



Report of a Designated Centre Special Care Unit

Issued by the Chief Inspector

Name of designated centre:	Ballydowd
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	24 and 25 May 2021
Centre ID:	OSV-0004221
Fieldwork ID	MON-0032738

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:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Children in Special Care Units) 2017, and the Health Act 2007 (Registration of Designated Centres)(Special Care Units) 2017. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, and information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
24 May 2021	10:00hrs to 16:30hrs	Jane Mc Carroll Lorraine O'Reilly	Inspector Inspector
25 May 2021	09:00hrs to 16:45hrs	Jane Mc Carroll Lorraine O'Reilly	Inspector Inspector

What children told us and what inspectors observed

This inspection found that children received good quality care and support that was child-centred, personalised and responsive to their individual needs. Children appeared to have good relationships with the staff team, and there was a homely and relaxed atmosphere throughout the centre. Children were encouraged and supported to address difficulties that led to their detainment in the centre in a sensitive way. Children's rights in relation to participation and decision-making were promoted and staff advocated promptly on children's behalf.

Inspectors were onsite in the centre for a two day period, and had the opportunity to meet with children and staff, and observe interactions between them. There were five children in the centre at the time of this inspection and inspectors met with three of them onsite and spoke with one over the phone following the onsite visit. Inspectors visited all three residential units where children lived, as well as the gym and school, and observed children and staff as they got on with their everyday activities. Inspectors also spoke with five parents and guardians, three social workers and one guardian ad litem, in order to gather their experience of the service.

The accommodation provided to children was bright and homely. There were three residential units on campus, each with colourful and attractive signage on entry that was designed and painted by children. Children were living in two of the residential units at the time of the inspection. Each unit had its own kitchen which children could use. One child told inspectors that they had cooked Mexican food during the week of the inspection. There was a large communal dining area in each unit which facilitated staff and children to eat together. There were soft furnishings and colourful decorative furniture in communal areas which created a bright and welcoming space. Internal structural works had been completed in one unit to remove viewing panels which surrounded communal areas which were no longer required. This increased children's privacy and softened the environment.

Children's bedrooms were personalised and decorated in a way that made children feel comfortable. One child told inspectors that they were happy to have a game console and a bean bag in their room. Another child said they were proud of the way they had chosen a particular colour scheme to decorate their room. One child also showed inspectors a photo collage on display in their room which was a collection of their memories in the centre. Children told inspectors that they did not like the metal toilets in their bedrooms and would like these changed.

Inspectors observed children in the residential units and on the centre's grounds, engaging with staff in a relaxed manner. Children spoke positively about the staff team and they told inspectors that the "staff were nice", and that the centre "is an alright place to be." They

also said that staff members listened to them and cared for them very well. Throughout the inspection, inspectors observed children engaged in activities in the company of staff, and they seemed to be enjoying themselves and having fun. For example they were seen playing the drums, going to and from school and taking walks around the unit grounds.

The environment was secure and on a walk around inspectors observed staff taking every opportunity to supervise children on the grounds of the campus. Each residential unit's external doors were seen to be locked at all times, and internal doors were open to allow free movement of children between living areas and bedrooms. Children could not leave individual residential units without staff assistance and supervision. Children had safe access to centre facilities. Inspectors observed staff walking with children to and from the school and outside in communal recreational areas. Inspectors observed staff supervising children in the gym.

Safeguarding practices in the centre had improved and children said that they felt safe there. Some of their comments included; "it (the centre) is not a place I ever wanted to be but I am glad in a sense", and "I really like it here but I know I have to move on." This inspection found that the majority of safeguarding measures in the centre were effective, and that children were safe.

Staff encouraged children's participation in decision-making about their care and to exercise choice. Inspectors observed and heard from children about the activities that they chose to take part in. Children described getting out for a drive in the unit car when possible and they enjoyed this. They also said that they were involved in playing badminton and swimming, and that they had an opportunity to try these new activities as part of their An Gaisce Presidents Award. Some children had enjoyed outdoor pursuits as part of a planned adventure retreat. Inspectors observed and heard from children that they enjoyed opportunities to socially interact with one another. There was new playground equipment on site, which had been designed by children.

Children's rights to participate was encouraged through their involvement in young people's meetings. Children said that they liked the weekly meetings and that they enjoyed a treat while attending, such as donuts. Children told inspectors that were asked what they wanted to change in the units at these meetings. They said that they liked that managers attended these meetings, as this meant that managers could hear their feedback first hand. Children were satisfied that their suggestions at these meetings had led to improvements in the centre. They told inspectors that they were looking forward to responses to other suggestions they had made in relation to improved internet access and planned outings.

Children were supported to develop and maintain contact and relationships with family. Inspectors observed family members visiting the centre during the onsite inspection. Inspectors found that visiting areas were welcoming and homely. Two children said that they were happy to have the opportunity to visit their families outside of the centre, in line

with their programme of care. Children said that their contact with family was overseen by their allocated social worker and staff in the centre, in conjunction with children's views and wishes. Children also had contact with social workers and guardians ad litem.

The staff team promoted the rights of children to have make choices around their care and support and to contribute to their programme of care. For example, one child told inspectors that they were going to a meeting to discuss their transition from the centre. They said that it had been difficult to find a placement in the community because everyone was "looking at my past." The child said that "Ballydowd updated my report, and did a chart saying how I was and how I am now- that helped." Children said that they attended their child-in-care review meetings and their input was listened to and valued.

Children were encouraged and supported to attend school and develop independent living skills. Children talked to inspectors about their favourite school subjects, as well as the challenges they faced adjusting to school routines. Inspectors found that these challenges were addressed through children's programmes of care. Children were supported to buy and prepare meals. One child had purchased plants and children designed and made flowerbeds outside on the campus grounds. Other facilities in the centre, such as a beauty room and a barista bar were being developed in order to support children to develop skills and interests that they can utilise and pursue into adulthood.

Children received appropriate interventions to support them to address the difficulties that led to their detainment in the centre. Children talked to inspectors about their "key teams" which they described as a team of keyworkers who helped them "tackle" individual "difficulties and issues." Some children talked about how staff helped them to manage their own behaviour and emotions. One child told inspectors that their "key working got me to learn about myself." Another child said that they were a different person when they first arrived in the centre and said- "look at me now," in relation to their improved sense of wellbeing and welfare. This inspection found an improvement in the promotion of self-care skills for children.

Children knew how to make complaints. They told inspectors that they could speak to the director and the person in charge. Children received information about their rights from staff during individual work and also through information booklets provided to them by staff. Children and staff chose not to display information about complaints on walls of the units, in order to create a more homely environment in the centre, but this information was readily available to children. Parents were also aware of how to make a complaint and inspectors were provided with examples of complaints coming to a satisfactory conclusion.

Parents and guardians told inspectors that they were satisfied that their children were safe. They told inspectors that they were happy with the level of contact they had with their children placed there. Two parents spoke positively of recent visits to the centre, where brothers and sisters had opportunities to relax, play games and be shown around the

centre. Parents felt that this was of real value to both their child living in the centre and their siblings.

Social workers and a guardian ad litem who spoke to inspectors said that the care provided to children was reviewed and monitored well. One social worker said that the staff team facilitated additional placement review meetings in a situation where a child was in crisis, in order to plan and implement a specialised and therapeutic response to the child's needs. The social worker said that this worked well and that staff received specific support and guidance to address the needs of the child. Parents and guardians who spoke to inspectors said that they were included in care review meetings and they felt valued and listened to.

Overall, inspectors found that children had positive experiences of their care and were well supported by the staff team.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

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

Governance of the centre had improved incrementally since it was first registered in 2018. The provider had improved systems of monitoring and oversight and there was evidence to demonstrate the effectiveness of these systems. Overall, a good level of compliance with the regulations was found, with some improvement needed in the development of management communication systems, and the implementation of quality improvement initiatives at unit level.

Inspectors found that there was a well-defined management structure in the centre. There was a national lead for children's residential services post with responsibility for the overall delivery of the service. There was a person in charge, suitably qualified and experienced, who was responsible for the day-to-day operational management of the centre. She reported to the director of the service, who was a person participating in management, as defined by the regulations. The person in charge was supported by two deputy directors who were also persons participating in management. There were clear lines of authority and roles and delegated duties were well established.

Inspectors were satisfied that the provider had improved their systems of oversight. There was a detailed annual review for 2020, of the quality and safety of the service, which was being finalised at the time of this inspection. The review included for example, an analysis

of incidents of restrictive practices in the centre and actions taken to reduce these incidences. This review and the reviews completed on a six-monthly basis had associated improvement plans which included for example, establishing a National Significant Event Review Group, and increased monitoring of supervision of staff in the centre.

In addition to these wider organisational systems of review, there were other effective monitoring arrangements in the centre that provided oversight of the safety and quality of care provided to children. By way of an example, there were monitoring systems in place to track and verify compliance with regulations, such as registers to monitor staff training, and records of person's employed in the special care unit.

Overall, inspectors found that staffing levels were sufficient, having regard to the five children detained in the centre at the time of this inspection. A review of the staff rota confirmed that a regular team of staff was employed. Inspectors found that there were improved levels of stability of staffing in the centre compared to previous inspections in 2020. At the time of this inspection, there were eight social care worker vacancies, one deputy social care manager vacancy and one unit manager vacancy. The registered provider had strategies in place to address recruitment issues, which had a positive impact on recruiting staff into the centre. The director of the centre was in the process of developing new initiatives to further improve staff wellbeing and retention.

There was a good level of mentoring and support provided to unit managers and deputy unit managers. Senior managers were enhancing the systems in place in relation to governance of specific areas such as risk management and safeguarding. There were weekly management meetings with deputy and unit managers and the senior management team. This was a noted service improvement. Inspectors found that some management communication systems and the integration of quality improvement actions at unit level required some improvement. For example, processes to improve oversight of potential safeguarding risks to children were not fully implemented and the consistency of managerial direction to staff teams needed some improvement.

Staff supervision and support had improved in the centre. Supervision records showed an increased emphasis on professional development, support and training for staff as well as safeguarding arrangements in the centre. Records showed identified actions taken to promote accountability amongst staff. From a sample of 12 staff supervision records, inspectors found that the majority of these records were of good quality. However, two staff records were not signed and supervision was irregular in one instance.

Regulation 5: Statement of purpose

There was a statement of purpose for the centre. This required updating to reflect the current conditions of registration for the centre and the new facilities in the centre, such as

the beauty room and barista bar. Two out of five parents said that they did not receive a copy of the centre’s statement of purpose during their child’s placement in the centre.

Judgment: Substantially Compliant

Regulation 6: Care practices, operational policies and procedures

A suite of policies and procedures were implemented in 2020. The centre had not yet developed a child friendly version of the centre’s policies and procedures. Three staff who were asked specifically about how to make a protected disclosure, could not identify Tusla’s own procedure for making a protected disclosure, and this required improvement.

Judgment: Substantially Compliant

Regulation 13: Person in charge

The person in charge had the qualifications, skills and experience necessary to manage the centre. She had developed systems and structures for improved management and oversight of the service and inspectors found that she was visible and accessible to children and staff.

Judgment: Compliant

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

There were appropriate numbers of staff in the special care unit to care for the children detained there. There was a system in place to ensure that the registered provider maintained the records specified in Part B of Schedule 3, in relation to each staff member in the special care unit and this was subject to regular verification and monitoring.

Judgment: Compliant

Regulation 15: Training and staff development

There was a system in place to monitor and track the training of staff in the centre. Staff received training and an enhanced induction programme for new staff had been developed.

Judgment: Compliant

Regulation 16: Staff supervision and support

Staff supervision had improved since the last inspection. Records showed an increased emphasis on themes such as professional development, support and training for staff and safeguarding arrangements in the centre. Additional training in the practice of supervision had occurred in the centre. Inspectors found, overall, good quality supervision records, but two staff supervision records were not signed and one other staff did not have regular supervision in the centre.

Judgment: Substantially compliant

Regulation 19: Care record

Care records were up to date and maintained in line with Schedule 5 of the regulations. Improvements were required in relation to Schedule 5(1)(o) to ensure that records of instructions made in relation to positive behavioural support were accurate and good quality. This is judged against regulation 11.

Judgment: Compliant

Regulation 20: Maintenance of records

Most of the records set out in Schedule 6 were maintained in the centre. The centre had not yet developed a child friendly version of the centre's policies and procedures in the centre. This gap has been identified and judged against regulation 6.

Judgment: Compliant

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

The register of children was not accessible to inspectors, following the recent cyber-attack, however, inspectors were assured by the person in charge that a paper based register was established in its absence. All information required for the register was available in the centre.

Judgment: Compliant

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

The person in charge had systems in place to ensure that the information set out in part B of Schedule 3 was maintained for each member of staff. Inspectors did not have sight of this due to the recent cyber-attack, but through a review of staffing rotas, records of delegated duties, evidence of attendance at training and staff interviews, inspectors found that this information was recorded and accessible.

Judgment: Compliant

Regulation 23: Insurance

Insurance was in place in line with the regulations.

Judgment: Compliant

Regulation 24: Governance and management

The provider had improved systems of review and monitoring of the quality and safety of the service. Management structures were defined and strong and there were good systems of oversight and monitoring within the centre. Inspectors found that some management communication systems and the integration of quality improvement actions at unit level required some improvement.

Judgment: Substantially Compliant

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

There were no periods of time when the person in charge was absent from their role as person in charge of the designated centre.

Judgment: Compliant

Regulation 29: Complaints

Complaints were managed in line with Tusla's policy and procedure. Children were provided with information about these procedures. Information was not displayed in the centre at the request of children, to assist with creating a more homely atmosphere. Complaints were managed well in the centre. Parents said that they were satisfied in the management of complaints.

Judgment: Compliant

Registration regulation 4: Application for registration or renewal of registration

The provider had not submitted a completed application for renewal of registration. Information pertaining to a number of buildings identified in the application was absent.

Judgment: Substantially Compliant

Quality and safety

Children received good quality care that promoted their safety and welfare. Their opinions were sought, listened to and valued, and their rights were promoted by staff. The model of care which guided practice, placed an emphasis on the individual risks and needs of each child. This meant that interventions and or care approaches were individualised and responsive to the unique abilities, needs and characteristics of children. Children's programmes of care were subject to appropriate multi-disciplinary input and review. Some improvement was needed in relation to accommodation and risk management.

There was a programme of care for each child which was well documented, kept up-to-date and held securely. Programmes of care were tailored to meet the specific needs of children. The evidence base underpinning the support and care provided to children was informed by input from other stakeholders such as the multi-disciplinary team (MDT), as well as a standardised model care, which guided staff in their practice and interventions with

children. Child-in-care reviews and professional's meetings took place fortnightly, and considered the impact of the programme of care for each child. Additional reviews were convened when necessary, to review the effectiveness of care approaches, and to promote positive outcomes for children.

Children were safe in the centre and they had a good quality of life. Children had access to health and medical services they needed. The approach to risk management by staff in the centre was good, and this meant that children lived in the least restrictive environment possible, within the confines of the secure campus, and this was informed by risk assessments. Children had regular family contact, good relationships with staff, opportunities to take part in activities and daily school routines while living in the centre.

The safety and welfare of children was protected and promoted within the service. Safeguarding measures had improved. All staff had received Children First training and the person in charge had convened workshops with staff to train and up skill individuals on safeguarding arrangements in the centre. As identified in the previous HIQA inspection in October 2020, there continued to be effective management oversight of child protection and welfare concerns in the centre and more thorough management of allegations of misconduct against staff. However, all child protection concerns were reported by the designated liaison person for the centre and not by for example, staff to whom a concern was raised. While the system in place allowed for managerial oversight of child protection concerns, the process was not in line with Children First.

Inspectors reviewed records on the use of restrictive practice and found that good quality care and support was provided to children during times of escalated or challenging behaviour. Staff were diligent and committed in their efforts to calm and diffuse difficult situations, and records showed that restrictive measures were in place for the shortest duration necessary in most incidences. Structured time away is a restrictive procedure that requires a child to spend time away from their peers with staff so that they can be helped to manage their behaviour. Inspectors found that improvements could be made to ensure that the use of structured time away, was consistently assessed and that there was a clear risk-based rationale for its use.

The provider had developed systems to monitor the safety and effectiveness and care provided to children. For example, there was a national significant event review group meeting to ensure quality management, risk management and service improvement across all special care units. Within the centre, there were systems in place for managerial oversight and quality assurance of practice during incidents in the unit. Inspectors found that there was a constructive review of practice, the identification of actions to improve practice, and recommended methods for the dissemination of learning amongst staff.

The provider had arrangements for the identification, management and ongoing review of risk. The centre maintained a risk register which was updated to reflect current risks in the

centre. Committees had been established to support staff in the management of risks and or hazards on a day-to-day basis. The risk management policy for the centre was a general Tusla risk management policy which was supplemented by centre specific procedures. However, risk management policies in relation to aggression and violence in the centre were not current and relevant and required updating.

There were good infection control measures in the centre to mitigate against the risks associated with COVID-19 and to prevent the spread of infection. However, managers needed to ensure that compulsory wearing of masks, in line with centre policy, was adhered to at all times.

Regulation 7: Programme of care

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

Judgment: Compliant

Regulation 8: Healthcare

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

Judgment: Compliant

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

There were arrangements in place for access by each child to educational facilities and supports. Children participated and contributed to decisions about their care and support. Children's dietary preferences and requirements were met.

Judgment: Compliant

Regulation 10: Family contact and visiting arrangements

There was good quality family contact facilitated by staff in the centre. There were family friendly visiting areas and staff liaised closely with children's parents, guardians and social workers to ensure that visits and contact was in line with children's individual needs.

Judgment: Compliant

Regulation 11: Positive behavioural support

Inspectors reviewed records of incidents and significant events for children and found good quality care and support of children during times of escalated or challenging behaviour. However, inspectors found that improvement was required to ensure that the use of structured time away was clearly assessed and that there was a clear risk-based rationale for its use, in line with policy.

Judgement: Substantially Compliant

Regulation 12: Protection

Safeguarding measures had improved in the centre. Child protection concerns and allegations against staff were subject to improved levels of management oversight. All child protection concerns were reported but not always by mandated person's, in line with Children First.

Judgment: Substantially Compliant

Regulation 17: Accommodation

There were appropriate indoor and outdoor recreational facilities available to children. The premises was clean, maintained and appropriately decorated. There was adequate space and light. The ventilation within each unit and bedroom needed improvement and the temperature in units was difficult to control. Ensuite bathroom facilities required updating. These improvements were identified by the senior management team prior to inspection and improvement plans were in place.

Judgment: Substantially Compliant

Regulation 18: Food, nutrition and cooking facilities

There were appropriate arrangements in place for the provision of food, nutrition and cooking facilities.

Judgment: Compliant

Regulation 25: Risk management

The registered provider had effective arrangement for the identification, management and ongoing review of risk. The risk management policy for the centre was an overarching generic policy supplemented by centre specific policies to include the requirements set out in regulation 25(2). However, risk management policies in relation to aggression and violence in the centre needed to be amended to remove references to out-of-date procedures. Managers needed to ensure that compulsory wearing of masks, in line with centre policy, was adhered to at all times.

Judgment: Substantially Compliant

Regulation 26: Fire precautions

Fire safety arrangements were in place in the centre and were mostly effective. Precautions were in place against the risk of fire. Procedures to be followed in the event of fire were displayed in the units. Children had all participated in a fire drill but the fire drill programme did not reflect the practice of evacuation from other buildings which were regularly used by children. Records of fire drills were not signed and there were gaps in the recording of fire equipment maintenance logs which required improvement.

Judgment: Substantially Compliant

Regulation 27: Notification of incidents

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

