



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of Oberstown Children Detention Campus

Name of provider:	Oberstown Children Detention Campus
Type of inspection:	Announced
Date of inspection:	01 - 04 November 2021
Centre ID:	OSV - 0004225
Fieldwork ID	MON – 0034407

## About the service

Oberstown Children Detention Campus is a national service that provides a safe and secure environment for young people remanded in custody or sentenced by the courts for a period of detention. These young people have been committed to custody after conviction for criminal offences or remanded to custody while awaiting trial or sentence. The principal objective of the campus is to provide appropriate care, education, training and other programmes to young people between 12 and 18 years, with a view to reintegrating them successfully back into their communities and society.

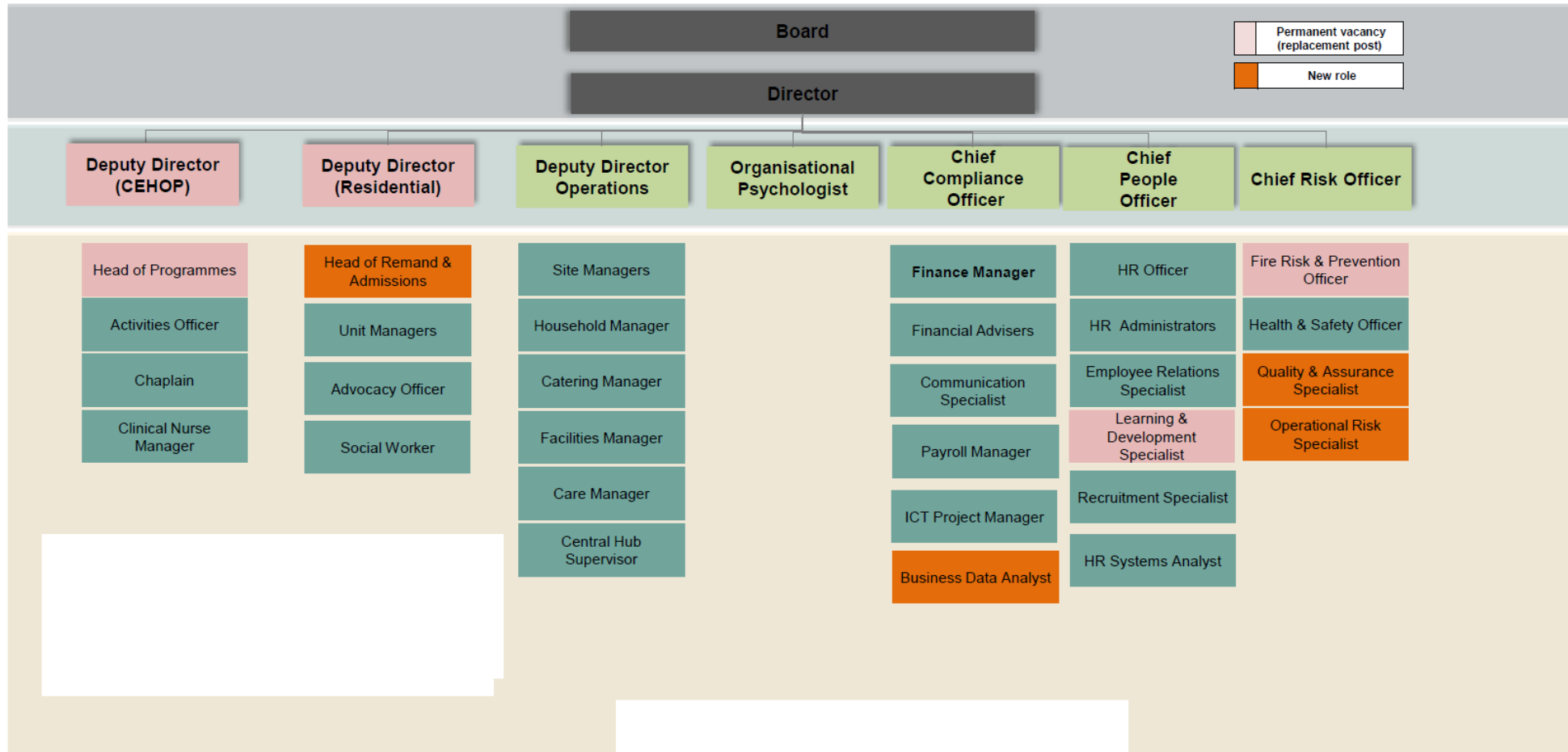
Oberstown Children Detention Campus is located in a rural setting in north county Dublin. It comprises nine residential units, six of which were in operation at the time of inspection; a school building, outdoor and indoor recreational facilities and a reception and administration block, which contained medical and dental facilities, and areas for young people to meet visitors, including family members and professionals involved in their lives.

Oberstown is funded by the Department of Children, Equality, Disability, Integration and Youth. Oberstown operates under a single board of management, which is appointed by and reports to the Minister for Children, Equality, Disability, Integration and Youth.

The director of Oberstown Children Detention Campus is responsible for the day-to-day operation of the campus as well as acting in loco parentis for each child in custody. Each residential unit within the campus is managed by a unit manager.

The organisational chart in Figure 1 describes the current management structure and is based on information provided by the Oberstown Children Detention Campus as part of this inspection.

# Organisational Structure



## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this service. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- spoke with young people to find out their experience of the service
- talked to staff and managers to find out how they plan, deliver and monitor the care and support services that are provided to young people who are placed in Oberstown
- observed practice and daily life to see if it reflects what people told us
- reviewed documents to see if appropriate records were kept and that they reflected practice and what people told us
- spoke with parents and family members of young people to find out their experience of the service and
- spoke with external professionals engaged with young people in Oberstown to get their views on the service.

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

### 1. Capacity and capability of the service:

This section describes the leadership and management of the campus 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 campus 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 rules 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
1/11/2021	10:00 – 17:00	Erin Byrne Jane McCarroll Niamh Greevy Tom Flanagan	Lead Inspector Inspector Inspector Inspector
2/11/2021	8:00 – 18:00	Erin Byrne Jane McCarroll Niamh Greevy Tom Flanagan Niall Whelton	Lead Inspector Inspector Inspector Inspector Inspector
3/11/2021	7:00 – 17:00	Erin Byrne Jane McCarroll Niamh Greevy Tom Flanagan Niall Whelton	Lead Inspector Inspector Inspector Inspector Inspector
4/11/2021	09:00 – 17:00	Erin Byrne Jane McCarroll Niamh Greevy Tom Flanagan	Lead Inspector Inspector Inspector Inspector

Number of young people on the date of inspection:	34
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## What young people told us and what inspectors observed

There were 34 young people placed in Oberstown Children Detention Campus at the time of this inspection. Inspectors were onsite for a four day period and had the opportunity to meet with 21 of these young people. They visited each residential unit and the school, and observed interactions between staff and young people across the campus. Information was sought on young people's experience of the campus through questionnaires which were completed prior to inspection fieldwork by all 34 young people. Inspectors visited all units where young people lived, as well as the gym and school, and observed young people and staff as they got on with their everyday activities. Inspectors also spoke with six parents and guardians, and four social workers and probation officers in order to gather their experience of the service.

Young people for the most part spoke positively about the care they received, their medical treatment and their education. They could all identify staff members they would speak to in the event of an issue arising for them and said that they could make contact with their families on a daily basis. Young people also identified areas where improvements were required including; the need for increased supports to help those with substance misuse issues as well as supports to practice their cultural and religious beliefs. Some young people reported that they did not feel involved in decisions about their lives.

Young people reported through questionnaires that in their initial days following admission to the campus, they were provided with support and information in a number of areas including; understanding the everyday rules, what to expect, how to contact family, and how to access supports if they were feeling worried, upset or needed someone to talk to. A significant number of young people, 27 of 34 (79%), identified particular areas where this information and support could be improved upon, including support to stop smoking, 17 (50%) and supports to practice their religious and cultural beliefs, 26 (76%). While Inspectors identified a gap in the provision of some supports for young people, the provision of health and medical care was found to be substantially compliant with the relevant standards.

Inspectors met with young people and staff during lunch time in their respective residential units and observed comfortable and relaxed interactions which were child-centred and mutually respectful. It was evident that the staff members knew the young people well, and they talked to the inspector about each of the young people's unique abilities and personalities. Staff were observed as encouraging of young people's achievements and they encouraged young people to meet with inspectors to have their views and experiences represented as part of this inspection, and to share their achievements with us.

Young people were asked about their involvement in the operations of their respective units and how they contributed. Some young people said that they had young people's meetings where they discussed what was going on in the unit. They liked these meetings and said that they could request things they needed like a haircut or a particular film to watch. They also said that they could resolve issues or difficulties together as a group, and one child said it's an "open setting and we can resolve things, group issues, here". Other young people told inspectors that they did not have as much of a say, as there were no young people's meetings in their unit, and while they were asked about their preferred activities by staff, these were not guaranteed and not always available. When asked about involvement in decisions one young person said, "not really, they don't ask about activities and we don't have choices". This inspection found that activities were allocated as fairly as possible, and while young people did not always get their choice of activity as frequently as they may wish, their preferences were considered when activities were being allocated. However, not all young people had equal opportunities to participate in decisions about their day to day care.

In questionnaires completed by young people as part of this inspection, there were mixed views in relation to participation. Of the 34 questionnaires returned by young people, 17 (50%) felt that they had opportunities to participate in all appropriate aspects of the service. The remaining 17 (50%) did not feel they had opportunities to have their views heard in a number of areas, predominantly relating to decisions about their care, their future and their day to day life. Inspectors found that there were inconsistencies in practice for engaging young people in decisions about their day-to-day-care as young person's meetings were not occurring in all units.

Young people said that they liked school, and the overall range of activities on offer in Oberstown such as cooking, drama and the gym. They told inspectors for example that, "It's a good place, plenty to do", "I love sports so lots to do". Some young people said that they were limited in their access to their favourite or preferred activities at times, but understood that this was because the more popular activities needed to be provided to all young people on campus in a fair way. One young person said "we get a list of activities, you put your name down and they try to facilitate us all". Young people liked that activities were available to them from 4pm to 7.30pm, but said that during weekends and school holidays they would like more options available to them for longer periods of their day. They said, "when school is off there is not much happening from 5:30 to bedtime, that's not great".

Inspectors observed a range of afterschool activities being provided on campus with a sense of enjoyment and fun. Young people were observed engaging with staff in a relaxed manner. Parents spoke positively about the range of activities that their children took part in. Some parents told inspectors about the gifts young people had made for them and their family, such as personalised cushions for brothers and sisters,

and paintings. These were described as valuable and treasured items for parents and their families.

Young people said that they had good contact with their families and talked to the inspectors about upcoming visits. Some young people explained that their visits took place in a room with a screen between them and their visitor because of COVID-19, and said that they missed the physical contact with their parents and siblings. Young people said "I prefer unscreened, to hug my mam", "I haven't been able to see my little sister". Facilities for young people to receive visitors were bright and comfortable. Inspectors saw an impressive colourful wall mural which had been painted by a young person who was now discharged. The mural was entitled 'Oberstown - the Safe Harbour', and it depicted a picture of young people and their families being together. This featured in a visiting room where young people met with their families or called them through video conferencing technology.

The majority of parents who spoke with inspectors were happy with the ways in which staff supported meaningful contact between them and their children. One parent said for example, that staff supported their child's need for daily contact with their family during a time of difficulty. They said that this was really important to them and that the staff team managed it very well. However, inspectors were also told that visits were sometimes cancelled without notice or as a result of actions taken to manage risks relating to the behaviour of young people. Importantly though, all of the parents who spoke with inspectors were satisfied that their children were safe and well cared for in Oberstown.

All young people were aware of the placement planning process in place in the campus, and described opportunities they had to contribute to these through preparation with their keyworkers. Some young people said that they attended their placement planning meetings while others chose not to attend. One young person said "I mostly go the meetings, we talk about what I'm doing and how I am. It's good." Young people were also aware of their parent's engagement in this process. Parents, social workers and probation officers who spoke with inspectors as part of this inspection all reported good levels of communication and interaction with campus staff. They said that planning for young people was good, and all had been invited and attended placement planning meetings for the young people they were involved with. They told inspectors that these meetings were a useful forum that provided the opportunity to share information and plan for young people's individual needs.

Inspectors asked young people about behaviour management on campus, and their experience of how behaviours that challenge were managed by staff. Some young people were proud to talk about their positive behaviour and told inspectors that they were supported by staff regularly to problem-solve when issues arose, so as to avoid becoming agitated and the consequences that may follow as a result. They said "the



staff are very good. You always have someone to talk to and most of them are easy to talk to", "They treat you fairly". Other young people had different experiences and said for example, that it was not always clear to them what they needed to improve in terms of their behaviour, in order to achieve the highest level of privileges on campus. By way of an example, one young person said that "things don't make sense for example consequences". A minority of young people were unhappy as they felt that staff responses to challenges were not always fair. This reflected the finding of this inspection, in that the oversight and monitoring of the use of restrictive practices as well as the allocation of privileges associated with young people's behaviour needed improvement.

Young people were asked about their experience of physical restraint (being safely held by staff member(s)) and other restrictive practices on campus. The young people who had experienced being physical restrained had mixed views. Some described it as 'grand', while others said it was 'not nice'. When asked about their understanding and experience of being singly separated (not allowed to mix with their peers), the majority knew what this was and had experienced this restrictive practice. Some of the ways in which they described their experience of single separation included; "was stuck all day doing nothing", "depressing", "hard being not allowed to mix [with other young people]", "boring", "not good for my mental health" and "grand", "alright". This inspection found that the use of single separation in responding to behaviours that challenged were effective in reducing risk, but monitoring of its use required improvement.

Young people on a detention order to the campus talked to inspectors about the supports available to them in their respective units to developed life skills through activities and other opportunities. One young person said that he learned how to cook and wash his clothes, and that this was an important life skill to prepare him for living independently in the future. Others said that they cooked meals in their unit and they liked having this level of responsibility. Another young person said that he enjoyed woodwork in the school and he hoped to get safe pass training during his time in Oberstown, but this had been difficult due to COVID-19. He said "we are trying to get me a safe pass but because of the pandemic it has been difficult"

Young people placed on remand or due for release from the campus, told inspectors that planning for their release was good. Those whose release date was approaching said that they felt confident about avoiding return to the campus due to the supports put in place in the community on their release, which included school placements and therapeutic supports and services.

Young people were asked about safeguarding practices in Oberstown and said that they knew how to contact the advocacy officer and designated liaison person for child protection if they had a concern or complaint. Of note, they told inspectors that they

felt safe, and this was also the view of the majority of parents who spoke with inspectors. However, one parent raised their dissatisfaction with inspectors with how a complaint was handled, the management of some incidents of aggression amongst some of the young people, and concerns about the behaviour of some staff members. Inspectors were satisfied that these concerns were brought to the attention of managers and were responded to appropriately.

Social workers spoke highly of the child-centred practice they experienced through their engagement with Oberstown staff. They told inspectors that the staff considered the individual needs of young people and used all available information to help them understand each young person's unique behaviours and personality. Young people reportedly received a high standard of health care and one social worker was particularly impressed by the availability of speech and language therapy.

Over the course of the inspection, inspectors observed staff in their everyday work. Inspectors found staff members to be vigilant in their ongoing management and maintenance of the safety and security of the campus. Site managers were observed checking and verifying the movement of young people and staff in, out and around the campus, in order to ensure the ongoing safety and security of all young people. Parents mostly had positive views of staff and their engagement with their children. One parent said that "they (staff) did everything they could to help" their child. Parents said that staff were available to them when they needed to contact them. They said that staff were pleasant and respectful to deal with. One parent said that they valued the way staff really got to know their child and their family, and that this helped maintain good quality communication. One parent however, said that they had mixed experiences of interacting with staff members. They said that they had reported their concerns to managers in Oberstown and these concerns were being addressed.

In summary, young people had mainly positive experiences of their care in Oberstown. They generally felt safe and included in decisions relating to their health, education, activities and family contact. This was also the view held by parents and professionals. However, this inspection found that improvements were required to ensure all young people felt involved in decisions about their care and increased supports were needed in some key areas.

The next two sections of this report present the findings of this inspection on how the campus was managed and governed and how this impacted on the quality and safety of the service provided to young people placed there.

## Capacity and capability

This was a well-managed service with good management systems and lines of reporting, which promoted safe care in a child-centred way. However, improvements were required in governance arrangements for providing assurances and oversight of practice in key areas. Leadership of the service was strong, and this meant that the campus continued to progress and improve despite the challenges that COVID-19 posed in the last year. There were well established lines of communication and assurance reporting across the management team, and a focus on continuous improvement in the service, which the young people placed there benefited from. Improvements however, were required in areas such as campus records, staff supervision, risk management, monitoring and oversight, some of which have been highlighted repeatedly in previous HIQA inspection reports.

There was a clear vision for the service which was known across the campus and communicated consistently to inspectors. This vision focused on continuous improvement and promoting better outcomes for young people through the provision of increased opportunities to reach their potential during their placement, and after their release. The director told inspectors of his intention to continue increasing the range of meaningful activities and opportunities for young people to develop, and to bring these positive experiences into their lives on discharge, and it was evident to inspectors that this work was in progress. Strategic objectives for the service had been agreed at senior management and board level, and a strategic plan spanning 2022-2026 was near completion.

The campus was operating six residential units at the time of inspection, all of which were located in close proximity to each other in the north of the campus. Five of the six units were occupied, and although there were no girls placed in Oberstown at the time of inspection, the sixth unit was ready for such an admission. The director told inspectors that older buildings on campus, which during previous inspections housed young people placed on remand, were in the process of being decommissioned as they were deemed no longer fit for purpose. The director and board of management in May 2021 had agreed a reduction in maximum occupancy of the campus from 54 to 46 young people (40 boys and 6 girls).

There was a written statement of purpose for the campus which outlined the principal objectives for the service including details of the care framework in place. However, it was not up-to-date and required review to reflect the agreed reduction in maximum occupancy levels, and changes to campus policies.

The campus was in the process of change at the time of this inspection and this was being well managed. In July 2020, 'The Children's Rights Policy Framework' incorporating 'Rules' was introduced, and replaced previous criteria or 'standards' for the service. There was an effective implementation plan for this significant change and the framework was fully implemented at the time of the inspection, despite the

challenges of COVID-19. There was a suite of new policies and procedures in place to support the implementation of the new framework, and all staff were trained in this regard. Staff spoke confidently about their understanding of these changes, as well as the availability of supports from line managers for continued learning should questions arise. However, not all operational procedures had been updated to effectively guide staff in the implementation of new policies. Inspectors found that it was not uncommon for example, that staff verbally agreed and implemented changes in practice prior to developing or amending guidance or operational procedures to support these changes. This resulted in inconsistent practice, whereby changes were immediately introduced in some units and delayed in others, and inconsistencies in care experiences for young people across the campus. The fire safety policy had not been reviewed as required and the fire safety management plan had not been updated to reflect changes in the infrastructure of the campus.

Inspectors met with 73 staff members over the course of the inspection with varying levels of responsibility for the delivery of the service including; residential care staff, night supervising officers, site managers, unit managers and senior managers. In addition, inspectors met with the chairperson of the board of management. All staff demonstrated knowledge of relevant legislation, policy and the children's rights policy framework. In addition, inspectors met with six clinical staff who worked as part of the therapeutic teams in Oberstown.

There were some changes to the management team since the previous inspection. A new director was in post since March 2021 and a chief people officer post had replaced a previous human resource manager post. Staff and managers told inspectors that the director had brought a collaborative and consultative approach to managing the campus and that the senior management team was working well as a collective. Inspectors found that initiatives introduced in 2021 had enhanced direct communication between the director and staff members, and had increased collaboration and consultation generally across the campus. The chief people officer had introduced initiatives to improve staff training and qualifications in partnership with external educators. This was reported to inspectors as a positive change for the campus staff. There were vacant posts at management level including two deputy director, one health and safety officer and one fire officer posts. While interim arrangements were in place, they were not sufficient to ensure that monitoring and oversight of health and safety and fire safety risks were addressed in a timely way. By way of an example, the risk posed by fire was not subject to ongoing risk assessment and review.

Lines of accountability and responsibility were clear across the management team and there were systems in place to provide assurance to the board, director and managers on the quality and safety of the service being provided, but they needed improvement. Inspectors found that regular assurance reporting was embedded in practice. There were weekly senior management team meetings, the agenda for which was

comprehensive and inclusive of all aspects of service provision such as day-to-day operations, health and safety, risk management, resources, recruitment and finances. Inspectors found that where risks were identified these were highlighted within management team meetings and measures to address these were discussed and agreed. There were reporting arrangements in place for unit managers in relation to incidents, restraints, restrictive practices and data relating to placement planning on a regular basis. These reports informed the senior management team on the quality of the service, and informed reports prepared by the director for the board of management. While a broad range of reports and data was generated across the campus in key areas, improvements were required to inform progress in the promotion of young people's rights. For example, structured programmes were not included in data gathered and analysed in relation to the use of restrictive practices, and no data was gathered to capture the number of young people who attended their placement planning meetings.

Inspectors reviewed records of monthly meetings of the board of management, including director's reports to the board, and found that these were well recorded and comprehensive. Actions were clearly identified and there was good follow through on decisions. There was evidence of scrutiny by the board of data and information provided, and good levels of oversight by the board of campus risks. In addition to the director's reports, the board of management received direct reports from the chief people officer, the young people's advocacy officer and any other manager with responsibility for particular areas of practice when required. For example, inspectors found evidence of presentations to the board in 2021 by the designated liaison person for safeguarding and child protection, as well as the head of programme.

The management team were assured of the quality of service to young people through well-established systems of communication, and mechanisms in place for their ongoing monitoring and oversight of practice. These included various meetings across all levels of the service at senior management, unit and multi-disciplinary levels. It was also evident that managers had an active presence in their respective units and teams across the campus on a daily basis. There was an expectation across the campus that young people received considered and supportive interventions, which were in line with their needs and agreed intervention approach.

Although there were positive findings in relation to monitoring and oversight of the service generally, accountability for practice, campus records and staff supervision had not improved to the standard required. Poor record keeping did not support managerial oversight and monitoring of all aspects of practice. This was a recurring finding of inspections of the campus for a number of years. By way of an example, inspectors found, from talking with managers and staff and a review of campus records including young people's files and records of the use of restrictive practices such as single separation and structured programmes, that records did not always accurately reflect

practice, and interventions with young people. There were no clear systems in place for the authorisation of structured programmes and practice varied in the authorisation, recording and monitoring of this restrictive practice. Managers were overly dependent on verbal communication with staff and observations in their day-to-day monitoring and oversight of the service, resulting in inconsistencies in records as well as practice. In addition, there was no system for formally and regularly reviewing staff practice or for holding staff to account for their practice. For example, inspectors found that staff and managers did not receive formal supervision in line with campus policy and there was a general lack of value placed on the supervision process. The absence of an effective system for regular formal review of staff practice potentially decreased levels of accountability for individual practice. There was also a need to strengthen systems of oversight and monitoring of the implementation of campus policies and procedures. Procedures for consulting with young people were not routinely adhered to and for some young people, this impacted negatively on their experience of participating in decisions about their day-to-day care.

While no suspension of the rules had occurred since the introduction of the children's rights policy framework, inspectors found that there was a clear policy in place which set out the procedures and escalation processes to be followed in the event of an emergency requiring a suspension of the rules. However, no operational procedure had yet been devised detailing steps that should be taken in an emergency or exceptional circumstance, in line with requirements as defined within the children's rights policy framework.

Specific data and information was gathered and analysed to inform ongoing improvements on campus, but there was no comprehensive system for auditing quality and consistency of practice. This meant that variance in practice was not always promptly identified and addressed. Inspectors identified a number of inconsistencies in practice throughout the campus. As previously stated, record-keeping had not improved significantly and targeted audits of campus records were not routinely occurring. As a result, improvements had not been made to ensure young people's records were fully accurate and reflective of their time spent in Oberstown. Reports such as placement plans and behaviour support plans varied in quality and content, and did not fully support staff interventions for all young people. Importantly, effective auditing of records related to high risk areas such as the use of restrictive practices had not occurred, and as a result these had not sufficiently improved.

The service had an adequate number of suitably qualified and experienced staff to meet the needs of young people resident at the time of inspection. Inspectors found that regularity amongst staff caring for young people was good. There was an ongoing campaign of recruitment for the service. The senior management team had strategies in place to improve recruitment prospects which included; regular engagement with

third level institutions, induction and training programmes for new staff, and initiatives to promote and support staff wellbeing and development.

The restrictions related to COVID-19 had significantly impacted the service' capacity to maintain up-to-date mandatory training for all staff in vital areas of practice. For example, not all staff had up-to-date training in the model of physical restraint in use in the service. Not all staff had received refresher training on children first in line with organisation policy, and fire safety training was outdated. While routine refreshers in various related topics, such as the model of physical restraint were provided within individual units throughout 2020, improvements were required to ensure that gaps in training needs for all staff, particularly those related to mandatory training, were promptly identified and addressed.

Overall, risk management was effective where risks were identified and the systems in place for managing these risks were clear. There was a good understanding by all staff of the risks relating to young people detained on campus as well as environmental and corporate risks. The service effectively managed risks which presented throughout 2020 and 2021 as a result of COVID-19. However, improved governance arrangements were required to ensure that all service risks were appropriately identified, assessed and managed. There was a risk register system in place on campus and although it worked well when risks were identified, some risks went unidentified and therefore were not always effectively managed. For example, risks related to vacant health and safety, fire officer and chaplain posts found by inspectors were not fully identified by managers. This meant that the necessary controls to reduce these risks were not in place. In addition, from a review of the risk register, it was evident that risks were not always reviewed within the timeframes set out in campus policy. This meant that the risk register did not always reflect current reductions or increases in risk.

There were effective systems in place for reporting significant risks related to the operation of the campus including, property damage, serious incidents, emergency situations and COVID-19. The service had experienced an outbreak of COVID-19 in early 2021 which had a considerable impact on staffing resources at that time. However, the campus responded quickly in managing further spread of the virus and there was no interruption to service delivery. There were PCR tests available to staff on campus on a weekly basis and to young people as required. When there was a requirement to isolate a particular unit, the impact on young people's rights was a key consideration in decision making. All staff were clear on their roles and responsibilities for ensuring safety of young people and the campus as a whole.

#### **Rule 10: Staffing, Management and Governance**

Young people were cared for by suitably qualified and experienced staff. There were effective management systems in place which ensured their safety. There was an

expectation amongst the senior management team and director that the care young people received was child centred, inclusive of their views and opinions and considerate of their needs. There were well established system of meetings which were effective for communicating progress, risks and challenges. Data and information was gathered monthly to monitor progress in high risk areas of operations but, this required improvement to ensure all high risk areas were included.

Improvements were required with regard to managerial oversight in a number of respects. Records of managerial authorisation and oversight of restrictive practices required improvement. Staff did not receive formal supervision in line with policy. Risk management systems were not adhered to as required and the campus risk register was not reviewed and updated as required. The quality of young people's care records were poor and mechanisms in place which promoted young people's right with respect to consultation and participation required improvement. Interim measures put in place to address gaps in the service due to vacant posts were not adequate in all cases and governance mechanisms to identify and address similar potential risks required improvement.

The service statement of purpose as well as some operational policies were not updated promptly to ensure safe and consistent practice. There were no clear systems in place for monitoring, recording and authorising the use of structured programmes which reflected the lack of policy and procedure in relation to this restrictive practice.

Judgement: Non-compliant Moderate

### **Rule 12: Authority to Suspend the Rules**

No suspension of the rules had occurred since the introduction of the children's rights policy framework.

Judgement: Compliant



## Quality and safety

Young people in Oberstown received good quality, person-centred care. Young people's needs were assessed and their care was planned in a way that addressed these needs, and supported the development of individual abilities and talents. Young people were supported to participate in planning for their own care during their time in Oberstown, but for some young people, their participation in planning and decision making was limited. There were individualised records of care for each young person, however they required improvement to ensure that young people received consistent integrated care.

Oberstown had a defined approach to care planning and delivery of care which included assessment and planning for young people in five key areas; Care, Education, Health, Offending behaviour and Preparation for leaving (CEHOP). The service had a standardised framework for recording young people's assessments and plans for their care which were stored in an individual electronic case record, maintained within the electronic case management system (CMS). Inspectors found that records of integrated care including multi-disciplinary input during their time in Oberstown were fragmented. Young people's individual care records did not support the consistent implementation of agreed multi-disciplinary strategies for addressing particular areas of concern such as, the management of behaviours that challenged.

Information on young people was communicated regularly and comprehensively throughout the campus, through verbal handover and written daily logs, which were accessible to all relevant staff. Updates by the health and wellbeing team were provided consistently and with a good level of detail to unit managers as required. The school principal and teachers communicated relevant information to unit staff on a daily basis, and staff facilitating activities gave feedback on young people's progress. However, these updates were not routinely recorded, resulting in young people's care records lacking in important details. This required improvement to ensure that their records accurately reflected their time spent in Oberstown.

Planning for young people's care began immediately upon admission to Oberstown. Plans were developed under each of the areas within the CEHOP framework and young people's views were sought and included appropriately. Young people's families, guardians and other significant people in their lives were given the opportunity to input into plans for their care and support during their time in Oberstown. Placement planning meetings were chaired by a manager and were found to be well organised and child focused. Inspectors found through a review of records and evidence of communication with young people about planning meetings that their views were sought and valued, and when a young person did not attend this meeting, it was clear that their views were communicated on their behalf by a keyworker and or family

member. Staff told inspectors that young people frequently attended their planning meetings however, their participation had been impacted by COVID-19 restrictions on face to face meetings. They said that young people struggled to engage in the process through remote measures put in place in the absence of physical meetings. It was reported to inspectors that the majority of young people who wished to participate in their planning meetings did so. However, there was no data available and the number of young people who attended placement planning meetings in the previous 12 months was not known.

Inspectors reviewed a sample of placement plans and found that the quality and content of these records varied. Some young people's plans demonstrated clearly their progress and areas of development between placement planning meetings, and there was evidence of a review of identified goals and actions. While planning meetings took place, other written plans did not detail evidence of their review, or a record of follow-through between planning meetings. There were repeated actions and a lack of attention to detail within these records. For example, reference to a planned move of unit for one young person in March 2021, remained an action following a planning meeting in May 2021, despite this move having occurred months earlier.

Young people were supported to maintain contact with their families and communities, in line with their views and best interests. Visits to young people were facilitated on campus in a private space where young people and their families could meet safely. Alternative options were also in place including remote contact, as well as meetings held behind a screen as a response to COVID-19, which ensured family contact continued as much as possible during the pandemic.

Young people in Oberstown were provided with educational, vocational and recreational programmes appropriate to their needs. There were adequate facilities, supports and services in place to ensure that young people's talents and capabilities were promoted and developed. Each young person in Oberstown had their educational needs assessed and a plan for their education was developed within the school, and provided to campus staff. Young people were encouraged and supported to attend school daily and the level of attendance was high amongst all young people. Educational achievements were celebrated and young people's needs as well as progress was reviewed as part of the placement planning process. There was good communication and engagement between the school principal and unit managers, as well as the multi-disciplinary team on campus. Inspectors found good practice in communication between the school and care staff teams which ensured young people experienced a consistent approach to their care. Young people's care records though, did not hold a record of these communications as they were verbal.

Staff and managers told inspectors about improvements in education programmes available on campus, including the introduction of life-skills programmes as part of the

curriculum and they were satisfied with this. Inspectors were told about an expansion of work experience programmes, with the aim of young people receiving accreditation through quality and qualifications Ireland (QQI). The director, school principal and activities staff all spoke highly about Oberstown's summer programme which ran over five weeks during the summer of 2021. Young people were actively engaged in planning the summer programme, and all young people were involved throughout the duration of the programme.

Young people had access to a range of recreation and leisure activities in line with their needs and interests. There was a commitment and drive amongst the staff team to develop and enhance both formal and informal learning opportunities through activities for young people. There were plans in place for the reintroduction of a barista training programme, the development of a market garden and affiliated horticulture course, and plans to achieve accreditation for particular vocational programmes taking place on campus. Their aim was to equip young people with additional skills and qualifications on their discharge.

Oberstown supported young people to achieve the presidents An Gaisce awards, and there were two young people on campus at the time of inspection working towards achieving gold awards, having previously achieved bronze and silver awards. Inspectors were told about the availability of safe pass courses for young people prior to restrictions related to COVID-19 and plans in place for recommencing this as soon as possible. Additional plans in development included, a bicycle maintenance course in conjunction with a local county council, an accredited personal training course, and the future expansion of the summer programme which would extend from June to August, providing full day programmes for young people.

Young people in Oberstown had access to a suite of health, medical and therapeutic services. Young people were encouraged to maintain a healthy body and mind through promoting participation in physical activities, exercise and recreation. Young people had timely access to medical services as they required them and had access to age appropriate information which helped them participate in decisions about their health and wellbeing. There were appropriate systems and clear procedures in place for accessing medical advice out-of-hours where required, and effective procedures for the provision of care in the event of a medical emergency. Young people spoke highly of the healthcare and wellbeing services available to them. However, the absence of supports to address substance misuse issues was a key shortfall in the service at the time of inspection, and this was identified to inspectors by staff and young people.

Each young person in Oberstown had an individual health assessment and plan which was retained and updated as required on an electronic system, specifically in place for recording information on their health and wellbeing. Young people underwent a health screening, promptly following admission, by a member of the nursing team. They were

then assigned a lead nurse who provided follow up on medical issues and maintained routine monitoring of the young person's health and wellbeing throughout their time in detention. Lead nurses took responsibility for making contact with young people's parents and guardians to ensure that they had all medical information and histories, and to seek consent for referral to therapeutic services as appropriate. Young people over the age of 16 years were encouraged to provide consent for their own medical treatment and informed about their rights in this regard.

The number and range of health care professionals providing a service onsite had significantly increased since the last inspection. This was of considerable benefit to young people in terms of consistency of care and safeguarding, by minimising unnecessary trips offsite, and ensuring specific issues requiring specialised interventions were followed up and treated. On campus, young people could access a dental clinic, general practitioner, optician, physiotherapist, psychologist, social worker, speech and language therapists and psychiatry, as well as podiatry and chiropody services provided on site as the need arose.

There was an Assessment Consultation and Therapy Service (ACTS) on campus which provided the speech and language, social work and psychology services for young people. At the time of inspection there was a vacancy within the team for an addiction counsellor which was acknowledged by campus managers as a significant gap in services for young people. On a weekly basis the local areas Forensic Child and Adolescent Mental Health Service (FCAMHS) team worked onsite in Oberstown and provided psychiatric and nursing services to young people. The ACTS and FCAMHS teams worked closely with the staff teams in Oberstown to ensure that the wellbeing of young people was effectively assessed, monitored and maintained. Each clinician who engaged with young people provided a summary report of their engagement which was retained on young people's medical files. There was a weekly multi-disciplinary team (MDT) meeting which was attended by both services as well as the school principal and unit managers, during which young people's progress, plans and potential risks or concerns were discussed. Strategies for managing behaviours that challenged and or engaging with young people who had particular learning or mental health needs were openly discussed, and the option of providing support to staff in effectively understanding particular presentations and reasons for proposed interventions were discussed and agreed.

Inspectors found that communication and follow-through on decisions between the health and wellbeing professionals was effective. The multi-disciplinary team (MDT) made every effort to maximise the opportunities for continuity of treatment for young people who were engaged with services prior to their admission, by seeking up-to-date information and reports from these services. In addition, the MDT were conscious and actively involved in planning for the release of young people from Oberstown, and

where required referrals to community services were made and relevant information to support continuity of care was provided.

Young people's access to supports and programmes to address their offending behaviour had continued to evolve and develop in Oberstown. Young people had access to an expanding range of personal development workshops and offending behaviour programmes to address the factors associated with their offending behaviour, and to enhance their life skills and development. There was a consistent model of assessment of need relating to offending behaviour in use, and young people's placement plans included details of offending behaviour programmes to be provided. There were operational policies and procedures in place which incentivised engagement by young people in programmes to address their offending behaviour, and there was a keenness amongst programme staff to continuously improve the service to meet the presenting needs of young people.

There was a dedicated team in place, overseen by a programme manager, who had responsibility for the delivery of offending behaviour programmes. These staff had protected time and resources to be proactive and persistent in bedding down a culture across the campus, which valued and promoted young people's engagement in offending behaviour programmes and workshops. There was a set of criteria to determine the suitability of participants for each programme, and inspectors found that young people on remand were appropriately considered and included in these programmes. Young people, in the majority, spoke positively about the programmes they attended, and some told inspectors about the skills they learned through these interventions. There were detailed records on young people's files describing their level of participation in each session and the skills they gained such as respect, listening and reflection.

Young people's risks and needs associated with their offending behaviour were appropriately assessed through a standardised assessment tool which had been introduced in 2020. The introduction of this assessment tool had supported a consistent, collaborative and dynamic approach to identifying and addressing factors associated with offending behaviour for most young people across the campus. However, there was a gap in service for some young people who required a more forensic and therapeutic approach to the assessment and treatment of offending behaviour and risk of harm. This was particularly relevant for those detained on longer sentences and convicted of violent and sexual crimes. This gap was identified by campus staff, and initiatives were in development to enhance this element of practice.

While young people's files recorded active participation in programmes and workshops to address offending behaviour and preparation for their future, detailed keyworking sessions to compliment these programmes and or workshops, and to target specific areas of assessed need were not consistently undertaken with all young people. While

inspectors heard accounts from young people and staff of the frequent support and guidance provided to young people to help them understand, address and improve their behaviours and choices on a daily basis, detailed records of these interventions were largely absent from young people's files.

Young people were prepared for leaving Oberstown through effective placement planning processes. Young people were supported in their transitions from Oberstown through a collaborative and strategic approach to planning for their return to family, communities or transition to prison, and there were strong multi-disciplinary and interagency working practices in place. Appropriate levels of information sharing were maintained between external professionals, to ensure that preparation for leaving was a primary focus throughout the duration of each child's sentence or remand. Preparation for their release was not always possible for those young people placed on short periods of remand.

Placement planning meetings provided an effective means for timely and regular review of young people's preparation for leaving Oberstown. There was a definite focus in ensuring that the necessary supports were in place for young people returning to the community which included ensuring young people's continuation of education. Staff in Oberstown advocated strongly for social work involvement with young people when required, and engagement with other external stakeholders such as the probation service and external mentoring services was very positive in this regard.

Young people were supported in their transition to the Irish Prison Service where required, and there were good structures in place to manage phased returns or permitted absences to the community in line with the Children's Act 2001. Although these opportunities had reduced during COVID-19, the procedures and processes in place were clearly defined, and included effective multi-agency coordination to plan and support young people availing of these schemes.

Planning for discharge of young people returning to the care of the state was challenging at times due to the lack of availability of onward residential placements. Staff expressed frustration about the uncertainty for these young people, as delays in securing a follow on placement impacted on the ability of Oberstown to make provision for other services and supports, such as education and training prior their release. As with other aspects of young people care, records of this work lacked detail and did not consistently reflect the good quality work which was described to inspectors over the course of the inspection.

There were adequate systems and procedures to protect young people from harm and abuse. For example, there were safe recruitment processes and checks, clearly defined reporting procedures, and ease of access to advocacy services for young people. Importantly, young people said that they felt safe and protected on campus.

Inspectors found that staff were vigilant in detecting and responding to potential safeguarding risks to young people. There was a safeguarding policy and procedure in place for reporting child protection and welfare concerns and inspectors found that procedures were rigidly adhered to. There was a designated liaison person (DLP) for the campus in line with Children First. The DLP was promptly notified of all incidents in line with campus policy, and reviewed incident reports through accessing electronic information system on a daily basis. Where necessary they sought and reviewed relevant reports and CCTV footage of incidents, consulted with young people and staff in relation to their experience of incidents, and relayed any concerns about practice or peer abuse to unit managers. Inspectors observed the DLP meeting a newly admitted young person, and found that they provided them with adequate information on complaints and safeguarding practices in Oberstown.

Reports of child protection concerns were made to Tusla in a timely way. The DLP maintained oversight of all referrals, and referrals were made jointly with the mandated person with whom the report originated. Staff members demonstrated a knowledge of their duties as mandated persons under Children First and were fully aware of the procedures in place. However, data returned by the service as part of this inspection indicated that less than half (48.3%) of all staff had up to date training in Children First 2017. The DLP liaised with Tusla to support them in their response to concerns as needed. The types of concerns reported included; allegations by young people of abuse that occurred in their past, as well as allegations of threats by peers in Oberstown. Inspectors found that child protection and welfare concerns were made to the service area in the young person's county of origin, and not to the service area within which Oberstown was located. This was not in line with Children First. There was an effective process in place for reporting incidents of concern to Gardaí, and the DLP was the liaison person for the campus in this regard.

Staff members were vigilant with respect to observing and supervising young people, particularly during periods of high risk, such as movement throughout the campus, and potential for contact between young people with whom there were known risks. Staff observed site managers planning movements and activities which ensured safe mixing of young people at all times, and this was managed efficiently and effectively. Inspectors also found that all staff were acutely aware of the vulnerabilities of young people on campus, and the potential impact on their safety and wellbeing; including mental health issues, loneliness and bullying. Staff members were found to be skilled in recognising and responding to these needs. Staff were trained in responding to incidents of self-harm, and a large number were trained in managing incidents where young people presented with thoughts of suicide. Effective steps were taken in all cases to protect young people when such concerns or vulnerabilities were identified.

While there was a concerted effort at senior manager and director level to instil a culture of participation by and consultation with young people, and to inform young

people of their right to participation and consultation, improvements were needed. As reported previously, the systems of monitoring young people's participation in day-to-day decision making, as well as planning for their own care needed improvement. Inspectors found inconsistencies in practice throughout the campus, which potentially impacted on young people's rights. By way of an example, there were incidences where restrictive practices were prolonged without a clear rationale for this decision. There was also evidence to show some young people's access to certain privileges were connected with their behaviour, while for others these privileges were considered entitlements, irrespective of behaviour. These privileges included frequency and duration of use of the telephone.

Young people were supported to make decisions about their physical and mental health and wellbeing. They were encouraged to share information about their interests and these were considered wherever possible in assigning recreational opportunities for them. Young people's right to legal representation and to communicate freely with their legal representative was respected and when they required to attend court young people were transported safely. However, only eight of 34 (23%) young people indicated that that they knew how to access supports to practice their cultural and religious beliefs.

Young people had access to a campus advocacy officer who provided young people with good quality information on their rights and supported them in relation to making complaints or raising concerns they had. The advocacy officer consistently reviewed young people's care records and provided all young people with the opportunity to meet with them following a significant event or incident, to discuss any concerns they had and generally, to check in on their wellbeing. In addition, the advocacy officer was involved in a number of operational working groups for example, a procedures oversight group, health and wellbeing group and restrictive practices group, on campus, to ensure the ongoing promotion of young people's rights. Complaints were well managed and the campus complaints policy and procedure, including an appeals process were in place and implemented. Records showed that young people knew the complaints process and were confident to make complaints and had done so. Records of complaints were well maintained.

Young people were supported to develop skills to manage their behaviour in line with societal and campus expectations, and they were provided with the expectations and everyday rules of the campus on their admission. There was a strategic approach to reinforcing positive behaviour which informed process and practice across the campus. Young people's positive behaviour was recognised and incentivised through the use of a rating system, and there were approved consequences for unacceptable behaviour. This approach encouraged young people to sustain good behaviour. There were many contributing factors to promoting positive behaviour including young people's daily



interactions with staff and peers, participation in offending behaviour programmes, and through a wide range of activities on offer across the campus.

The delivery of care to young people was underpinned by restorative principles and practices, and the development of mutual respectful relationships between young people, their peers and staff. Inspectors observed positive and respectful interactions between young people and staff, and young people being supported to deal with challenges through communicating their worries, and accepting help from staff to address their concerns. Staff were found to be skilled at engaging, and developing strong trusting relationships with young people. This approach provided a strong basis for supporting them to understand and develop the skills they needed to manage challenges they faced. However, almost 50% of staff had not received up-to-date training in behaviour management and this needed to be addressed.

The development, implementation and review of behavioural management plans for young people was not adequate, and not all young people who required one had one. When these plans were in place they were not always dynamic, individualised or tailored to the specific needs of young people. These plans lacked input from therapeutic services which would enhance staff's response and approach to young people, particularly those with persistent aggressive and violent behaviours. Effective strategies and learning through interactions with young people were not shared routinely with all members of the care team. Verbal handovers of information and updates on young people's progress informed staff practice and worryingly, staff told inspectors that they did not rely on records as there was insufficient time to read these.

Oberstown utilised a range of strategies for securing the safety of young people and staff, including the use of restrictive practices. These are used in exceptional circumstances only, on occasions when young people's behaviour poses a risk to themselves or others, and when there was no other options to address an immediate risk. While these approaches are not uncommon in places of detention, their seriousness cannot be underestimated. The use of restrictive practice remained a feature of daily life on campus in terms of their implementation and recording. Data provided by Oberstown to HIQA prior to this inspection showed that there were 98 incidents of physical restraint and 631 incidents of single separation in the 12 months prior to this inspection. This was a slight decrease of two physical restraints from 96, and an increase of 10% from 565 in the use of single separation during in the same period the previous year.

There were mechanisms in place to review data collected on campus, to identify trends in the use of restrictive practices to ensure its correct and safe use, as well as opportunities to reduce its use where possible. However, policy and procedures for all restrictive practices were not in place and this impacted the quality of practice.

At the time of this inspection, young people who needed to be prevented from mixing with others, or who required time away from their peers so that they could be helped to manage their behaviour, could be placed on a structured programme. This differed from single separation in that young people attended education and activities on their own, while on a structured programme. Inspectors found that practice related to structured programmes varied significantly and was at times unfair. Positively, records showed that decisions to place young people on a structured programme were largely appropriate and proportionate to the level of risk. In addition, structured programmes, as a strategy for managing risk, is less restrictive than other practices used on campus, and can serve the needs of young people well. However, records of incidences of structured programmes were not adequate, as they did not record what needed to be achieved by the young person to end the period of restriction, or whether this was explained to young people. Recording of the rationale for extending structured programmes was poor. There were no clear systems in place for the authorisation of structured programmes and authorisation by managers for the extension of periods of structured programmes varied. This reflected the lack of policy and procedure in relation to this restrictive practice, and as a result, managers could not be assured that structured programmes were always implemented as the least restrictive option and in place for the shortest duration possible, and that in this regard, young people's rights were being fully and consistently promoted.

There was a multi-disciplinary approach to promote best practice in and learning from incidences of physical restraint. Multi-disciplinary review meetings took place during which both good practice and learning points from incidents involving physical interventions were identified. Safeguarding concerns or complaints from young people following physical interventions were identified, monitored and investigated, and the designated liaison person for child protection attended these reviews. Records of incidents of physical restraint reviewed by inspectors showed that interventions were proportionate to risk and that staff teams were resilient in their ongoing response to violent and threatening behaviours on campus. However, inspectors found in one incident reviewed, that a physical intervention used to move a child to their bedroom had not been identified and recorded as such, despite having been reviewed by a manager for the purpose of authorising a continuation of a period of single separation.

The use of single separation in responding to behaviours that challenged were found to be effective in reducing risk, but monitoring of its use needed to improve. Records of incidents of single separation reviewed by inspectors were mixed in quality. Most records reviewed clearly identified the reason for the use of separation as well as staff's efforts to ensure young people's rights to privacy, food, and fresh air were promoted during periods of separation. In others, inspectors found significant gaps in areas such as inaccurate recording of durations of single separation, lack of recording of staff observations, particularly the morning after an incident of single separation.

Records where minor injuries were reported by the young person were recorded without any information about how these injuries were sustained. A number of incident reports detailing longer periods of separation lacked details of the rationale for extending these periods, or opportunities to end the periods of single separation. This meant that decision-making in critical areas, such as the how decisions to inform the authorisation for use of, and or the extension to, periods of single separation for some young people were not transparent.

Inspectors were told by a member of the management team that young people's telephone contact with family and friends was no longer utilised as an incentive or sanction related to young people's behaviour. However, inspectors found that was not the case across the campus, and found incidents of restrictions on use of the telephone for some young people which was linked with their behaviour. Management and oversight systems had failed to identify this inappropriate use of restrictions on young people, and inconsistency in practice across the campus.

Overall, the premises was found to provide a safe and secure environment for young people and was found to meet their individual needs. Each young person had their own bedroom with en-suite shower facility which supported their privacy. While each bedroom had minimal furniture, young people were afforded the opportunity to personalise their room within the constraints of safety. Access to a television was provided in each room and personal storage was within locked cupboards on the bedroom corridor outside each room. Shared facilities included a communal living room, dining room, multi-purpose rooms and an external recreation area. The kitchen in each unit was well equipped.

Inspectors found each unit to be well maintained and kept clean and tidy, with adequate lighting, ventilation and heating. There was a facility maintenance system in place and there was a means for staff within the units to report maintenance issues. The level of urgency was assigned by staff members within the units, where a colour coded priority system defined the response time. The degree of risk was also reviewed by maintenance. Inspectors were told that health and safety risks were prioritised and there was a process whereby staff could call maintenance personnel directly for urgent assistance. However, inspectors found that improvements were required to ensure maintenance issues were resolved promptly.

A number of maintenance issues which were identified by inspectors had been outstanding for significant periods, for example, acoustic panels were noted to be damaged in a number of locations. In one young person's bedroom, the sensor turned the light off very quickly after turning on and required attention to rectify. A roof light in one unit was noted to have been damaged. Inspectors were told this had occurred the previous year and did not pose a risk to young people and staff, but it required repair.

External areas were pleasant and well maintained. Inspectors observed landscaping work taking place, where old planting was being replaced with new grass areas. Inspectors also noted a biodiverse garden, which had been a project undertaken by young people. The external recreation area for each unit was in good repair. They were lined for basketball and had a basketball ring in place. Sporting equipment was also provided and securely stored in designated storage areas. Inspectors did note that there were drainage grates observed in a number of locations which were full of debris and required clearing out to ensure effective drainage in and around the residential units.

Health and safety audits had not been taking place regularly, however they were completed in advance of moving young people on remand from the older units to the newer buildings on campus. Inspectors found that in addition to improvements already made, Oberstown staff were looking at ways of implementing further improvements. For example, emergency lighting in one unit had been upgraded to LED units and this was being considered for rolling out across each of the units to reduce energy consumption.

Fire safety improvements identified as required during the previous inspection of fire safety in March 2018 has all been completed. A programme of remediation works to each of the units to improve fire safety was signed off and completed to a satisfactory standard. That programme of work included the replacement of fire doors with a more robust fire door type. The findings at this inspection were that those doors were suitable and fulfilling their purpose. They were robust doors and required minimal repair work.

Established systems in place were maintaining adequate fire precautions on a day to day basis however, there was concern regarding the oversight of fire safety in the service. In the absence of a fire safety officer the risk posed by fire was not subject to ongoing risk assessment and review. There was a reliance on staff to identify fire safety risks. For example, a fire rated roller shutter hatch in the main campus kitchen was not working. While this had been identified and reported by staff and arrangement were being made to have it repaired, it had not been risk assessed and interim control measures were not put in place to manage the risk. Inspectors also noted further fire safety deficiencies to the kitchen area which had not been identified through routine checks. Both fire doors into the kitchen were not closing and additional exit signage was required from the rear escape corridor.

Management arrangements for oversight of fire safety, in the absence of a fire safety officer, did not adequately ensure fire safety standards were met as required. Inspectors reviewed service records for the fire safety systems and found they were up-to-date. Fire safety registers on each occupied unit were found to be up-to-date,

however there was no monthly audits taking place in line with the centres own fire safety management plan. The fire safety register in the vacant unit was blank, therefore it was not clear that regular checks were taking place in this unit and fire drills were not occurring as required. In addition, the fire safety register templates also required review as most key personnel listed as having assigned responsibility for the management of fire safety were no longer working at the campus, and those with actual responsibility were not listed.

In the main, fire precaution measures in the units were adequate, but improvements were required. Inspectors noted the rear fire escape corridor between two units was found with storage presses and cabinets. Staff had ensured that they didn't obstruct the route and this was immediately removed when identified as a risk by inspectors. A service room was found to be used for storage. Inspectors also found a fire door to a laundry room to be missing a section of the heat seals and some screws to the hinges. Arrangements in place for making young people aware of the procedure to follow in the event of a fire required improvement. The procedures were clearly and prominently displayed on the glass window to the staff office in the communal area. The centre's own fire safety management plan requires young people to be given evacuation procedures within 48 hours of arrival to the unit. While most young people were documented to have received this information, some did not receive them within that period, with some not given the information for a number of weeks after arrival.

Information relating to staff training was difficult to obtain and not all staff had up to date training in fire safety. The records for training showed that 73% of care workers and 94% of night supervisors were up to date with their training. Staff who met inspectors were knowledgeable on the procedures to follow in the event of a fire. Their responses to inspectors were consistent and demonstrated an understanding of the key fire safety systems in use.

Improvements were required to keep fire safety documentation up-to-date and relevant. The 'fire safety management plan' had not been updated to reflect the decommissioning of the older units on site and the fire safety policy was out of date since June 2021 and required its annual review to be completed.

The campus had liaised with the local fire authority, with an on-site familiarisation visit arranged in September of this year. This visit was to familiarise operational firefighting personnel with changes that had occurred on site both in terms of the units occupied and to the vehicle access route and gate systems.

The access routes on site had been improved and were newly finished with a tarmac surface. There was wayfinding signage on order to display along the access routes which will have pertinent information for directing the fire service or Gardaí to the relevant units. Increased external lighting had also been provided to the rear of the

units and on access routes. Each unit had been fitted with three additional fire hose reels as an additional resource to suppress a fire in addition to the existing mist system in place.

Inspectors reviewed security measures and spoke with security personnel about the systems in place and found these to be adequate and effective. There was good oversight and management of unit key sets, handcuffs and vehicle keys. Systems were in place to ensure key allocation was tracked and staff were required to sign them in and out. Unit keys were both colour coded and sequential in their position on the key chain. There were noted improvements in relation to the maintenance and tracking of handcuffs. Each were serialised with a system to ensure they were functional, and there were monthly audits in place. There was an effective system for tracking allocation of handcuffs for use which required managerial authorisation and this was consistently adhered to. Car keys and cellular vehicle keys were also well organised with a process in place for staff to sign in or out the sets of keys as required and requirement for managerial approval for use of vehicles.

### **Rule 1: Care**

Young people in Oberstown received good quality, person-centred care. Their needs were assessed and care planned appropriately. Young people were supported to participate in planning for their own care during their time in Oberstown. There were individualised records of care for each young person which had improved since previous inspections of the service, however further improvement was required to ensure that young people's records fully reflected their time spent in Oberstown.

Judgement: Substantially Compliant

### **Rule 2: Education and Recreation**

Young people in Oberstown were provided with educational and recreational plans which were individual to their talents, needs and interests. Oberstown had developed a range of recreational and leisure activities and there were concrete plans in progress to expand vocational and recreational opportunities for young people.

Each young person in Oberstown had their educational needs assessed and a plan for their education was developed within the school. They were supported to make decisions around their own education and activities, and there was a drive amongst the staff team to develop and enhance both formal and informal learning opportunities on campus.

Judgment: Compliant

### Rule 3: Health

Oberstown appropriately provided for the majority of physical and mental health needs of young people. Young people had access to a suite of health, medical and therapeutic services. Young people had access to age appropriate information which helped them participate in decisions about their health and wellbeing and they were supported and encouraged to participate in decisions. Each young person in Oberstown had an individual health assessment and plan which was retained and updated as required. However, there were no specialised services available to young people who required supports to address substance misuse issues while they were in Oberstown. This was a feature of many young people's care needs.

Judgment: Substantially Compliant

### Rule 4: Offending Behaviour

Young people in Oberstown had access to a range of services, supports and programmes that supported them to address the factors associated with the offending behaviour which lead to their detention, and to enhance their life skills.

There was a consistent model of assessment of need relating to offending behaviour in use and young people's placement plans included details of plans to address the reasons for their detention. There were operational policies and procedures in place which incentivised engagement by young people in programmes and staff took a child centred, restorative approach to care which helped young people to develop and maintain positive relationships and behaviour.

Judgment: Compliant

### Rule 5: Preparation for Leaving Care

Young people were prepared for leaving Oberstown through effective placement planning processes which supported their return to family, communities or transition to prison. There was a strategic, multi-disciplinary and intra-agency approach to preparing young people for leaving which was child centred and inclusive of all relevant people in their lives. While improvements were required in recording of details of plans for some young people, there were good systems for sharing of information which ensured that preparation for leaving was a primary focus throughout the duration of each child's sentence or remand.

Judgment: Compliant

### Rule 6: Safeguarding

Young people in Oberstown were protected from harm and abuse and their welfare was protected and promoted. Young people felt safe. Inspectors found that staff were aware of their responsibilities and committed to safeguarding across the campus.

Young people were protected by practices in place throughout the service including, safe recruitment processes and checks, clearly defined reporting procedures and ease of access to advocacy services for young people. However, not all staff had up to date training in Children First 2017, as required. In addition, reports of child protection concerns were not made to the Tusla office local to Oberstown, in line with Children First requirements.

Judgment: Substantially Compliant

### Rule 7: Participation

Young people in Oberstown were supported to participate in decision making and knew how to make a complaint. Young people were aware of their rights and their individuality was respected. The service promoted a child-centred approach and this was evident through observed interactions between staff and young people throughout the inspection.

However, there was variation in the experience of participation of young people. Not all young people had equal opportunities to participate and there were inconsistencies in care practices which impacted on their experience of care for some. Not all young people attended their PPM's and the practice of having weekly meetings with young people in their units was not consistently adhered to.

Judgment: Substantially Compliant

### Rule 8: Positive Behaviour

Young people were supported to develop skills to understand and demonstrate norms of good behaviour. Young people received consistent, supportive care and their positive behaviour was recognised and rewarded. Young people were aware of the behaviour that was expected of them as well as the rules of the campus. Staff were skilled at engaging with young people and supported them to understand and develop skills they needed to manage challenges as they arose.

However, the development, implementation and review of behavioural management plans for young people was poor and not all young people had a behaviour support



plan. In addition, not all staff were up to date on their training in the model of behaviour management despite this being in regular use on campus.

Judgment: Substantially Compliant.

### **Rule 9: Restrictive Practice**

Restrictive practices, which were used regularly on campus in responding to behaviours that challenged, were found to be effective in minimising incidents of violence and reducing risks posed to staff and young people during significant incidents. Records of incidents of physical restraint reviewed by inspectors were mostly good quality. However, quality of managerial oversight of physical interventions, required improvement.

Improvements were required in the monitoring and oversight of the use of single separation. The quality of records for some incidents of single separation were poor as rationale for authorisation as well as continuation of restrictive practices was often absent.

Increased use of structured programmes as a strategy for securing the safety of young people and staff is less restrictive than other practices was welcomed. However, oversight and monitoring of this practice was inadequate. There was no agreed process for the authorisation of structured programmes resulting in significant variation in practice as well as experience for young people. Improvements were required to ensure that programmes in place were the least restrictive option and in place for the shortest duration.

Judgment: Non-Compliant Moderate

### **Rule 11: Physical Environment**

Young people were cared for in an environment that was safe and secure. The premises was kept clean and tidy, with adequate lighting, ventilation and heating. Young people had their own rooms and showers and were permitted to add some personal items to decorate them to their own taste. External areas throughout the campus were well maintained.

There were adequate systems in place to ensure the effective maintenance of the health and safety of the campus and clear mechanisms for addressing maintenance issues as they arose. However improvements were required in the monitoring and oversight of health and safety systems and maintenance works were slow to be completed in some instances. Improvements were identified in access roads through

the Campus including wayward signage. Security measures relating to key, access to and maintenance of handcuffs and vehicles were effective.

Fire safety systems in place ensured that fire safety precautions were adequate however, there were concerns regarding the oversight of fire safety in the centre, in the absence of a fire safety officer that the risk posed by fire was not subject to ongoing risk assessment and review. There was no monthly audits taking place of the unit fire safety registers, in line with the centres own fire safety management plan. The fire safety register in one unit, vacant at the time of inspection, was blank. A fault with a fire rated roller shutter hatch in the main campus kitchen had not been risk assessed and interim control measures were not put in place to manage associated risk. Both fire doors into the kitchen were not closing and additional exit signage was required from the rear escape corridor.

In addition, evacuation fire drills were not adequate and not all young people were promptly notified of procedures to follow in the event of a fire. The fire safety policy had not been reviewed as required and the fire safety management plan had not been updated to reflect significant changes in the infrastructure of the campus.

Judgment: Substantially compliant

## Appendix 1 - Full list of rules considered under each dimension

Rules:	Judgment
<b>Capacity and Capability</b>	
<b>Rule 10 – Staffing, Management and Governance:</b> The care of young people shall be provided by a suitable number of appropriately qualified staff of various grades, and effective and transparent management and governance shall be in place to deliver public accountability.	Non-Compliant Moderate
<b>Rule 12 – Authority to Suspend Rules:</b> In exceptional, emergency circumstances, the Director may limit the effect of these Rules to the extent that it is necessary to deal with that emergency.	Compliant
<b>Quality and Safety</b>	
<b>Rule 1 - Care:</b> Young people shall receive the best possible care so that their full potential can be realised. Their needs shall be individually assessed, and personalised placement plans developed to ensure their needs are met. They shall be supported to maintain contact with family as appropriate.	Substantially Compliant
<b>Rule 2 – Education and Recreation:</b> Young people shall have access to appropriate education, training and leisure activities suited to their needs and abilities and designed to prepare them, for independent living	Compliant
<b>Rule 3 - Health:</b> Young people shall have access to health, medical and therapeutic care in line with their assessed needs.	Substantially Compliant
<b>Rule 4 – Offending Behaviour:</b> Young people shall have access to a range of services, supports and programmes that address their offending behaviour and prevent further offending on release.	Compliant
<b>Rule 5 – Preparation for Leaving Care:</b> Young people shall be prepared for leaving Oberstown through placement planning that assists their successful return to their families, communities or transition to prison. Such planning shall take account of policies and procedures for mobility trips, temporary leave and supervision in the community.	Compliant
<b>Rule 6 - Safeguarding:</b> Young people shall be protected from all forms of harm and abuse and their welfare promoted.	Substantially Compliant

<p><b>Rule 7 - Participation:</b> Young people shall be supported to access information and effective complaints mechanisms, and have their voices heard and participate in decisions made about them.</p>	<p>Substantially Compliant</p>
<p><b>Rule 8 – Positive Behaviour:</b> Young people shall be supported to understand and demonstrate norms of good behaviour that ensure long-term positive outcomes.</p>	<p>Substantially Compliant</p>
<p><b>Rule 9 – Restrictive Practice:</b> Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.</p>	<p>Non-Compliant Moderate</p>
<p><b>Rule 11 – Physical Environment:</b> Young people shall be cared for in an environment that is safe and secure, considering their physical, emotional and psychological well-being.</p>	<p>Substantially Compliant</p>

# Compliance Plan

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

<b>Compliance Plan ID:</b>	MON-0034407
<b>Provider's response to Inspection Report No:</b>	MON-0034407
<b>Centre Type:</b>	Oberstown Children Detention Campus
<b>Date of inspection:</b>	01 – 04 November 2021
<b>Date of response:</b>	

These requirements set out the actions that should be taken to meet the Oberstown Children's Rights Policy Framework.

It outlines which rules the provider must take action on to comply. The provider must consider the overall rule when responding and not just the individual non-compliances as outlined in the report.

The provider is required to set out what action they have taken or intend to take to comply with the rule in order to bring the campus back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

**Capacity and Capability**

<b>Rule 10 - Staffing, Management and Governance</b>	<b>Judgment: Non-compliant Moderate</b>
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**Outline how you are going to come into compliance with Rule 10:**  
 The care of young people shall be provided by a suitable number of appropriately qualified staff of various grades, and effective and transparent management and governance shall be in place to deliver public accountability.

- Oversight and monitoring of care records will be undertaken through monthly audits over a six-month period to ensure standards on record keeping are met. A Deputy Director holds responsibility for this action and this will be completed by 30/06/2022.
- The operation plan of the case management system will be reviewed to ensure the system is operating effectively. The Business and Compliance Manager holds responsibility for this action and this will be completed by 30/06/2022
- Our workforce plan will be reviewed on a monthly basis, starting 08/03/22 as part of our Senior Management agenda, by our Chief People’s Officer to ensure we have appropriately qualified staff at various grades in order to meet our service requirements.
- It is worth noting that since the time of inspection, we have recruited two Deputy Director’s, two Unit Manager grades, a Chaplain and a Health and Safety Officer and we are about to induct seven residential social care workers.
- Our risk register will be reviewed on a monthly basis as part of our Senior Management agenda, and also on a quarterly basis by the Audit and Risk Committee to ensure any risks associated with gaps are adequately captured. Our Head of Risk will be responsible and this will begin 08/03/22.
- A review and update of the statement of purpose will be undertaken. The Director holds responsibility for this action and this will be completed by 31/03/2022.
- The Policy Oversight Group will review and address gaps, including structured programmes that ensure safe and consistent practice by 31/05/2022. However it is worth noting that this is a dynamic process and a continuous work in progress. A Deputy Director will have responsibility.
- On an interim basis, with regard to supervision, 1:1 meetings will take place with frontline staff at 5 weekly intervals with their respective Line Manager and the principled approach of supervision will apply. This will begin in February 2022 and will be overseen by a Deputy Director.
- Further to this, we will deliver a supervision model and training to relevant managers, starting in the second quarter of 2022. The Director and the Organisational Psychologist, will be responsible for sourcing the model, our Chief

People Officer will be responsible for the delivery of training and a Deputy Director will be responsible for its implementation by the final quarter of 2022.

- With regard to young people's right to consultation and participation, unit weekly meetings for young people will be in place by 01/04/2022 and will be the responsibility of a Deputy Director.
- This will be further enhanced by the development of unit charters in all units by 01/06/2022 and will be the responsibility of a Deputy Director.
- Mechanisms to improve participation through the Campus Council will be explored with our Advocacy Officer, by 01/05/2022.

**Proposed timescale:**  
30/06/22

**Person responsible:**  
Director

## Quality and Safety

**Rule 1 - Care**

**Judgment: Substantially Compliant**

### **Outline how you are going to come into compliance with Rule 1:**

Young people shall receive the best possible care so that their full potential can be realised. Their needs shall be individually assessed, and personalised placement plans developed to ensure their needs are met. They shall be supported to maintain contact with family as appropriate.

- A review of records will be undertaken to ensure the quality of care records adequately reflect each young person's journey while on campus. Particular attention will be paid to attendance at and participation in Placement Planning Meetings. A Deputy Director holds responsibility for this action and it will be completed by 30/06/22.
- Oversight and monitoring of care records will be undertaken through monthly audits over a six month period, to ensure young people's records are up to date, accurate and comprehensive, on the Case Management System. A Deputy Director holds responsibility for this action and it will be completed by 30/09/22.
- This will be further enhanced by the delivery of specific training modules by the 30/09/2022 and our Chief People Officer will be responsibility.

**Proposed timescale:**  
30/09/22

**Person responsible:**  
Deputy Director

<b>Rule 3 - Health</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Rule 3:</b>  Young people shall have access to health, medical and therapeutic care in line with their assessed needs.</p> <ul style="list-style-type: none"> <li>• The issue of a substance misuse specialist being available to the young people has been addressed in a number of ways. Notwithstanding that we will work with Assessment Consultation Therapy Service (ACTS) to ensure that a substance misuse specialist is available to the campus through their team and their network. We will aspire to achieve this by 01/07/2022 and a Deputy Director will be responsible.</li> <li>• In the interim, the ACTS psychologist who is also a substance misuse counsellor is fulfilling elements of this role. Additionally we will engage with an external provider as part of an in reach service in order to ensure that a substance misuse specialist is available to the young people. This will be in place by 01/03/2022 and our Head of Programmes will be responsible.</li> </ul>	
<b>Proposed timescale:</b> <b>01/07/22</b>	<b>Person responsible:</b> <b>Deputy Director</b>

<b>Rule 6 – Safeguarding</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Rule 6:</b>  Young people shall be protected from all forms of harm and abuse and their welfare promoted.</p> <ul style="list-style-type: none"> <li>• Our Designated Liaison Person/Social Worker delivers Children First training to all frontline care staff and this will be undertaken by 30/06/2022. Further training will be delivered all other staff and stakeholders by 30/09/2022. This will enhance our safeguarding knowledge and principles across campus. The Chief People's Officer holds responsibility for this action and this will be completed by 30/09/2022.</li> <li>• A procedure for notifying the Tusla office local to Oberstown in line with Children First will be in developed and implemented by 30/03/22 and a Deputy Director is responsible.</li> </ul>	
<b>Proposed timescale:</b> <b>30/09/2022</b>	<b>Person responsible:</b> <b>Deputy Director</b>



<b>Rule 7 – Participation</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Rule 7:</b>  Young people shall be supported to access information and effective complaints mechanisms, and have their voices heard and participate in decisions made about them.</p> <ul style="list-style-type: none"> <li>• With regard to young people’s right to consultation and participation, unit weekly meetings for young people will be in place by 01/04/2022 and will be the responsibility of a Deputy Director.</li> <li>• This will be further enhanced by the development of unit charters in all units by 01/06/2022 and will be the responsibility of a Deputy Director.</li> <li>• Mechanisms to improve participation through the Campus Council will be explored with our Advocacy Officer by 01/05/2022.</li> </ul>	
<b>Proposed timescale: 01/06/2022</b>	<b>Person responsible: Deputy Director</b>

<b>Rule 8 – Positive Behaviour</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Rule 8:</b>  Young people shall be supported to understand and demonstrate norms of good behaviour that ensure long-term positive outcomes</p> <ul style="list-style-type: none"> <li>• As part of the weekly unit team meetings, each young person’s behaviour management plan will be reviewed on a fortnightly basis starting on 01/03/2022 and Unit Manager’s will be responsible.</li> <li>• The behaviour management plan will be subject to audit on a monthly basis, week beginning 01/04/2022 and a Deputy Director will be responsible.</li> <li>• In order to enhance our capacity to manage behaviour that is sometimes challenging, we will roll out intensive behaviour management training to all frontline staff; coordinated by our learning and development specialist and delivered by campus instructors. This will be completed by 30/06/2022 and our Chief People’s Officer is responsible.</li> </ul>	
<b>Proposed timescale: 30/06/2022</b>	<b>Person responsible: Deputy Director</b>

**Outline how you are going to come into compliance with Rule 9:**

Practices that interfere with the rights of young people shall only be used with approval and in exceptional circumstances.

- With regard to the monitoring and oversight of single separations, each event shall be reviewed at unit team meetings on a case by case basis to ensure adherence to procedure and the Unit Manager will be responsible starting on 30/03/2022.
- Monitoring and oversight of single separations will be enhanced by a fortnightly audit beginning on 30/04/2022 and a Deputy Director will be responsible.
- The procedure supporting the use of single separation will be reviewed by the Restrictive Practice Group in order to ensure that authorisation levels are appropriate and to ensure oversight by 30/04/2022 and a Deputy Director will be responsible.
- Authorisations for extensions to the duration of single separation shall be in line with the criteria set out in our Policy and where possible should be granted in person. This will be implemented by 01/05/2022 and a Deputy Director will be responsible.
- We will develop an alert system on our Case Management System to notify relevant authorisers of extension requests by 01/05/2022 and our Business and Compliance Manager is responsible.
- We will develop a procedure to underpin the use of structured programmes, in order to ensure consistent authorisation, application and review, which will lend itself to improved monitoring and oversight. This will be completed by 30/06/2022 and a Deputy Director will have responsibility.

**Proposed timescale:  
30/06/2022**

**Person responsible:  
Deputy Director**

<b>Rule 11– Physical Environment</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Rule 11:</b>  Young people shall be cared for in an environment that is safe and secure, considering their physical, emotional and psychological well-being.</p> <ul style="list-style-type: none"> <li>• We will develop a fortnightly meeting agenda to consider planned preventative maintenance and reactive maintenance, with our facilities manager and Head of Risk, in order to ensure prioritisation and prompt close out of maintenance issues. This process will begin on 30/04/2022.</li> <li>• We will develop a fortnightly meeting agenda to consider health and safety matters, with our health and safety officer and Head of Risk, in order to ensure prioritisation and prompt close out of health and safety issues. This process will begin on 30/04/2022.</li> <li>• We will deliver a planned calendar of fire drills through our Deputy Director and Head of Risk commencing 30/04/2022.</li> <li>• We will monitor and audit the unit fire safety registers, in line with our own policy week commencing 01/04/2022 and the Head of Risk will be responsible.</li> </ul>	
<b>Proposed timescale: 30/04/2022</b>	<b>Person responsible: Head of Risk</b>