



Report of a Designated Centre Special Care Unit

Name of designated centre:	Ballydowd
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	13 October 2020
Centre ID:	OSV 0004221
Fieldwork ID	MON- 0030185

About the designated centre

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

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

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

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

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

The following information outlines some additional data of this centre.

Current registration end date:	11 November 2021
Number of children on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information and information submitted by the provider or person in charge since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
13 October 2020	10:00hrs to 16:00hrs	Tom Flanagan Bronagh Gibson Leanne Crowe Ruadhan Hogan	Inspector Inspector Inspector Inspector
14 October 2020	10:00hrs to 16:00hrs	Tom Flanagan Leanne Crowe Ruadhan Hogan	Inspector Inspector Inspector

What children told us and what inspectors observed

There were four children living in the centre on the day of the onsite visit but one of the children was discharged on the day. Inspectors spoke with two of the remaining three children. Their views are presented in this section of the report, to provide an insight into children's experience of living in the centre at that time.

The two children who spoke with inspectors had positive things to say about life in the centre. They said that staff were good and helpful and that they had key workers that they could talk to.

Both children said that they attended school onsite and that they could pursue their own interests outside of school times. One child said that they enjoyed sports and also that they liked being outdoors. They played badminton and football and had been rock-climbing with staff. The other child spoke about being able to take regular exercise in the gym and of being able to avail of beauty treatment sessions.

The children told inspectors that they could maintain good contact with their families. They said they could phone their family members whenever they wished and that their families were able to visit them frequently in the centre despite the current restrictions due to the pandemic.

Both children said that they felt listened to and that they could express their own views at their child in care reviews or to their social workers and guardians ad litem, whom they met frequently. They said that their choices and preferences were respected and gave the example of being able to request and get certain foods that they liked.

The children told inspectors that being in the centre had helped them. One child said that being there kept them safe. The other child said that there was time to be on their own at times and to think about life. Both children said that they felt safe in the centre and one child said that, if they felt unsafe, staff would step in to protect them.

When asked if they knew the managers and could talk to them if they needed to, both children said that they could. They knew and were able to name the various managers in the centre and said that they saw them every day.

Both children told inspectors that they had no complaints to make about the centre or the care they received. They said there was nothing about the centre that they would change although one child said that they did not like the high walls and would rather be at home with their family.

Inspectors observed children walking around the grounds of the campus with staff. They appeared to be relaxed and at ease and they chatted with staff as they walked.

Capacity and capability

This inspection was a follow-up to the inspection that took place on 30 June 2020 (MON-0029825). The previous inspection found that the governance and management arrangements needed to be strengthened, and that structures and systems to support the role and responsibilities of the person in charge required review. Poor practice by a small number of staff was not well managed and stronger leadership was required in relation to the maintenance of a safe culture within the centre.

This inspection found that the governance and management systems in the centre had been reviewed and strengthened and that a number of actions had been taken to support the role of the person in charge. Systems for monitoring the practice in the centre had also been reviewed and improved. Some changes had already been implemented and others were due for implementation in the coming months. Measures had also been taken to ensure that staff were better supported and any issues regarding the practice of individual staff were identified more promptly and were addressed appropriately.

At the time of the previous inspection, the person in charge, in addition to her role as person in charge, was also filling an interim role as a unit manager. This inspection found that to no longer be the case. An interim social care manager was put in place in July 2020, thereby freeing the person in charge to focus on her main responsibilities. Subsequently, a permanent unit manager returned from long-term leave and resumed their responsibilities. A decision was also taken that the director of the service (person participation in management (PPIM)) would cease deputising for National Service Director in order to be fully available to support and have oversight of the centre.

The provider also reviewed and changed the delegated responsibilities of managers in the service, to further support the role of the person in charge and the delivery of the service. The provider applied for changes to the PPIMs in order that two other deputy directors would be designated as operational managers in the service. These deputy directors were delegated specific responsibilities to support the person in charge. Inspectors viewed the new scheme of delegation which set out the responsibilities of the two deputy directors and also viewed reports they provided to the management team in line with their new responsibilities.

The management team met weekly. They implemented a set agenda which was replicated in other management and staff meetings on the campus, and included standard items such as risk management, safeguarding, monitoring and staffing.

A new suite of up-to-date policies and procedures was issued to staff in July 2020. These policies and procedures were applicable to all three special care centres in the state and were developed to support managers and staff in providing the highest quality of care to the young people and to support the special care service to meet the requirements of the *National Standards for Special Care Units*. Managers and staff told inspectors that a copy of the new policies and procedures had been provided to each member of staff.

The person in charge told inspectors that the introduction of new policies and procedures had been discussed as part of the agenda for staff meetings in the interim and that newly-recruited staff were introduced to the policies and procedures on their induction programme, a copy of which was reviewed by inspectors. More experienced staff told inspectors that they had not yet had any briefings or training on the new policies and procedures. The person in charge provided inspectors with an implementation plan in relation to how the policies and procedures would be introduced to staff over six phases. Dates for this training of staff had not yet been set but the person in charge told inspectors that this would happen during Quarter 4, 2020.

At the time of the previous inspection, monitoring and reporting systems required by the regulations such as unannounced visits by or on behalf of the provider, and annual reviews of the safety and quality of the service had not been implemented. Following that inspection, an unannounced visit was carried out between 8 and 10 July 2020 by quality assurance officers under the auspices of the Tusla Quality Assurance Directorate. The quality assurance officers carried out a wide-ranging review of all aspects of practice in the centre and of the oversight maintained by the management team. They produced a comprehensive report of their visit and an action plan was developed by the management team. The quality assurance officers carried out a follow-up visit on the 18 August 2020 and verified that immediate actions had been taken to address issues of concern and that the remaining actions were underway.

Inspectors also reviewed an Annual Review Report for 2019 on the quality and safety of the service by the National Residential Service Quality, Risk and Service Improvement Manager, which, according to managers, was finalised on 29 June 2020. The report was comprehensive. It evaluated the service against the *National Standards for Special Care Units* and it set out an improvement plan for the service with actions to be taken and the timeframes for their implementation.

When asked about how the learnings arising from the reports of the unannounced visit and the annual review were disseminated to staff, the person in charge told inspectors that the various actions to be taken were discussed at staff meetings but that the reports

themselves had not been made available to staff. Some staff who spoke with inspectors said that they were aware of the reports and that managers had discussed their findings at team meetings. Other staff spoken with said that they were not aware of the reports.

The previous inspection found that the systems in place to gather and analyse information in relation to serious incidents, child protection and welfare concerns and allegations of misconduct against staff were not comprehensive and that the oversight of managers was deficient as a result. Following that inspection, the registered provider undertook to commission an external review in relation to the significant event review processes with a view to putting more robust systems in place both in the centre and nationally for all special care services. This review was subsequently carried out and inspectors were provided with a copy of the review report. The external reviewer recommended that a national significant event review group (SERG) should be re-established as soon as possible with an independent chair. It also recommended that the centre should have its own SERG to oversee local events and to synchronize with the national SERG. The person in charge told inspectors that the first meeting of the in-house SERG was due to take place on 28 October 2020 and that the national SERG was due to commence during Quarter 4, 2020.

In the absence of a local SERG, one of the deputy directors reviewed all significant events records and identified issues and trends to be brought to the weekly management team meeting for discussion. Their review of these records also involved evaluating the quality of the recordings and identifying issues to be followed up by the unit managers. Inspectors reviewed the records of three such reviews and found that the reviews were of good quality. The deputy director was also given responsibility for reviewing the centre's monitoring notifications to HIQA, including identifying patterns or trends in staff practice which may pose a risk to children.

At the time of this inspection the service continued to experience challenges in relation to the recruitment and retention of staff despite engaging in a rolling recruitment campaign. The Statement of Purpose set out the required level of staff (72, including social care leaders and social care staff) to provide a service for 10 children. However, data provided by the person in charge showed that there were currently 41 staff at these grades, a sufficient number to provide care to a maximum of six children. Six staff had either resigned or retired in Quarter 3, 2020 and one staff transferred out of the service. Nine new social care staff were recruited during that time. The person in charge provided written information and assurance to inspectors that all newly-recruited staff were appropriately qualified and had up-to-date Garda Vetting.

The centre was registered to provide placements for a maximum of 10 children. Following the previous inspection, the registered provider took a decision to cap bed numbers in the centre at six. The conditions of registration of the centre were varied in August 2020 to ensure that the maximum number of children to be accommodated in the centre was six.

Data submitted by the person in charge showed that the number of children placed in the centre in the interim did not exceed six. Inspectors were assured that, should the conditions be varied again to allow accommodation of up to 10 children, children would be admitted only when there was a sufficient number of qualified staff to provide adequate care for them.

At the time of the previous inspection, there were a number of unqualified and inexperienced temporary staff working fulltime in the centre. The person in charge told inspectors that this was no longer the case and that any agency staff who were employed for short-term work were qualified. Gaps and vacancies at social care manager and deputy social care manager grades had been addressed to some extent. One experienced manager had returned from long term leave and had resumed their post and responsibilities at social care manager grade. The other social care manager post was filled on a temporary basis. Of three deputy social care manager posts, one had been filled on a permanent basis shortly before this inspection and the remaining two posts were filled on a temporary basis. The person in charge told inspectors that, before she issued a staff roster, she ensured that it was balanced in terms of skill mix and experience. Staff who spoke with inspectors confirmed that the teams of staff on shift were more balanced than was previously the case.

The person in charge provided inspectors with a list of staff and their qualifications. All but one staff member had appropriate professional qualifications. Since the previous inspection, the director had engaged with staff and with the Tusla human resources department. The person in charge provided inspectors with a list of professional qualifications that would, in future, be accepted as appropriate to ensure that the overall staff team comprised a workforce with wider expertise than that currently available.

The previous inspection found that staff supervision was poor in relation to staff members being held to account for their individual practice. On this inspection, inspectors found that this issue was being addressed. An audit of compliance with the supervision policy was carried out by a deputy director. While the findings were largely positive, it was acknowledged that there was a need to improve connectivity between supervision and safeguarding issues related to some staff.

Inspectors reviewed supervision records of the unit managers by the person in charge which showed that there was an emphasis on accountability. Managers were reminded of their delegated duties and their responsibilities to provide support for staff while holding staff to account for their practice. They were also required to review and monitor safeguarding issues in their own units. Inspectors reviewed the supervision records of six staff on the units and found that the issues of safeguarding and the reporting of concerns were discussed and that there were comprehensive records of issues directly related to accountability for their practice. Staff who spoke with inspectors confirmed that they had

regular supervision sessions and that the safeguarding of children was always a main priority in supervision.

A number of other measures had been put in place since the previous inspection to support staff. The registered provider undertook to ensure that a social care leader was rostered for each shift in order to provide leadership. Inspectors reviewed the staff roster for the previous week and found that to be the case.

De-briefings were re-introduced at the end of shift in order to ensure that any concerns were immediately identified and reported if necessary. Staff told inspectors that de-briefings were now taking place after shifts, except in exceptional cases, and that, if any concerns arose in relation to individual children, these were identified and acted on. Inspectors viewed copies of emails from shift leaders to the person in charge in relation to any issues about which she needed to know.

The person in charge had also instigated a series of individual meetings between managers and staff with a focus on safeguarding issues. Records showed that the majority of staff had been met with on one or more occasions. Safeguarding issues, professional boundaries and the requirement of staff to practice in accordance with the staff code of conduct were discussed. These meetings also facilitated staff to provide feedback to management and to raise issues of concern about practice. There was evidence that these issues were reported to the person in charge and unit managers and that they were followed up.

Regulation 6: Care practices, policies and procedures

A new suite of policies and procedures in line with Schedule 2 was put in place in July 2020 and a copy had been provided to each staff member. While an implementation plan had been developed, training in the new policies and procedures had not yet been provided to staff.

Judgment: Substantially compliant

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

There was a sufficient number of staff with the relevant qualifications and skills to provide a safe service to the children resident in the centre.

Appropriate levels of professional supervision and support were provided to staff.

Judgment: Compliant

Regulation 24: Governance and management

Systems to ensure that the activity of the centre were monitored and subject to appropriate oversight had been improved. An annual review report had been completed and the provider ensured that an unannounced visit took place to review the quality and safety of the centre.

However, the annual review report and the report of the unannounced visit had not been disseminated to staff for learning purposes.

Neither a local or a national SERG had yet been put in place following an external expert review of the significant event review processes.

Judgment: Substantially compliant

Quality and safety

Children told inspectors that being in the centre had helped them and that they felt safe there. The children were able to maintain good contact with their families, they engaged in education, and they took part in activities that suited their individual interests and skills.

The previous inspection identified a number of key risks, including the following:

- Inadequate reporting of child protection and welfare allegations and concerns in line with Children First 2017
- Significant breaches of the designated centres Code of Conduct by individual staff members, which posed a potential risk to children placed in the centre
- Ineffective systems of risk management

Inspectors found that improvements had been made in relation to child protection and safeguarding following the previous inspection. Newly-introduced policies and procedures were comprehensive and were informed by Children First: National Guidance on the protection and Welfare of Children (Children First, (2017)) and by recent legislation. They provided managers and staff with clarity in relation to best practice on this issue.

There was evidence that the management team received training on safeguarding in July 2020, and training plans submitted by the person in charge stated that all staff would receive training in Children First (2017) by the end of Quarter 4, 2020. While the compliance plan following the previous inspection stated that the person in charge would ensure that all staff received training in safeguarding by the end of 2020, this training had yet to be arranged.

Following the previous inspection, the management team established an oversight group to review all child protection and welfare concerns and all allegations of misconduct against staff. The oversight group comprised members from within and outside of the service. Each case and the response of the centre to address the safeguarding issues they raised were reviewed. This review provided written assurance that all allegations of child abuse had been reported to the appropriate social work department. Concrete actions in relation to each case were highlighted that would bring the appropriate lessons learned to improve staff performance and the child's experience of care. This review found that the measures in place addressed the immediate issues appropriately, that the person in charge was working through the various issues and allegations with the required diligence, and that appropriate management oversight had been put in place.

Inspectors found that there was increased management oversight of child protection and welfare concerns and more thorough management of allegations of misconduct against staff. An electronic safeguarding register had been established which was only accessible to members of the management team. All child protection and welfare concerns and allegations of misconduct against staff were logged on the register and all actions taken on each case were tracked. A deputy director was delegated responsibility for managing the register and for identifying trends and patterns that would inform management decisions. The deputy director produced reports for the person in charge and the management team, and maintained oversight of all child protection and welfare concerns and allegations against staff to ensure that they were reported appropriately and in a timely manner.

The previous inspection identified that the procedure in place to manage any allegation against a staff member which constituted a child protection and welfare concern did not also include a parallel process to investigate events surrounding an incident and that the service was not responsive enough to certain risks that arose. This inspection found that service was proactive in managing these risks. Allegations against staff were clearly identified and actions taken to address them were tracked on the safeguarding register and at management team meetings. The person in charge ensured, through written information to staff, through individual meetings and in supervision, that staff were made aware of their responsibilities. The person in charge liaised with the human resources department and the occupational health service to address issues of concern with individual staff, and instigated disciplinary procedures when these were required. Disciplinary procedures had been employed in relation to a number of staff at the time of inspection.

The report of the previous inspection highlighted lack of timeliness in response to risks. In particular, an example was given of revised security arrangements being put in place six weeks following a serious incident. On this inspection, inspectors followed up on this issue of security. While updated written guidance on code of conduct and security measures had been issued to staff in July 2020, there was a further breach of security on the week

prior to the inspection, leading to an unauthorised professional gaining access to one of the units. On this occasion, prompt action was taken by a manager on the unit to ensure that the professional did not meet any of the children and that they left the centre immediately. The person in charge and the management team were informed quickly and met within days to review current practice and make changes to ensure that a similar incident could not take place. The immediate actions that were taken were robust and updated written guidance was issued to all staff. Members of senior management within Tusla were also notified of the incident. Inspectors viewed the report of a review of the security breach, which was timely and which set out the circumstances, the immediate action taken, the lessons learned, and further actions that were deemed necessary to ensure that updated guidance was understood and implemented by all relevant staff.

The provider had begun the process of improving risk management systems in the centre since the previous inspection. The provider had commissioned an external expert to review the risk management system and to make recommendations as to how it could be improved. This review was due to take place in Quarter 4, 2020. In the interim, one of the deputy directors was given responsibility for reviewing the risk register on a weekly basis and presenting an update to the management team each week. Staff told inspectors that the recent introduction of a new risk assessment tool for children in relation to outings from the centre had increased their understanding of risk management and ensured that more informed decision-making was taking place in relation to the risks for individual children.

While the centre implemented the Tusla risk management policy, the development of a centre-specific risk management policy remained outstanding. The director told inspectors that, following the review of the risk management system, a new risk management policy would be developed to meet the requirements of the regulations. Inspectors viewed written evidence of escalations of risk from the person in charge to the director. While the director told inspectors that there no system of written escalations to the National Director, he assured inspectors that any risks identified were communicated verbally to the national director at their regular meetings.

The director told inspectors that the centre had developed a new collective risk assessment tool in relation to new admissions of young people. This was designed to assist managers and staff in their assessment of the risks for a young person about to be admitted and the risks that might arise for young people currently resident in the centre. The new risk assessment tool was due to be used for the first time in relation to an admission planned for the days following the inspection.

The person in charge had responsibility for sending notifications to HIQA in relation to incidents involving children and staff. Following the previous inspection, the person in charge submitted a number of retrospective notifications in relation to staff. The provider also arranged that notifications sent to HIQA were copied to the Tusla Quality Assurance

department, in order to ensure additional oversight and that patterns and trends could be identified at an early stage.

Regulation 12: Protection

New up-to-date policies and procedures in relation child protection and safeguarding had been introduced.

All child protection concerns and allegations against staff had been reviewed to ensure that appropriate actions had been taken and measures had been taken to ensure additional oversight of these.

The staff code of conduct had been updated and staff were briefed on its contents and provided with additional information in writing.

Staff training in relation to Children First (2017) and safeguarding remained to be completed by the end of Quarter 4, 2020.

Judgment: Substantially compliant

Regulation 25: Risk management

Measures had been put in place to improve the management of risk.

A review of risk management systems in the centre was due to be completed by the end of Quarter 4, 2020.

Following the review, a centre-specific risk management policy was due to be developed and staff were to be provided with training in relation to this.

Judgment: Substantially compliant

Regulation 27: Notification of incidents

Measures had been put in place to ensure that notifications to the Chief Inspector were timely and appropriate.

Additional measures were put in place to ensure that there was adequate oversight of this process and that patterns or trends that emerged were identified.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 6: Care practices, operational policies and procedures	Substantially compliant
Regulation 14: Staff members and others working in the special care unit	Compliant
Regulation 24: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Protection	Substantially compliant
Regulation 25: Risk management	Substantially compliant
Regulation 27: Notification of incidents	Compliant

Appendix 2 – Service Organogram

