevant professionals involved in the children's care. Urinalysis was carried out on admission and when a risk assessment deemed that this was required. The procedure in regard to this was updated since the previous inspection.

Judgment: Compliant

Standard 1:3

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

Inspection Findings

Children could exercise a degree of choice within the confines of the special care unit and they were provided with opportunities to participate in activities that were

meaningful to them and develop new interests. Records showed that children were given the opportunity to participate in outdoor activities in the community such as horse riding, walks or joining a sports club. One child told inspectors that she was taking part in the summer programme and the other child told inspectors that she enjoyed being able to play sports outdoors.

Children who were preparing to leave care were also given the opportunity to engage in work placements in a line of work of their own choosing. Children were assisted to develop independent living skills such as preparing meals and doing their own laundry. They could also choose to do household chores and were incentivised by the provision of extra pocket money if they did this. Inspectors spoke to one child who had prepared meals and had also assisted staff in preparing window boxes for the unit.

Children's personal achievements and significant events were noted and appreciated while they were living in the unit. For example, the children's house meetings' minutes reflected that staff congratulated children on their 100% record in attending school. Parents told inspectors that their child's social worker and staff were happy to facilitate the parents to mark a family event by seeing their child unsupervised outside of the unit.

Children were able to express their wishes and have them listened to. Each child had key workers they could talk to about how they were getting on and to whom they could express any requests they had. There were also children's house meetings which generally took place weekly. Topics discussed included requests by the children for money for personal care items, meal-planning, mobilities, and routines in the unit. The minutes of these meetings reflected the fact that the requests were taken seriously and children were given feedback on them. When children requested items that might pose a safety risk, risk assessments were carried out and children were facilitated insofar as possible.

Judgment: Compliant

Standard 1:4

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

Inspection Findings

The service was proactive in providing information to children and this was done using a variety of formats. When children required assessment and support regarding their communication needs, this was provided.

There was a policy on access to information. One child told inspectors that she was told she could read what was written about her in the files but that she did not want to. The information booklet that was given to children on admission contained information on all aspects of the service and life in the unit. For example, children were given information on contact with and visits by their family, on the various meetings that took place about their care, on the education service provided to them, and on issues such

as the amount of pocket money they received. This information was explained in more detail by the children's key workers in individual meetings.

Children were also able to meet their social workers and guardians ad litem every few weeks and receive information on the court proceedings held about their care and on plans to secure a placement for them following their time in special care. They also were invited to child in care reviews every month where the progress of their placements was discussed.

Children had access to television in the unit but they did not have access to mobile phones or the internet for their own safety. If a child wanted to use the internet, arrangements were sometimes made for a staff member to accompany them to a library in the community, where this service could be accessed under supervision.

When a child's communication needs needed to be assessed, this was carried out by a speech and language therapist from the Assessment Consultation Therapeutic Service (ACTS) team, a Tusla clinical team that provided a service to children in all the special care units. There was evidence that one such assessment had commenced in the unit in the weeks prior to the inspection.

One child's social worker told inspectors that social workers had a key role in determining who the child had permission to phone or communicate with outside of the unit during their placement.

Judgment: Compliant

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

Children were given the opportunities and encouragement to participate in decision-making. The opinions of each child were sought prior to the child in care reviews, which took place monthly, and they were invited to attend these reviews and express their views. There was also a weekly house meeting during which children were invited to make suggestions or express their views about the day-to-day running of the unit. Records showed that one child recently attended her care review for the first time. Another child told inspectors that she could ask for what she wanted by talking to staff or at the house meeting.

Each child had a court-appointed guardian ad litem, who met the child regularly and advocated for the child in court. An independent advocate visited the unit monthly. The advocate told inspectors that each child was given an information pack and had their rights explained to them. The advocate raised issues with managers, staff or other professionals on behalf of children on occasion and participated in child in care reviews at the invitation of children. He told inspectors that he met with the children prior to and after their reviews to talk to them about the decisions taken. He also told

inspectors that staff were proactive in encouraging the children to avail of advocacy services and that staff had facilitated one child to attend a recent forum for children in care in the region.

The acting deputy manager, who was the case manager for both children, told inspectors that she met the children regularly to talk to them about how they were and any decisions that were taken with regard to their care. Records showed that the children's key workers met the children for individual sessions in which the children were given opportunities to talk about any issues that concerned them or to raise any questions they may have.

Managers and staff carried out exit interviews with each of the children who left the unit during the previous year. These provided children with the opportunity to give honest feedback to staff on their experiences, both positive and negative, in the unit.

Judgment: Compliant

Standard 1:6

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

Inspection Findings

Managers and staff supported the children in maintaining and developing relationships with their families.

Children on the unit were able to phone their parents frequently and see their parents and siblings from time to time when this was deemed appropriate. Inspectors spoke with two parents who told them that they received regular phone calls from their children and that they could also phone the unit when they wished to do so and speak to their children if they were available. Parents also told inspectors that they visited their children in the unit, that staff were welcoming and helpful, and that the social work department provided financial support to ensure that families could visit their children. One child was allowed to leave the unit with her parents and spend unsupervised time with them for several hours. The second child was able to meet her siblings and spend some time with them on the unit.

There was sufficient space and facilities on the unit for children to be able to meet their parents and family members in private. There was a dedicated section of the unit which had a sitting room and a kitchenette and was used in the past to facilitate family visits. In the week prior to inspection, a family visit had taken place in a larger room which had access to the back garden and this had suited the needs of all concerned on the day. One parent told inspectors that their child had cooked them a meal in the unit on the day of the visit.

The acting deputy manager told inspectors that children were supported to pursue social and leisure interests in the local community at times and records showed this to be the case. These activities only took place when the children were assessed as ready

for this and any risks involved could be managed by staff.

Judgment: Compliant

Standard 1:7

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

Inspection Findings

Children knew how to make a complaint and their complaints were listened to and taken seriously.

There was a complaints policy in place on the unit and the acting deputy manager was the complaints officer. The Tusla national policy on complaints "Tell Us" had not been introduced as yet on the unit. The acting deputy manager told inspectors that the complaints officers in special care units had not yet received the training on the new policy but she expected that it would be provided in the near future.

Information on how to make a complaint was included in the information booklet and staff also made children aware of this information in individual sessions. Should they require it, children could get assistance from staff, the independent advocate, their social worker or from the guardian ad litem to make a complaint. Children were also made aware that, if they were not satisfied with the outcome of their complaint, they could contact the monitoring officer or the Ombudsman for Children.

According to the complaints log, 12 complaints had been made since the previous inspection, 11 of these by children. Records of a sample of individual complaints showed that the complaints officer met with the complainants and investigated their complaints herself or referred them on to third parties for investigation if required. Relevant professionals were made aware when a child made a complaint. Of these 12 complaints, 11 had been closed.

However, as at the time of the previous inspection, there was a complaint from January 2016 that still had not been concluded. The complaint had been escalated to national level in Tusla in 2016 but, despite the efforts of the complaints officer to seek feedback on this, information was not available on the current status of the complaint. This was an unacceptably long time for a complaint to remain unresolved.

There was no evidence that complaints were analysed to identify trends or that there was learning from complaints which contributed to the improvement of the service.

Parents who spoke to inspectors told them that they were aware of how to make a complaint but that they had no reason to do so. One child told inspectors that she knew how to make a complaint but there was no point in doing so.

Judgment: Non Compliant - Moderate

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.

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 who were admitted to the unit were placed in special care as a response to their particular needs and in line with the relevant legal authority. The suitability of referrals for special care were considered by a national admissions committee for special care, who were provided with comprehensive referrals, which contained detailed histories of the children and of the care interventions that had been used to date and an outline of the risks to the safety of the children. This information was provided to the unit in advance of admission which meant that managers and staff had good quality information on children prior to the development of their placement plans. The national committee could also meet at short notice in response to an urgent referral.

The unit had a policy and procedures in place for the admission of children. A special care order application preparation meeting (SCOAP) was held to consider the referral and prepare the initial therapeutic approach. The majority of staff were experienced in admitting children to the unit and external professionals told inspectors that there was very good inter-agency and multi-disciplinary working on the admission of children. Children told inspectors that knew the reasons why they were in special care. One child, who expected to be leaving the unit after three months, expressed frustration that no onward placement had yet been arranged even though the three months had lapsed. Inspectors viewed records of exit interviews with children who had been discharged within the previous 12 months. The comments of the children were mixed. One child said that her problems were not sorted but another child made positive comments about the care provided by staff and ACTS professionals and said that she felt safe in the unit.

Children were provided with age appropriate information about the unit following admission. They were given a copy of the information booklet and their key workers provided them with information in person. Records of key working sessions with children following admission were detailed and thorough.

Judgment: Compliant

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

The policy on special care process, which was reviewed and updated in 2016, set out the various components of care required for each child. These were reflected in a statutory care plan, a placement plan and placement support plan, an individual education plan and an individual therapeutic plan. If a child required a psychiatric service, an intervention plan was also required.

Each child had an individual programme of special care which outlined their needs and the interventions designed to meet these needs. Inspectors reviewed the files of both children and found that most of the relevant documentation was in place or was being developed. The care plan of one child had not been updated to reflect their current situation and there was no care plan in place for the second child who had been admitted three weeks previously. Social workers for the children told inspectors that up-to-date care plans were being developed following recent reviews and that these would be forwarded to the unit when completed. There were up-to-date placement plans and placement support plans in place and these were of good quality.

Children's needs were comprehensively assessed by the staff team and by members of the ACTS team. Staff who were interviewed by inspectors demonstrated that they were keenly aware of the children's needs.

The individual programmes of care for children were subject to frequent review, as required by the special care processes. Child-in-care reviews and multi-disciplinary professionals meetings were held every four weeks, on alternate fortnights. The progress of children's placements were considered and, where the level of risk to children changed or there was a lack of progress, changes were made to the children's individual programmes. The staff team held weekly meetings to review the placement plans. Inspectors observed one such meeting which was also attended by a psychiatrist. The review of each child's care was informative to staff and clear decisions were made to either continue with particular interventions or vary the children's programmes when necessary.

Inspectors observed that children received care and support from the staff and from external professionals. The arrangements for the allocation of staff and the appointment of a lead professional from ACTS promoted consistency of care. Records indicated that staff promoted positive reinforcement of good behaviour and progress that the children made.

The short-term outcomes of special care placements for individual children were known but there was no system in place for the overall outcomes of children to be tracked and for these to inform the continuous improvement of the special care service. The progress of each child in their special care placement was monitored and the short-term outcomes were communicated to national managers through regular meetings and outcomes in regard to the special care processes were reflected in the unit's monthly

centre governance reports. Each child was also asked to complete an exit interview and this process yielded valuable information about the children's experiences in the unit. The acting deputy manager and staff members also told inspectors that a number of children had occasional contact with staff in the unit following their discharge and kept them informed about how they were getting on. However, the national manager for special care confirmed to inspectors that there was no formal system in place for tracking the outcomes for children.

Judgment: Substantially Compliant

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. However, the unit was not designed for the purpose of special care and the environment did not meet the needs of the children placed in special care.

The premises was secure and a closed circuit television system was used to monitor the outside of the building. While there was adequate heat and light, the ventilation in the unit was inadequate. Windows could not be opened for reasons of safety and security and a number of the rooms were stuffy. Records showed that the issue of installing a new ventilation system was investigated but that the costs of doing so were prohibitive. The environment was not homely or stimulating for the children. Parts of the premises were shabby and some parts of the unit were dirty.

The previous inspection found that the unit was also not suitable for children who engaged in self-harming behaviour, and, following that inspection, one child who had engaged in such behaviour, was transferred to another special care unit. At the time of this inspection, both of the children had recent history of self harming behaviour and one child also engaged in behaviour that was destructive of property. Since the building was not purpose-built and one child continually engaged in this behaviour, this provided the staff team with the constant challenge of closely supervising the child. It also meant that the staff team had to make frequent calls to the maintenance department to repair the damage to property. The outcome of this was that certain rooms regularly closed for maintenance or parts of some rooms required regular repair. Inspectors observed that soft floor coverings were ripped up by one child and this exposed wood and metal that provided further risks to the safety of the child. Staff, managers, and other professionals told inspectors that maintaining the physical environment was a constant challenge.

There was adequate private and communal space for the children. Bedrooms were of adequate size and one child had personalised theirs. The other child was using safety bedding at the time of inspection but staff planned to introduce standard bedding when appropriate. Children were facilitated to display photos of family members and to have personal belongings when appropriate. There was adequate space for storage of personal belongings but the storage units in bedrooms had shelving rather than space for hanging clothes and these storage units were sometimes locked for reasons of

safety. Bedroom doors were not locked at night. Instead, the doors were alarmed so that staff were alerted if a child left their room.

The health and safety statement, dated November 2015, was not up to date and the general risk assessments associated with the statement had not been updated either. Staff were vigilant about identifying health and safety issues on a daily basis and reported any hazards to the maintenance department. Comprehensive maintenance records were maintained by the unit manager who held regular meetings with the maintenance manager. Staff told inspectors that they received a prompt response from the maintenance team. Inspectors observed that two cars which had previously been used by the staff team but were owned by the Health Service Executive, were no longer in use and were parked outside the unit. They had not been disposed of and were now unsightly and a potential hazard to children, staff or visitors. The unit was insured under the State Indemnity Scheme.

Arrangements were in place for an external cleaning company to carry out cleaning of the unit on two days per week. However, cleaning schedules showed that the cleaners were not required to clean the entire unit. For example, they were not required to move couches and clean behind them. Both children told inspectors that the unit was dirty and inspectors found that some areas of the unit, including the kitchen and corridors, had not been properly cleaned. Inspectors observed that a wet mop and bucket were stored in the pantry along with stocks of food. A staff member told inspectors that the mop was used to clean the kitchen and bedrooms but may also be used to clean the bathroom. There was no procedure for the mop head to be changed when different areas were being cleaned. This meant that effective infection control measures were not in place. Inspectors also found that the pantry was not suitable for the purpose for which it was being used and staff confirmed this.

The unit had three cars. Each was taxed and insured, and had all the required safety equipment in place. Arrangements were in place for regular service and maintenance. The recreational facilities comprised a large secure green area and an outdoor games area. These facilities had been improved since the previous inspection and one child enjoyed playing outdoor games. There was also the facility for children to play table tennis and a selection of indoor play equipment was available. One room had been converted in to a gym and another room, dedicated to self-care, had been equipped since the previous inspection.

There were adequate fire safety precautions in place. There were regular checks of the fire safety equipment in the unit which were serviced at appropriate intervals by an external contractor. Appliances were kept in a locked area but each staff member had a key. Staff carried out a series of daily, weekly and monthly fire safety checks and logged these in the fire safety register. The fire alarm and emergency lighting were serviced regularly. Certificates showing that furniture in the sitting rooms was fire retardant were maintained. Personal emergency evacuation plans were in place for both children and there were adequate means of escape. Four fire drills had been carried out in 2017 and both children had taken part in a fire drill. Records showed that all staff members had received up-to-date training in fire safety.

Judgment: Non Compliant - Major

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

There were policies and procedures in place to guide managers and staff regarding the preparation for discharge and the discharge of children from special care. According to the special care processes, the duration of a placement was three months unless it was identified at an early stage of the placement that the child required a longer time in special care. The duration of the placement was also subject to court review.

However, inspectors found that one child had been in the unit for three months and, while staff were preparing the child for discharge, no follow-on placement had been secured for the child. The child's social worker told inspectors that a request had been submitted for such a placement but that, as of the time of inspection, there was no placement available in Tusla residential services and there was also difficulty in securing a private placement. This meant that, though the child no longer required a special care placement, there was no follow-on placement to which they could transition. This led to frustration on the child's part and also meant that other arrangements, such as securing an educational placement for the child for the coming year, could not yet be made. Professionals told inspectors that the issue of finding suitable follow-on placements was a wider issue and this meant that Tusla could not ensure that all children could be discharged in a timely way when they no longer required special care placements. This issue was discussed with the acting deputy manager and the acting national manager and they were aware that this was a national issue that needed to be addressed.

Judgment: Non Compliant - Moderate

Standard 2:5

Special care units have a care record for each child.

Inspection Findings

There was a policy on the management of records. A number of care files were in place for each child and these were well maintained and easily accessible. The files were stored securely and were legible. The files were generally well organised and they contained the majority, but not all, of the required documents such as individual education plans and up-to-date care plans. Social workers for the children told inspectors that the up-to-date care plans would be sent to the unit when typed. Some information was not contained on children's files such as the admission record for one child and the details of a child's guardian ad litem were not contained on the other child's file.

Judgment: Substantially Compliant

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.

Standard 3:1

Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

Inspection Findings

There were policies and procedures in place regarding the protection and welfare of children. These included policies on child protection and the management of allegations, bullying and harassment, and policies to guide staff in regard to safe care. Data provided by the unit showed that all staff had received up-to-date training in Children First: National Guidance on the Protection and Welfare of Children (Children First) (2011).

Managers and staff were vigilant to protect children from any instances of bullying and harassment by other children in the unit and to ensure that behaviour such as this was not tolerated. Following incidents and threats in the relationship between two children during the 12 months prior to the inspection, plans were put in place to manage each of the children separately for a period of time in order that confrontations between them did not occur. There was evidence that this situation was closely monitored by managers and staff and the monitoring officer visited the children to ensure that they were satisfied with the arrangements in the unit. However, one child told inspectors that she did not feel safe in the unit and had told her social worker that she was not happy here.

The unit manager was the designated liaison person for reporting allegations of abuse and neglect in line with Children First (2011). The acting national manager told inspectors that 10 child protection reports had been made to Tusla social work departments since the previous inspection. Eight of these had been investigated and were deemed to be unfounded or inconclusive. The outcomes of the remaining two were not known by the unit as they were still under investigation.

There were clear policies and procedures in place in the event of an allegation against a staff member and such allegations were taken seriously and investigated. Three allegations had been made against staff members since the previous inspection. Two were responded to and concluded. One allegation was being investigated by a social worker from the local social work department under Children First (2011) at the time of inspection. However, the allegation had been reported over three months previously and the investigation had still not concluded.

Managers put a safety plan in place to ensure that the safety of the child and to ensure that the staff member, who was the subject of the allegation, did not work alone with the child. All members of the team were aware of the allegation and were required by

managers to ensure that the safety plan was adhered to and to email the manager to this effect at the end of their shift. However, staff told inspectors that, while they were vigilant in ensuring that protective measures were in place, the oversight of this was not in place when the unit manager was on leave. Staff continued to email the unit manager but received no response which meant that a key element of the safety plan was not in place during that time.

Inspectors found that sufficient measures were not in place to protect the privacy of the staff member subject to the allegation as the progress of the safety plan was discussed with all staff present at the weekly meeting.

There had been three incidents of absconion/non-returns to the unit since the previous inspection. In one incident, the child was deemed to be "absent" while in the other two incidents, the children were deemed to be "missing in care". Staff followed the appropriate procedures in these instances and the children were returned safely to the unit. Procedures to be followed for individual children were set out in their placement support plans. Neither of the children who were currently resident in the unit had gone missing from care but staff were vigilant in this regard.

Children's social workers, guardians ad litem and parents told inspectors that they had good communication with managers and staff. Social workers visited the children monthly, at the time of child in care reviews, as they were based at a considerable distance from the unit. Social workers told inspectors that they read the children's logs at these times and social workers had signed the logs. Records of social work visits were maintained in the children's files. The children's guardians ad litem also visited the children in the unit.

There was a risk management system in place that safeguarded children. Individual risk assessments were carried out to determine the level of risk involved when a child was leaving the unit or had access to particular items in the unit or when the behaviours of the child required this. Staff assessed whether the risk was manageable or if a plan of action was required and they documented their assessments which were held in the children's files. Inspectors found that the quality of the risk assessments was good. Following the previous inspection, the outcomes were recorded for learning purposes and these were discussed at staff meetings.

Judgment: Non Compliant - Moderate

Standard 3:2

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

Inspection Findings

Children who were admitted to the unit had histories of behaviour that challenged that could not be safely managed in other settings. The unit, whose stated purpose was to provide short-term, stabilising intervention that delivered safe therapeutic care, had a policy and procedures in place on the provision of behavioural support.

Children received the support they required in a number of ways. The restriction of a child's liberty while in the unit afforded them a temporary separation from situations that they experienced as problematic. While in the unit, children were under constant supervision, they had a structured routine and had access to on-site education, vocational supports, and recreational opportunities. They received 24-hour care from a trained staff team and they received specialist therapeutic input from clinicians on the ACTS team and from a psychiatrist.

Before a child was admitted to the unit, staff usually received a comprehensive history of the child although one of the children currently in the unit was admitted with short notice and the information received on the child's history was less detailed. Following admission, the child was assessed by staff and clinicians.

Key workers were appointed for each child and their role was to develop a relationship with the child, keep the child's files up to date and contribute to a monthly report on the child which informed the child and others involved in their care of the child's progress. Data provided by the unit showed that all staff were trained in a Tusla-approved approach to managing behaviour. Records showed that the majority of the staff team had received training in 2017 on issues of self-harm and suicidal ideation. They also received input from the ACTS clinicians and from the psychiatrist to guide their approach to the child. Inspectors observed that staff treated children with respect. Inspectors also viewed records of key working sessions completed with the children which demonstrated that staff engaged with children in one-to-one sessions to address their behaviour. When possible, staff carried out life space interviews with the children following incidents.

Each child had an individual crisis management plan (ICMP). There were also individual treatment plans (ITPs) on file for both children and they were of good quality. Each ITP detailed the child's history, presenting difficulties, and their strengths. An initial formulation was arrived at and targets or goals were set for the child. The short-term outcomes, such as a reduction of risk behaviours, engagement with clinicians with their programme of care, were then tracked over the child's time in the unit. The ITPs were reviewed monthly by the professionals involved in the children's care.

Professionals involved in the care of the children told inspectors that the children received good quality care in the unit. Staff told inspectors that the incidents of behaviour that challenged in a child who had been in the unit for several months had decreased and parents confirmed that their child was more settled in themselves.

Since the introduction of new special care processes in 2016, the duration of special care placements is three months for the majority of children. This is a relatively short time in which to stabilise the behaviours of children whose behaviour, prior to their admission, has been very challenging. It is also likely to increase the throughput of children in the unit and one of the outcomes may be that the number of incidents of behaviour that challenge on the unit may increase as a result.

Judgment: Compliant

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 were national policies and procedures in place to govern the management of behaviour, including the use of restrictive procedures. Inspectors found that, when safety issues arose in the unit, these situations were risk assessed in order to determine the course of action to be taken. However, there was high number of restrictive practices in the unit during the previous 12 months.

According to data provided by the unit, there were 48 incidents of physical restraint, 11 instances of physical intervention, 66 instances of single separation, and 51 instances of structured time away in the 12 months prior to the inspection. There were no instances of single occupancy during that time which was an improvement since the time of the previous inspection.

While there were eight children in the unit over that time period, records showed that the majority of restrictive procedures were used in relation to a small number of children whose behaviour was particularly challenging. Inspectors viewed a sample of significant events forms (SENs) in relation to behaviour that challenged. The restrictive procedures were used to manage situations in which children were engaged in behaviour that put the safety of themselves or others at risk or in which they were very distressed. There was evidence that these interventions were used for as short a time as possible. Structured time away or single separation were risk assessed and subject to regular monitoring and review. A number of these episodes of behaviour that challenged involved a combination of physical assaults, self-harm and property damage, and several resulted in physical injuries to staff. On three occasions, members of An Garda Síochána were called to assist staff in the management of behaviour, including an occasion where a child could not be safely managed while out of the unit with staff. Records showed that the requests to An Garda Síochána were appropriate.

All staff were trained in how to use restrictive practices safely when these were required. However, the management of behaviour that challenged was made more difficult by the unsuitability of the building, especially for children who engaged in self-harm and property damage. There were several occasions when some rooms were unavailable to be used for children as they were under repair following property damage and children who damaged property could also access materials that were potentially harmful to themselves and others.

The use of restrictive procedures was recorded on significant event forms (SENs) and these were reviewed and signed off by a manager before being sent to the national office and to the professionals involved in the children's care. Inspectors reviewed a sample of SEN forms relating to the children resident in the unit during the inspection and found that they contained appropriate information and sufficient detail. However, inspectors found that the practice of children having to remove their shoes while in the

unit was an institutional restrictive practice but had not been identified as such by managers and staff.

The use of restrictive procedures was reviewed in a number of fora. Staff carried out audits of the number and type of restrictive procedures used. Records of managers' meetings showed that this issue was on the agenda. It was also discussed in individual supervision with staff and an audit of restrictive procedures was discussed at a recent staff team meeting. There was also a local significant events review group (SERG). Inspectors viewed minutes of five such meetings from the previous 10 months and the attendance comprised managers, staff and professionals involved in the care of the children. The minutes reflected that good reviews, feedback and learning took place. The monitoring officer also attended a number of these meetings and reviewed the issue of restrictive procedures during monitoring visits.

Judgment: Non Compliant - Moderate

Standard 3:4

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

Inspection Findings

There were national policies and procedures in place for the management of incidents, their recording and notification, and for their review.

Key people involved in a child's care, such as the social worker, guardian ad litem and parents, were informed of incidents and SENs were also sent to the national office. Social workers for the children told inspectors that staff in the unit kept them informed of all incidents. A guardian ad litem told inspectors that staff contacted them by phone after any incident and subsequently forwarded a written notification. Parents also told inspectors that they too were kept informed of any incidents involving their children.

Apart from the local review of significant events already referred to, there was also a national significant events notification review group (SENREG). This group reviewed the SEN log for each special care unit and addressed any issues arising to the unit manager. If a satisfactory answer to a query was not provided, the unit manager was asked to follow up on this in the unit. Inspectors viewed the minutes of the local SERG group and the national SENREG group. Inspectors found that there was good review of incidents and significant events. Discussion, feedback and learning were all of good quality.

Support was provided for children following incidents and there was evidence of life space interviews with children on file. Children could also discuss any issues they had with one of the external professionals involved in their care. While a number of supports were available for staff, staff told inspectors that there was a lack of clarity about whether staff would get serious injury leave in the event of being injured in an assault by a child, and that, although this issue had been raised at several team

meetings, staff were still unclear. This lack of clarity had the potential to influence staff members to avoid intervening in the course of a serious incident.

There was a policy in place on protected disclosures. Staff interviewed by inspectors knew how to report any concerns they may have but one staff member told inspectors that they had not been given any information on the policy. The acting deputy manager told inspectors that protected disclosure was on the agenda for the team meeting on the day of inspection and that written material on the topic was now available in the staff office.

Judgment: Substantially Compliant

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.

Standard 4:1
The health and development of each child is promoted.

Inspection Findings

Staff demonstrated that they had the knowledge and skills to promote children’s health. They encouraged them to exercise and supported them to maintain a healthy diet. While this approach was underpinned by policies, the absence of a housekeeper at the time of inspection contributed to a situation in which the stocks of food in the unit were not sufficient and adequate arrangements for meal preparation were not in place.

Staff members supported the children in relation to promoting a healthy lifestyle and diet. Children were facilitated to engage in exercise both in the unit and in the community. For example, records showed that some children took part in horseriding. There were also recreational facilities in the unit and one child played table tennis and volleyball. Another child was provided with the materials she wanted to manage her self-care as she chose to. One staff member told inspectors that, when one child expressed the preference for a vegetarian diet, he spent time researching suitable menus that the staff could use for her. There was also evidence that, in the months leading up to the inspection, the staff team adopted a healthy eating options approach to meal preparation. However, at the time of inspection, there had been no housekeeper for several days. The acting deputy manager was attempting to recruit a new housekeeper but the absence of one impacted on the availability of food in the unit and the arrangements for meal preparation. One staff member told inspectors that there was an absence of some foodstuffs that were usually available for the preparation of sandwiches for children. One child also told inspectors that there was a shortage of food and that she had to buy a take-away meal for herself. This situation was addressed on the day of inspection by arranging for night staff to engage in meal preparation for the following day.

Key work records showed that staff engaged in health education work with the children on issues such as substance misuse. Inspectors also viewed key working records in which a staff member addressed the issue of managing anxiety with a child.

Medical records were maintained for each child and these provided an overview of each child's health condition, medical history and various health interventions. The records included details of medical cards. However, some medical notes were inadequate as they were written on plain sheets of paper. Appropriate consent forms were in place for one child but not for another child. Each file also contained guidance from the GP in regard to whether the child could or could not be subjected to physical restraint if this was required. The file of one child did not contain their immunisation history.

Judgment: Non Compliant - Moderate

Standard 4:2

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

Inspection Findings

Each child received a medical assessment on admission and there was timely access to a GP. A local GP practice provided the service and children could see a female GP if they wished. A GP visited the unit when required. Records showed that, when a child required the services of a specialist health professional, such as a dentist, they were facilitated to see one. There were extensive medical records on one child's file which showed that the child had received assessment and treatment from a number of health professionals.

Specialised services, including psychology, speech and language therapy and social work services were provided by the Tusla ACTS team. Each child had an individual treatment plan and a named key clinician from ACTS. Members of the ACTS team visited the unit weekly and liaised closely with the staff team, ensuring that the needs of the children were regularly monitored and responded to. Arrangements were in place for timely access to a psychiatrist when required. Inspectors observed that the psychiatrist met with members of the staff team to review a child's care. The psychiatrist provided good guidance to the staff in regard to interacting with the child and managing their behaviour. Staff members told inspectors that they valued the psychiatrist's regular input.

The medicines administration records were contained in the children's medical files. They contained most, but not all, of the required information. For example, children's names, dates of birth and known allergies or medical conditions were not consistently recorded.

There was no centre-specific policies on the administration, storing and disposal of medication. Arrangements were in place for all medicines, including controlled drugs, to be stored securely. There was also a fridge for the storage of medicines that required this.

All staff, apart from a newly-recruited staff member, were trained in the safe administration of medicines. The files did not contain information sheets on all medicines used in the unit and inspectors found that not all staff members were familiar about the medicines being used, their potential side-effects and any contra-indications there may be. Following the previous inspection, the manager and acting deputy manager were due to undertake further training in medicines management but the acting deputy manager told inspectors that this training had not taken place.

There was a system in place for regular audits of medicines management to be carried out. Inspectors viewed the results of audits and spoke to the staff member who carried out internal audits. There had been five external audits and three internal audits since the previous inspection. While there was evidence that some learning had taken place as a result of the audits, inspectors found that some deficits such as lack of a GP signature on discontinued medicines, unexplained gaps in recording and omission of times of administration still existed even though they had been identified several months previously. Inspectors also found one medical error which had not been identified through internal checks.

Judgment: Non Compliant - Moderate

Standard 4:3

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

Inspection Findings

Children's right to education was valued in the unit and children were encouraged to attend school.

The school was located close to the unit and was also attended by other children from another residential service. Children were provided with information on the school in the information booklet. Arrangements were also in place for the school principal to meet with each child before they started their school placement. As the inspection took place during the school holidays, it was not possible for inspectors to meet the school principal or visit the school.

Children's educational needs were assessed as part of the care planning process and an individual educational programme was developed to suit each child's needs. An individual education plan was developed for each child and their progress was monitored through their time at school. Inspectors viewed a detailed report from school on one child's file. The second child had been recently admitted and, while her educational history was on file, her educational needs had not been assessed nor had an individual education plan been developed as yet.

Staff encouraged and supported children to attend school. Children were also incentivised to attend school through the provision of a small allowance at the end of each week. One child's records showed that they had a 100% record for school attendance and that this was given special mention by staff at the children's house meeting. During the school holidays, children were provided with a summer education

programme organised by the school and one of the children was participating in this at the time of inspection.

The deputy manager told inspectors that was good communication and engagement between staff, professionals and educational personnel.

While arrangements were in place to assist children in managing the transition between schools at the time of discharge, one child, who was due for discharge, did not have a follow-on placement at the time of inspection and, because she did not know where she would be living, the possibility of securing an educational or vocational placement for the autumn term was delayed.

Judgment: Substantially Compliant

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.

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 unit performed the majority of its function in line with the relevant legislation and standards. Managers and staff were knowledgeable about the regulations, standards and policies for the care and welfare of children in special care and, in general, practice in the centre reflected this.

The manager and deputy manager demonstrated learning from previous HIQA inspections and from the visits of the Tusla monitoring officer. Inspectors found that many of the actions arising from the previous inspection had been addressed and completed. Actions that were completed were in the direct control of the managers of the unit and a number of the monitoring officer's visits included the verification of actions completed. However, a number of actions had not been completed and these were generally outside of the control of the unit managers. These included issues to do with the building, the training for implementation of national policies, the availability of follow-on placements for children, and the development of a system to track the outcomes for children. There was no strategic and operational plan for 2017/2018 and no indication how or by when these issues might be addressed.

Inspectors viewed the centre register and found that it was incomplete and not up to

date. There were no entries for the two children currently resident in the unit and the records in respect of four other children did not contain dates of discharge.

Judgment: Non Compliant - Moderate

Standard 5:2

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

Inspection Findings

There were clear lines of authority and accountability in the unit. There was an experienced unit manager who had been in post for six years. He was supported by an acting deputy manager and a co-ordinator, whose role was to lead the staff team on shift and to supervise a number of staff. Staff, the coordinator and the acting deputy manager reported to the unit manager. The unit manager reported to the acting national manager for special care, who, in turn, reported to the Tusla director of children's residential services. Staff who were interviewed were aware of the reporting structures and were clear about their duties and roles.

The unit manager met with the acting national manager every month for national special care meetings and had frequent informal contact when necessary. A weekly teleconference with managers involved in the special care processes meant that relevant information on activity in the unit was shared appropriately. Inspectors spoke to the acting national manager regarding national oversight of the unit. He told inspectors that there was no approved post of national manager for special care. While he was in this acting role, he was also the unit manager for another special care unit.

The unit manager and acting deputy manager provided stable leadership. They had a formal meeting weekly and discussed issues relevant to the children and the operation of the service. They ensured that the special care processes were implemented in the unit and that there was consistent staffing in place for the children. Following the previous inspection, they implemented a decisions log to support their management meetings. They recorded the tasks to be undertaken and the person responsible, and they recorded when the tasks had been completed or provided updates if tasks were still ongoing. They maintained oversight of the activity of the unit and ensured the safety of the children. There were systems in place for communications with staff, for staff support, for assessing risks to children, and for planning resources, especially the staffing resource. The acting deputy manager was the case manager for both children. She demonstrated that she knew the children well and she ensured that the staff team had opportunities to reflect on their work with the children.

While risks were generally well managed in the unit on a day-to-day basis, key risks to the service were not dealt with in a timely manner. There was a risk management system in place which involved the identification and assessment of risks in the service. The centre risk register showed that the risks were risk-rated and the controls in place to mitigate the risks were outlined. However, there was no due date given for actions required and no date by which the risks should be reviewed. The unit manager

escalated key risks to the acting national manager when required. These included the unsuitability of the building for its purpose, and staff recruitment issues. Following the previous inspection, the provider stated in the action plan response that the continued use of the premises as a special care unit was under review and that the limitations of the building would be taken into consideration in all future placements. However, inspectors found that the issue of the continued use of the premises had not been resolved and the provider continued to admit children with a history of self-harming behaviour.

Risks to individual children were documented in their files. A new national risk management policy had been developed by Tusla in 2016 and the unit manager received a briefing on this. However, the staff team had not received training in this policy and it had not been implemented in the unit.

There were a number of monitoring systems in place in the unit. The acting deputy manager reviewed the children's files on a regular basis. There were internal audits on medicines management and a number of external audits took place also. A Tusla finance officer visited the unit in March 2017 to review and audit the unit's financial systems. Managers completed a monthly central governance report which provided data on issues such as the various special care processes meetings and key activities for the children such as their educational attendance. The report also provided data of staffing issues such as qualifications, training, Garda vetting and personnel issues. While these reports were submitted to the national office monthly, there was little evidence of the analysis of the data provided or of actions taken as a result.

The unit was monitored by a Tusla monitoring officer who visited regularly and reported on the visits. Four such reports were submitted to HIQA regarding monitoring visits since the previous inspection. The monitoring officer verified the progress of actions from the previous HIQA inspection and made recommendations for follow up by the unit managers. The monitoring officer also followed up on issues such as allegations or complaints made by children and met the children concerned. At the time of this inspection, a new monitoring officer had been recently appointed to monitor the unit.

Judgment: Non Compliant - Moderate

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 unit had a draft statement of purpose, dated 10 July 2017. It described the unit as offering a special care service to a maximum of four females between the ages of 11 and 17 years. The acting deputy manager told inspectors that this document was due to be signed off by the national manager in the weeks following the inspection.

The draft statement of purpose was a comprehensive document which set out the basis of the special care unit in legislation, the special care processes it adhered to and it

listed the policies that govern practice in the unit. It described the service in detail, outlining the aims, objectives and ethos. It described the model of service, the facilities provided and the staffing arrangements.

The content of the statement of purpose was available in more child-friendly language in the children's information booklet. Staff interviewed by inspectors were knowledgeable about the purpose and function of the unit.

The statement of purpose reflected the practices in the unit.

Judgment: Substantially Compliant

Standard 5:4

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

Inspection Findings

As the unit was funded and managed by Tusla, a service level agreement was not required for its operation.

Services, such as the the GP service and the cleaning service, were provided by external private companies and the unit had service level agreements in place with these. Inspectors viewed a copy of one such agreement. The agreement set out the details of the service to be provided and the cost of the service, and it was signed by both parties. The unit manager told inspectors that the service level agreements were kept under review to ensure that the services provided good value for money.

The manager also told inspectors that employees of the cleaning company contracted by the unit were Garda vetted.

Judgment: Compliant

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.

Standard 6:1

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

Inspection Findings

Inspectors found that the resources available to the unit were effectively deployed. For example, the allocation of staff had been reviewed since the previous inspection and, at the time of this inspection, staff were rostered to ensure a mix of experience and skills

on each shift, and to ensure that there was consistency of staffing for children. Work had also been undertaken to improve the facilities available for the use of children.

Systems were in place for the management of petty cash and regular expenditure. Service agreements were in place for the external services supplied to the unit. The records to support these systems were administered by a clerical officer and oversight was provided by the unit manager. Planning took place in regard to the recruitment, training of staff and the upskilling of staff who were not qualified.

There continued to be challenges for managers and staff in the unit to provide a safe and child-centred service for children due to the unsuitability of the building but there was evidence that consideration was being given at a national level in regard to the continued viability of the unit.

Judgment: Compliant

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.

Standard 7:1

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

Inspection Findings

Tusla had a centralised process in place to ensure that staff were recruited in accordance with legislation, standards and policies. As was the case at the time of the previous inspection, the personnel files did not contain all required documents.

The staff personnel files were not available onsite but were held at a central location in Dublin. Inspectors made arrangements to view a sample of these files. However, many of the files seen by inspectors were incomplete and inspectors were subsequently informed that not all staff documents had been uploaded onto the document management system at that time. Inspectors then requested that the unit manager submit a signed declaration in relation to the contents of a sample of 10 staff files.

The information provided by the unit manager showed that most of the required documents such as references, photo identification, full employment history, and position held in the centre, were in place. However, the files of several staff did not contain job descriptions, or records of their induction or probation processes. The files of three staff did not contain copies of all their relevant qualifications. Following the inspection, the unit manager confirmed to inspectors that he had submitted the relevant paperwork for four staff whom Garda vetting needed to be updated.

There was no system in place to ensure that staff files contained all the required information.

Inspectors interviewed one of the newly recruited staff who had commenced work two days before the inspection. She had been introduced to the special care processes and was shadowing an experienced staff member. She was due to begin an induction programme on the week following the inspection and a training programme was in the process of being arranged for her.

Inspectors observed that staff treated children with respect during the inspection and staff who were interviewed presented as dedicated and committed to the care of the children.

Judgment: Non Compliant - Moderate

Standard 7:2

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

Inspection Findings

There was a sufficient number of experienced staff on duty on the day of inspection to provide a safe service to children. However, staffing levels in the unit were not sufficient to provide the level of service outlined in the statement of purpose and function and a number of staff were not qualified.

On the day of inspection there were at least four care staff on duty during various shifts from 8am until 11pm. Two night staff were on duty from 9pm until 8am. They were supported by the acting deputy manager. The clerical officer/administrator was also on duty. The unit manager was on leave at the time of inspection. There was no housekeeper as the previous housekeeper had left their post on the week before the inspection and recruitment of another housekeeper was underway.

The majority of the staff team were experienced but not all staff were qualified. The centre governance report for June 2017 indicated that 13 staff were not qualified but of these, eight had qualifications in related fields such as social science, and youth and community work. However, according to the report, five staff did not have relevant qualifications. This issue has been highlighted in previous inspection reports. The unit manager told inspectors that agreement had been reached that one staff member could be released to attend college each year and that he had met with each of the staff concerned. He told inspectors that two of these staff had expressed a willingness to return to college but no staff member had commenced a course since the previous inspection.

Staffing levels in the unit was insufficient to provide a safe service for four children. This was reflected on the risk register, which also recorded a decision to restrict the number of children in the unit to two while staff levels were low. Data provided by the

unit showed that there were 28 whole time equivalent posts, including managers, staff and one clerical administrator, but there were nine vacancies. This was due, in large part, to the fact that seven staff left the unit since the previous inspection and two staff were recruited during that time. Three agency staff were employed at the time of inspection.

Inspectors found that the staff interviewed were knowledgeable about the unit and the special care processes and they interacted positively and appropriately with the children. Parents of the children told inspectors that the staff were friendly and experienced and that they kept them informed about events involving their children. Professionals told inspectors that they were facilitated by managers and staff to visit the children and that there was good communication between them in relation to the children.

The staff roster had been improved since the previous inspection. The full names of staff were outlined. Staff were assigned to teams which contained a mix of experienced and less experienced staff and provided a degree of consistency for the children.

The unit manager had been in post for almost six years and was sufficiently experienced. The acting deputy manager, who was also the case manager for both children, was competent and experienced. Both managers were interviewed, the acting deputy manager at the time of inspection and the unit manager, by phone, following the inspection. They both demonstrated a good knowledge of the children and of their roles and responsibilities in relation to the provision of special care.

Judgment: Non Compliant - Moderate

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

Supervision of staff had improved since the previous inspection. There were three supervisors, the unit manager, the acting deputy manager and a coordinator. Between them they provided supervision to staff on a regular basis in line with the supervision policy.

Inspectors viewed a sample of seven staff supervision files. Supervision sessions were provided regularly, approximately every six weeks. The agendas for supervision were broad and included discussions of key working priorities, relationships with the children, care practices, staffing issues and training, and other issues. There were also contracts for supervision on file. However, the quality of some supervision records was not adequate and the records did not always include decisions taken and dates by which actions should be completed.

There were no personal development plans (PDPs) on file but the deputy manager told inspectors that PDPs were in the process of being implemented in the unit and that

managers had discussed this with staff members. Supervision records showed that the development of PDPs were discussed in individual supervision sessions and that staff members had been given a copy of their PDP form to complete as the first stage of the implementation.

Judgment: Non Compliant - Moderate

Standard 7:4

Training is provided to staff to improve outcomes for children.

Inspection Findings

Minutes of management meetings showed that, in preparation for the registration of special care units, the training needs of staff had been analysed and a programme of training had been organised to meet those needs. There was a training plan for the unit staff, dated January 2017, but training dates had not been identified at this point. The document set out training goals, and learning objectives and methods.

Data provided by the unit showed that, apart from a staff member on long-term leave, all staff had received up-to-date training in fire safety, medication management and managing behaviour. Almost all staff had received up-to-date training in Children First: National Guidance on the Protection and Welfare of Children (2011) and the acting deputy manager told inspectors that she was in the process of arranging this training for new staff. Over 50% of staff had also received training in first aid. However, approximately 30% of staff had not received up-to-date training in manual handling.

The deputy manager told inspectors that, while briefings had been provided to unit managers on the Tusla risk management policy and on the new Tusla complaints policy "Tell Us", the complaints officers in the special care units had not yet received training on the new policy.

Judgment: Non Compliant - Moderate

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.

Standard 8:1

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

Inspection Findings

Managers and staff gathered information on the children and on the care practices. This information was reported to the national special care service and it was shared with other professionals involved in the care of the children in order to support decision-making on more effective care for the children. For example, information on the children and their profiles was gathered as was information on care planning, placement planning, and school attendance while in special care. This information was reported in the monthly centre governance reports and shared with national special care personnel and a monitoring officer at regular meetings. Information on individual children was shared with relevant professionals at their care planning review meetings and there was evidence that this influenced the care provided to children .

However, the range of information gathered and analysed was not sufficient. Staff conducted exit interviews with children leaving the service and information was gathered about the duration of children's stay in the unit, the significant events that occurred during this time, and their subsequent placements. However, no information was gathered on the overall outcomes for children, information that may provide insights into the effectiveness of the unit and the special care processes and drive improvements in the service.

Judgment: Non Compliant - Moderate

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

In general, the records seen by inspectors were factual, accurate, legible and up to date. Records were detailed and provided a clear picture of the children's circumstances, the risks involved and interventions being employed. However, some records such as minutes of some professionals meetings and significant events were incomplete and not all records were signed and dated. Some staff members told

inspectors that not all staff had received training in writing placement plans. At the staff meeting, staff raised the issue that not all the work that staff were doing with the children was being reflected in the children's logs.

Children's files were stored securely to ensure their safety and preserve confidentiality. Files which had not yet been archived were stored appropriately.

Arrangements were in place for children to access their information if they wished to do so. These arrangements were clearly set out in the information booklet for the children.

The acting deputy manager told inspectors that she reviewed the children's logs and files on a regular basis and communicated her findings to the key workers. There was evidence of her review of documentation. However, there were no formal file audits which might contribute to better oversight of information governance as a whole.

Judgment: Substantially Compliant

Acknowledgements

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

Action Plan

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

Action Plan ID:	MON-0019803-AP
Provider's response to Inspection Report No:	MON-0019803
Centre Type:	Children's Special Care Unit
Centre name:	Gleann Alainn
Date of inspection:	19 July 2017
Date of response:	17 November 2017

These requirements set out the actions that should be taken to meet the National Standards for Children's Special Care Units.

Theme 1: Child - centred Services

Standard 1:7

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

A complaint made in January 2016 had not been concluded.

There was no evidence that complaints were analysed or that there was learning from complaints.

Action Required:

Under Standard 1:7 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- The complaint referred to in the report is being investigated by the Ombudsman for Children and therefore it is a closed referral to Gleann Alainn and they will inform management of their investigation. This complaint has been closed to Gleann Alainn since August 2017.
- It has been agreed that complaints would be reviewed on a quarterly basis to review trends and any other issues which may arise. This quarterly report will form part of the

annual report.

- The first audit was completed following Quarter 3 on the 31st of October.

Proposed timescale:
31/10/2017

Person responsible:
Centre Manager

Theme 2: Effective Care

Standard 2:2

Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

There was no formal system for tracking the outcomes for children who were placed in the special care unit.

Action Required:

Under Standard 2:2 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- A childcare consultant has been engaged for Special Care Services, this consultant will be introducing a model which will support measuring outcomes for young people

Proposed timescale:
31/01/2018

Person responsible:
Centre Manager and National Manager

Theme 2: Effective Care

Standard 2:3

Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

The environment was not homely or stimulating and did not meet the needs of children in special care.

The building was not suitable for children who engaged in self-harming behaviour.

The ventilation in the unit was inadequate.

The health and safety statement was out of date and health and safety checks had not been updated.

There were potential hazards in the area immediately outside of the unit.

The unit had not been properly cleaned.

Effective infection controls were not in place.

The pantry was not fit for purpose.

Action Required:

Under Standard 2:3 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- A decision on keeping Gleann Alainn operational as a Special Care facility will be made by the end of the year.
- The maintenance department has conducted an assessment of the pantry on what needs to happen to bring it up to standard. Minor capital will be sourced to complete these works.
- A SCL has been tasked with auditing the building with regard to improving the soft furnishing and décor to ensure the building is warm and homely. The unit manager when presented with this action plan will apply for minor capital or use the maintenance budget.
- A health and safety officer has been identified; the safety statement will be brought up to date in consultation with the unit manager. H&S checks will be undertaken on a weekly basis.
- The centre manager will arrange to have the potential hazards removed.
- The contracted cleaning hours have been increased to ensure that the unit remains clean. A revised schedule of cleaning tasks has been developed to ensure that deep cleaning occurs. All staff have been reminded that cleaning of the unit is an essential part of their daily tasks. A SCL has been identified and has created a daily cleaning schedule for staff.
- The SCL will audit the cleaning schedule on a weekly basis. Cleaning company will also audit the cleaning on a monthly basis.
- As part of the new daily cleaning schedule separate mops have been purchased to ensure infection control meets the standards and ensure there is no cross contamination.

Proposed timescale:
31/12/2017

Person responsible:
Centre Manager, National Manager and Service Director Residential Services

Theme 2: Effective Care

Standard 2:4

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

There was no follow-on placement available for a child who no longer needed to be in special care.

Action Required:

Under Standard 2:4 you are required to ensure that:

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.

Please state the actions you have taken or are planning to take:

• The young person in question received an onward placement at the end of July and began the transition in early August. The young person began her transition on August 18th 2017. However due to a serious incident while in her onward placement She returned to Special Care. She began transition to an alternative onward placement on Oct 24 2017.

Proposed timescale:
31/10/2017

Person responsible:
Centre Manager

Theme 2: Effective Care

Standard 2:5

Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

The children's care files did not contain all the required documents and information.

Action Required:

Under Standard 2:5 you are required to ensure that:
Special care units have a care record for each child.

Please state the actions you have taken or are planning to take:

• An audit of all files is now completed on the first of every month where an action plan is formulated and sent to the unit manager. This began on Oct 1st. One signature required on one young person's ITP and one young person's required signatures on ITP and IEP and a vaccination history. These documents have now all been completed and brought up to date.

Proposed timescale:
31/10/2017

Person responsible:
Centre Manager

Theme 3: Safe Services

Standard 3:1

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

There was a delay in the investigation of an allegation made by a child.

A key element of a safety plan for a child was not in place while the unit manager was on leave.

Sufficient measures were not in place to protect the privacy of the staff member subject to an allegation.

Action Required:

Under Standard 3:1 you are required to ensure that:

Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

Please state the actions you have taken or are planning to take:

- The allegation investigated by the local social work department has now been concluded. The delay in the investigation of interim practice notes by local social work departments has been escalated to the National Manager by the unit manager.
- The unit manager will ensure that the safety plan will be overseen by the deputy manager in the case of all further absences
- When allegations are made against staff the guidelines outlined in the "Interim Practice Note" will be followed. This ensures the safety of the staff member and young person.

Proposed timescale:
31/11/2017

Person responsible:
Unit Manager

Theme 3: Safe Services

Standard 3:3

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The management of behaviour that challenged was made more difficult by the unsuitability of the building, especially for children who engaged in self-harm and property damage.

The practice of children having to remove their shoes while in the unit was an institutional restrictive practice.

Action Required:

Under Standard 3:3 you are required to ensure that:

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.

Please state the actions you have taken or are planning to take:

- Tusla National Residential Management are considering the future options for Gleann Alainn considering its inability to management particular challenging behavior in its centre.
- Each child is now risk assessed as to their suitability to wear outdoor shoes indoors. Any child deemed at risk will be provided with indoor shoes which does not compromise their safety.

Proposed timescale:
30/11/2017

Person responsible:
National Manager and Centre Manager

Theme 3: Safe Services**Standard 3:4****Judgment: Substantially Compliant****The Provider is failing to comply with a regulatory requirement in the following respect:**

There was a lack of clarity regarding the extent of support provided to staff following injuries received in the course of incidents.

Action Required:

Under Standard 3:4 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- The serious physical assault scheme is available to all TUSLA staff. This is a national policy. Any staff member injured in the course of carrying out their duties are entitled to apply for this scheme.
- All staff will attend a workshop outlining supports which are available to them if they are to be assaulted.

Proposed timescale:
31/12/2017

Person responsible:
Centre Manager

Theme 4: Health & Development**Standard 4:1****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Stocks of food were insufficient and the arrangements for meal preparation were inadequate.

Some medical notes were written on plain paper.

Appropriate consent forms were not in place for one child.

One child's file did not contain the immunisation history.

Action Required:

Under Standard 4:1 you are required to ensure that:

The health and development of each child is promoted.

Please state the actions you have taken or are planning to take:

- We continue in our endeavours to replace our cook but to date this has been unsuccessful. Dinners have been delivered daily from the hospital canteen in order to ensure that the young people have access to hot meals. Currently lunches are being ordered from the local supermarket and staff are cooking the main meal. The grocery shopping is completed online twice weekly as an assigned task by night staff to ensure that there are sufficient stocks of food.

- There is a standard form for medical notes which have been sent to the GP. Ensuring that the GP uses the standard medical note form will be included in the medication audit.
- The outstanding consent form has been obtained and is on file.
- The immunization history has been requested from social work for the identified child.

Proposed timescale:
30/10/2017

Person responsible:
Centre Manager

Theme 4: Health & Development

Standard 4:2

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The medicines administration records did not contain all the required information.

There were no centre-specific policies on the administration, storing and disposal of medication.

Information sheets were not available for all medicines used in the centre and not all staff were familiar with the medicines being used.

There was insufficient learning arising from the audits that were carried out.

The manager and acting deputy manager had not undertaken further training in medicines management.

Action Required:

Under Standard 4:2 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- The names, dates of birth, known allergies and medical conditions are now contained on the medical administration records.
- This policy is currently being developed nationally which will be made centre specific.
- Information sheets are now available for all medications and to ensure staff are aware of this it will be a standing item on the staff meeting agenda. It will also be addressed in supervision with individual staff.
- To ensure compliance with this supervisors will ensure that all supervisees are aware of the learning from audits.
- The medication audits learning and recommendations will be discussed at the centre management meetings and National Management Meetings.
- Further training will be rolled out to all staff who either have to get retrained or extra training.

Proposed timescale:
31/12/2017

Person responsible:
Centre Manager

Theme 4: Health & Development**Standard 4:3****Judgment: Substantially Compliant****The Provider is failing to comply with a regulatory requirement in the following respect:**

There was a delay for one child in securing an educational or vocational placement for the autumn term.

Action Required:

Under Standard 4:3 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- The social work teams are aware of their responsibility to provide a suitable educational placement as part of the Child's transition and future onward placement.
- Social Work has applied to Fas, mainstream education and a school attached to a special care unit and to date has been unsuccessful. They continue to try and source an educational placement for the young person

Proposed timescale:
31/10/2017

Person responsible:
Centre Manager

Theme 5: Leadership, Governance & Management**Standard 5:1****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

A number of actions from the previous inspection had not been completed.

There was no strategic and operational plan for 2017/2018.

The centre register was incomplete and not up to date.

Action Required:

Under Standard 5:1 you are required to ensure that:

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.

Please state the actions you have taken or are planning to take:

- All actions not completed following last report have been discussed with National Tusla Management. The decision on how to proceed with Gleann Alainn will be finalised in December.
- The centre manager and national manager will complete this plan for 2018.
- The centre register has been brought up to date.

Proposed timescale:
31/12/2018

Person responsible:
Centre Manager, National Manager and Service Director Residential Services

Theme 5: Leadership, Governance & Management**Standard 5:2****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Little progress had been made since the previous inspection on key risks such as the unsuitability of the building and staff recruitment issues.

The national risk management policy had not been implemented and staff had not received training on the new policy.

Action Required:

Under Standard 5:2 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- A national recruitment drive has taken place and new TUSLA staff have started in the last week and another is due to take up position in November 2017
- Tusla National Residential Management are reviewing the usage of Gleann Alainn to see if it will remain a Special Care Service.
- Training will be provided on the new risk management policy to all staff. All staff will be trained by end Feb 2018

Proposed timescale:
31/02/2018

Person responsible:
Centre Manager, National Manager

Theme 5: Leadership, Governance & Management**Standard 5:3****Judgment: Substantially Compliant****The Provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose was in draft form.

Action Required:

Under Standard 5:3 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- Management are awaiting sign off from the national manager. The decision on how to proceed with Gleann Alainn will be finalised in December.

Proposed timescale:
31/12/2017

Person responsible:
National Manager

Theme 7: Responsive Workforce
Standard 7:1
Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The personnel files of staff did not include all the required documents.

There was no system in place to ensure that staff files contained all the required information.

Action Required:

Under Standard 7:1 you are required to ensure that:
 Safe and effective recruitment practices are in place to recruit staff.

Please state the actions you have taken or are planning to take:

- The staff without probation and induction took up employment at a time when probation or induction was not provided by the service. Staff referenced in these deficits are in position for 15 plus years. Staff with no qualifications on file do not possess a qualification as they were employed prior to when the Social Care qualification became a requirement.
- The unit manager will audit all the files in NPR and ensure that any missing documentation is sourced and placed on these files.
- The files will be audited monthly on the governance report and the unit manager will do a spot check monthly to ensure compliance.

Proposed timescale: 31/12/2017	Person responsible: Centre Manager
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Theme 7: Responsive Workforce
Standard 7:2
Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

There were insufficient staff to provide the level of service outlined in the statement of purpose.

Five staff did not have relevant qualification for their roles.

Action Required:

Under Standard 7:2 you are required to ensure that:
 Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

Please state the actions you have taken or are planning to take:

- The staffing ratio for the unit will be considered based on the decision on how to proceed with Gleann Alainn in the future.
- The 5 staff with no qualification have been interviewed by the unit manager to

ascertain their willingness to obtain a qualification. 3 have stated that they will engage in the process 2 have declined. All staff will have access to the training they need. A training need analysis will be conducted to ensure that staff are getting the training they require.

- There are a number of staff in a similar situation within Special Care it is proposed that one staff will be supported to return to college each year to obtain the necessary qualification.

Proposed timescale:
31/03/2018

Person responsible:
National Manager and Service Director

Theme 7: Responsive Workforce

Standard 7:3

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The quality of some supervision records was not adequate and records did not always include decisions taken and dates for the completion of actions.

Action Required:

Under Standard 7:3 you are required to ensure that:

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

Please state the actions you have taken or are planning to take:

- The centre manager will audit all supervision records quarterly to ensure that the standard of supervision improves. Following the audit an action plan will develop out of the recommendations.

Proposed timescale:
31/01/2018

Person responsible:
Centre Manager,

Theme 7: Responsive Workforce

Standard 7:4

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Not all staff had received up-to-date mandatory training.

Training on the national risk management policy and the national complaints policy had not been provided to all managers and staff.

Action Required:

Under Standard 7:4 you are required to ensure that:

Training is provided to staff to improve outcomes for children.

Please state the actions you have taken or are planning to take:

- The deficit in mandatory training in manual handling has been addressed and we are now 90% compliant. The remaining staff have been booked in for training.
- The training is due to be rolled out in 2018.

Proposed timescale:
31/01/2018

Person responsible:
Centre Manager

Theme 8: Use of Information

Standard 8:1

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Insufficient information was gathered about the overall outcomes for children in special care.

Action Required:

Under Standard 8:1 you are required to ensure that:
Information is used to plan and deliver a child-centred, safe and effective service.

Please state the actions you have taken or are planning to take:

- A child care consultant has been engaged for special care services which will improve this.

Proposed timescale:
30/11/2017

Person responsible:
National Manager

Theme 8: Use of Information

Standard 8:2

Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

Some records were incomplete and others were not signed or dated.

There were no formal file audits.

Action Required:

Under Standard 8:2 you are required to ensure that:
Information governance arrangements ensure secure record-keeping and file management systems are in place to delive a child-centred, safe and effective service.

Please state the actions you have taken or are planning to take:

- Monthly audits are in place since 30th September for all young people's files and an action plan formulated to. If there are gaps in file then they form part of an action plan that is followed up on.

Proposed timescale:
30/11/2017

Person responsible:
Centre Manager

